FEC FORM 3		T OF RE SBURSE Authorized Com	MENTS		Offi	ce Use Only
1. NAME OF COMMITTEE (in	full) USE FEC MAIL		example:If typing, typing typing typing typing types the lines	уре		
		E 				
ADDRESS (number a	Ind street)	551 Majn Street				
Check if diff	erent					
than previou reported. (A		WN			PA L	15901
2. FEC IDENTIFIC	ATION NUMBER 🛛 🗑	CITY 🛋		STA	ATE 🛋	ZIP CODE 🔺
C0001907	5	3. IS THIS REPORT	NEW (N)	OR	AMENDED (A)	STATE ♥ DISTRIC
	- ((b) 12-Day PP	RE - Election Repor Primary (12P) Convention (1		General (12G) Special (12S)	Runoff (12R)
	r 15 Quarterly Report (Q3)	Election or				in the State of
Januar	y 31 Year-End Report (YE)	(c) 30-Day P	DST-Election Repo	ort for the:		
Termin	ation Report (TER)	Election or	General (30G		Runoff (30R)	in the State of
5. Covering Period	0701	2006	through	09	3 0	2006
-	amined this Report and to the	e best of my knowled t C. Ondick, Trea	-	true, correct and	complete.	
Type or Print Name of	I reasurer	10.0100 M	13UI 61			
Signature of Treasure	r Electronically Filed by	Robert C. Ondic	k, Treasurer	Date	01	08 2007
NOTE : Submission c	f false, erroneous, or incomp	plete information may	y subject the perso	on signing this R	eport to the pena	alties of 2 U.S.C 437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

nage	# 27930023010	SUMMARY PAGE of Receipts and Disbursements	
	FEC Form 3 (Revised 02/2003)		Page 2
W	rite or Type Committee Name		
N	IURTHA FOR CONGRESS COMMITTEE		
R		7 D D Y Y Y Y 7 01 2006	To: 09 D D Y Y Y Y 30 2006
		COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	103802.56	2520221.87
	(b) Total Contribution Refunds (from Line 20(d))	0.00	1900.00
	(c) Net Contributions (other than loans)(subtract Line 6(b) from Line 6(a))	103802.56	2518321.87
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	351624.27	1509705.83
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	4843.53
	(c) Net Operating Expenditures(subtract Line 7(b) from Line 7(a))	351624.27	1504862.30
8.	Cash on Hand at Close of Reporting Period (from Line 27)	1216713.88	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	13491.26	

For further information contact:

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

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

ge# 27930023011	DETAILED SUMMARY PAGE of Receipts	
FEC Form 3 (Revised 02/2003))	Page 3
Write or Type Committee Name MURTHA FOR CONGRESS COMM	<i>I</i> ITTEE	
Report Covering the Period: From:	: 07 D D Y Y Y Y 07 01 2006	To: 09 0 0 0 200
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
1. CONTRIBUTIONS (other than loans) F	FROM:	
(a) Individuals/Persons Other Than Political Committees	62875.00	1770922.00
(i) Itemized (use Schedule A)		42731.63
(ii) Unitemized (iii) TOTAL of contributions		1813653.63
from individuals		
(b) Political Party Committees(c) Other Political Committees		0.00
(such as PACS)		706568.24
(d) The Candidate	0.00	0.00
 (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (c) 	(d)) 103802.56	2520221.87
2. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3. LOANS		
(a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
4. OFFSETS TO OPERATING		
EXPENDITURES (Refunds, Rebates, etc.)	0.00	4843.53
5. OTHER RECEIPTS (Dividends, Interest, etc.)	16601.31	69177.92
 TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 	▶ 120403.87	2594243.32

Image# 27930023012

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 351624.27 1509705.83 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of all Other Loans..... (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other 0.00 1500.00 Than Political Committees..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 0.00 400.00 (such as PACs)..... (d) TOTAL CONTRIBUTION REFUNDS 0.00 1900.00 (add Lines 20(a), (b), and (c))..... 356760.75 789757.30 21. OTHER DISBURSEMENTS..... 22. TOTAL DISBURSEMENTS 708385.02 2301363.13 (add Lines 17, 18, 19(c), 20(d), and 21)

III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	1804695.03
24.	TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)	120403.87
25.	SUBTOTAL (add Line 23 and Line 24)	1925098.90
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	708385.02
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	1216713.88

S	CHEDULE A (FEC Form 3	Use separate schedule(s)		FOR LINE NUMBER: PAGE 5/211	
	EMIZED RECEIPTS	or each category of the		(check only one)	
••			Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15	
Ar	ny information copied from such Reports an	d Statements may	/ not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using	the name and add	dress of any political committee to	solicit contributions from such committee.	
Ν	NAME OF COMMITTEE (In Full)				
\backslash	MURTHA FOR CONGRESS COMM	1ITTEE			
Α.	Full Name (Last, First, Middle Initial) Caram Abood			Date of Receipt	
	Mailing Address 103 Colgate Ave			M M / D D / Y	
	City	State	Zip Code	Transaction ID: SA11A1.28596	
	Johnstown	PA	15905	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Abood Russell Pappas & Ro-	Occupation Attorney	n	Limit Increased Due to Opponent's	
	zich Receipt For: 2006		cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
	Primary X General			1	
	Other (specify) ▼	0 0	500.00		
в.	Full Name (Last, First, Middle Initial) Brian Ahlstrom			Date of Receipt	
	Mailing Address 353 Market Street			M M / D D / Y Y Y Y 09 11 2006	
	City	State	Zip Code	Transaction ID: SA11A1.28437	
	Johnstown	PA	15901	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer	Occupation Physiciar		Limit Increased Due to Opponent's	
	Receipt For: 2006		Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
	Primary X General Other (specify) ▼	0 0	500.00]	
— C.	Full Name (Last, First, Middle Initial) Silva Arslanian			Date of Receipt	
0.	Mailing Address 806 Morewood Ave			07 07 2006	
	City	State	Zip Code	Transaction ID: SA11A1.27770	
	Pittsburgh	PA	15213-2912	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer UPMC	Occupation Physiciar		Limit Increased Due to Opponent's	
Receipt For: 2006			Sycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)	
	Primary X General			1	
	Other (specify)	0 0	500.00		
s	UBTOTAL of Receipts This Page (optional)		1500.00	
⊢				-	
ΙT	OTAL This Period (last page this line numb	per only)	·····		

S	CHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 211
	EMIZED RECEIPTS	/	or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15
Ar	y information copied from such Reports an	d Statements may	not be sold or used by any pers	on for the purpose of soliciting contributions
or	for commercial purposes, other than using	the name and add	dress of any political committee to	o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			
	MURTHA FOR CONGRESS COMM	111166		
<u>۸</u> .	Full Name (Last, First, Middle Initial) Catherine Ballow			Date of Receipt
	Mailing Address 5205 Meadowbrook	Drive		
	City	State	Zip Code	0 8 1 8 2 0 0 6 Transaction ID: SA11A1.28124
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		100.00
	Name of Employer	Occupation	n	
	Receipt For: 2006	Retired	Cycle-to-Date V	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General			-
	Other (specify)	0 0	1100.00	
	Full Name (Last, First, Middle Initial)			
В.	Catherine Ballow	<u> </u>		Date of Receipt
	Mailing Address 5205 Meadowbrook	Drive		09 12 YYYY 006
	City	State	Zip Code	Transaction ID: SA11A1.28600
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	·			
	Name of Employer	Occupation Retired	n	Limit Increased Due to Opponent's
	Receipt For: 2006		Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General		1000.00	1
	Other (specify)		1200.00	1
<u></u>	Full Name (Last, First, Middle Initial) Margaret Barron	I		Date of Receipt
0.	Mailing Address 133 Westland Drive			
				07 07 2006
	City	State	Zip Code	Transaction ID: SA11A1.27738
	Pittsburgh	PA	15217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer West Penn Allegheny Health	Occupation	n	1
		v	lative Affairs	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary X General	Election C	Cycle-to-Date ▼	
	Other (specify)	0 0	1500.00	
Γ				1700.00
s	UBTOTAL of Receipts This Page (optional)	······	1700.00
Т	OTAL This Period (last page this line numb	per only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 211 (check only one) X X 11a 11b 11c 11d
Ar	ny information copied from such Reports and for commercial purposes, other than using the transmit of the second	I Statements may he name and add	r not be sold or used by any pers fress of any political committee to	12 13a 13b 14 15 on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMM	ITTEE		
<u>/</u> А.	Full Name (Last, First, Middle Initial) Melvin Bassi			Date of Receipt
	Mailing Address 801 Lawrence St	State	Zip Code	M M / D D / Y
	Monongahela	PA	15063	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Bassi McCune & Vreeland PC	Occupation Attorney		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary X General Other (specify) ▼	Election C	ycle-to-Date ▼ 350.00	
в.	Full Name (Last, First, Middle Initial) Robert Beall Mailing Address 202 Coventry Court			Date of Receipt
		Otata	Zie Oada	07 07 2006
	City Cranberry Twp	State PA	Zip Code 16066	Transaction ID: SA11A1.27740 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Roto Rooter Receipt For: 2006 Primary X General Other (specify) ▼	Occupation Self Emp Election C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
с.	Full Name (Last, First, Middle Initial) William Bigbee Mailing Address 485 Lockwood Road			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11A1.27772
	Export	PA	15632-9446	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UPMC	Occupation		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary X Other (specify)	Election C	ycle-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1100.00
Т	OTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/211 (check only one) 11a X 11a 11b 11c 12 13a 13b 14
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMM	he name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Charles Bogosta Mailing Address Gibsonia FEC ID number of contributing federal political committee. Name of Employer UPMC Cancer Center Receipt For: 2006 Primary X General Other (specify) ▼	State PA C Occupatio Chief Ad	Zip Code 15044 on Imin. Officer Cycle-to-Date ▼ 750.00	Date of Receipt M M / 0 7 2 0 6 Transaction ID: SA11A1.27774 Amount of Each Receipt this Period 250.00 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) Jay Carson Mailing Address 1428 Browning Road City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer St. Vincent College Receipt For: 2006 Primary X General Other (specify) ▼	State PA C Occupatio VP Instit	Zip Code 15206 on cutional Advancement Cycle-to-Date V 2500.00	Date of Receipt 0 7 0 7 2006 Transaction ID: SA11A1.27744 Amount of Each Receipt this Period Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) Helen Casey Mailing Address 119 Gamma Drive City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer Howard Hanna Real Estate Receipt For: 2006 Primary X General Other (specify) ▼	State PA C Occupation Real Est Election (Date of Receipt 07 07 2006 Transaction ID: SA11A1.27745 Amount of Each Receipt this Period 500.00 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)		······ I	2250.00

S	CHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/211
	EMIZED RECEIPTS	,	or each category of the Detailed Summary Page	(check only one)
••				X 11a 11b 11c 11d 12 13a 13b 14 15
Ar	v information copied from such Beports an	d Statements may	v not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using	the name and add	dress of any political committee to	solicit contributions from such committee.
\mathbf{N}	NAME OF COMMITTEE (In Full)			
\backslash	MURTHA FOR CONGRESS COMM	<i>I</i> ITTEE		
Α.	Full Name (Last, First, Middle Initial) Wick Chambers			Date of Receipt
	Mailing Address 224 Edgehill Road			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11A1.28208
	Hamden	CT	06517	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Winnick Ruben Chambers	Occupation Lawyer	n	Limit Increased Due to Opponent's
	Receipt For: 2006		Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General		250.00	1
	Other (specify)	0 0	230.00]
в.	Full Name (Last, First, Middle Initial) Lynda Christian			Date of Receipt
	Mailing Address 23 Fredana Road			M M / D D / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.28135
	Waban	MA	02468	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	n	
		Retired		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary X General	Election C	Cycle-to-Date ▼	
	Other (specify) ▼	0 0	250.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. Jared Cohon			Date of Receipt
	Mailing Address 5563 Northumberla	nd Street		M M / D D / Y Y Y Y 07 07 2006
	City	State	Zip Code	Transaction ID: SA11A1.27747
	Pittsburgh	PA	15217-1163	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Carnegie Mellon University	Occupation Presiden		Limit Increased Due to Opponent's
	Receipt For: 2006		Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify)		1000.00	1
	· · · · (-F··)/ ¥	0 0	0 0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optiona	I)	······	1000.00
т	OTAL This Period (last page this line num	ber only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS				FOR LINE NUMBER: PAGE 10 / 211 (check only one)
			or each category of the Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15
An or	y information copied from such Reports an for commercial purposes, other than using	d Statements ma the name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions oscillations solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMM	MITTEE		
Α.	Full Name (Last, First, Middle Initial) George Cook			Date of Receipt
	Mailing Address 409 Davis Avenue			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11A1.28212
	Somerset	PA	15501-1715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupatio	n	
	Receipt For: 2006	Retired	Cycle-to-Date V	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General	Election		
	Other (specify)	0 0	250.00	
в.	Full Name (Last, First, Middle Initial) George David	ł		Date of Receipt
	Mailing Address 605 Deefcliff Road			09 / 12 / Y Y Y 2006
	City	State	Zip Code	Transaction ID: SA11A1.28607
	Avon	CT	06001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer 'Best Effort'	Occupation	n Sent, No Reply	Limit Increased Due to Opponent's
	Receipt For: 2006	Election (Cycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify)		1000.00]
<u>с.</u>	Full Name (Last, First, Middle Initial) Steven Dekosky			Date of Receipt
	Mailing Address 1162 S. Negley Ave)		M M / D D / Y Y Y Y 07 07 2006
	City	State	Zip Code	Transaction ID: SA11A1.27775
	Pittsburgh	PA	15217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer UPMC	Occupatio	n	Limit Increased Due to Opponent's
	Receipt For: 2006	Election (Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼	0 0	500.00]
s	JBTOTAL of Receipts This Page (optiona)		1750.00
	OTAL This Period (last page this line numl			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 211 (check only one)
	for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMIT	TEE		
Α.	Full Name (Last, First, Middle Initial) Mary Dively			Date of Receipt
	Mailing Address 303 Wildberry Road			07 07 2006
	City Pittsburgh	State PA	Zip Code 15238-2121	Transaction ID: SA11A1.27748 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Carnegie Mellon	Occupation General	Counsel	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary X General Other (specify) ▼	Election C	zycle-to-Date ▼ 1250.00	Spending (2 0.3.0. 44 ra(i)/44 ra-1)
в.	Full Name (Last, First, Middle Initial) Carolyn Duronio Mailing Address 255 Sweet Rum Road	1		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11A1.27749
	Pittsburgh	PA	15238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Reed Smith LLP	Occupation Attorney	n	Limit Increased Due to Opponent's
	Receipt For: 2006 Primary X Other (specify) ▼	Election C	zycle-to-Date ▼ 500.00	Spending (2 U.S.C. 441a(i)/441a-1)
<u> </u>	Full Name (Last, First, Middle Initial) Stanley Duzy			Date of Receipt
-	Mailing Address 134 Lakewood Road			07 07 2006
	City	State	Zip Code	Transaction ID: SA11A1.27751
	Greensburg FEC ID number of contributing federal political committee.	PA C	15601-9781	Amount of Each Receipt this Period
	Name of Employer Kennametal, Inc		nent Executive	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary X Other (specify)	Election C	zycle-to-Date ▼ 3000.00	
s	UBTOTAL of Receipts This Page (optional)			2500.00
т	OTAL This Period (last page this line number	only)		

 $\mathsf{FEC}\mathsf{Schedule}\,\mathsf{A}\,(\mathsf{Form}\,\mathsf{3}$) $\mathsf{Rev}.\,02/2003$

S	CHEDULE A (FEC Form 3	Use separate schedule(s)		FOR LINE NUMBER: PAGE 12/211
	EMIZED RECEIPTS	/	or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15
Ar	v information copied from such Reports an	d Statements may	/ not be sold or used by any persi	12 13a 13b 14 15 on for the purpose of soliciting contributions
or	for commercial purposes, other than using	the name and add	dress of any political committee to	o solicit contributions from such committee.
\sum	NAME OF COMMITTEE (In Full)			
$ \rangle$	MURTHA FOR CONGRESS COMM	IITTEE		
	Full Name (Last, First, Middle Initial)			
Α.	H. Reese Edwards			Date of Receipt
	Mailing Address PO Box 72765			09 / ^D D / <u>Y Y Y Y</u> 25 / 2006
	City	State	Zip Code	Transaction ID: SA11A1.28546
	Albuquerque	NM	87195	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		1000.00
	Name of Employer	Occupatio	n	-
	BM&A	Consulta		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 0.3.0. 44 ra(i)/44 ra-1)
	Other (specify) ▼		1000.00	
			0 0 0 0 0 0 0 0	1
_	Full Name (Last, First, Middle Initial)			
В.	Kenneth Foon			Date of Receipt
	Mailing Address 416 William Street			07 07 07 07 07
	City	State	Zip Code	Transaction ID: SA11A1.27777
	Mt. Washington	PA	15211	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer UPMC	Occupatio	n	
			Viale to Date	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary X General	Election	Cycle-to-Date ▼	
	Other (specify) v		250.00	
				-
C.	Full Name (Last, First, Middle Initial) Janet Frane			Date of Receipt
Э.	Mailing Address 444 Sherwood Dr			
				09 25 2006
	City	State	Zip Code	Transaction ID: SA11A1.28551
	Webster Groves	MO	63119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupatio	n	
		Retired		Limit Increased Due to Opponent's
	Receipt For: 2006		Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General		500.00	1
	Other (specify)	0 0	500.00	1
s	UBTOTAL of Receipts This Page (optional)		1750.00
\vdash			· · · · · · · · · · · · · · · · · · ·	
Т	OTAL This Period (last page this line numb	per only))	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS		or each category of the		FOR LINE NUMBER: PAGE 13/211 (check only one)		
			Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15		
Ar	y information copied from such Reports an for commercial purposes, other than using	d Statements may	not be sold or used by any personant	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)					
\rangle	MURTHA FOR CONGRESS COM	NITTEE				
Α.				Date of Receipt		
	Mailing Address 1971 Bates Drive			09 / 28 / Y Y Y 2006		
	City	State	Zip Code	Transaction ID: SA11A1.28553		
	Johnstown	PA	15905	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		150.00		
	Name of Employer National Drug Intelligence Center	Occupation	1	Limit Increased Due to Opponent's		
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)		
	Other (specify)	0 0	250.00			
в.	Full Name (Last, First, Middle Initial) Christopher Gessner	I		Date of Receipt		
	Mailing Address 5133 Karrington Dr			09 25 2006		
	City	State	Zip Code	Transaction ID: SA11A1.28554		
	Gibsonia	PA	15044	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		300.00		
	Name of Employer Children's Hospital of Pgh	Occupation Healthcar	n re Administrator	Limit Increased Due to Opponent's		
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)		
	Primary X General Other (specify) ▼		300.00]		
с.	Full Name (Last, First, Middle Initial) James Gonzales			Date of Receipt		
	Mailing Address 2813 Pueblo Jacona	a		M M / D D / Y Y Y Y 09 25 2006		
	City	State	Zip Code	Transaction ID: SA11A1.28556		
	Santa Fe	NM	87507	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		750.00		
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's		
Receipt For: 2006 Primary X General		Retired	ycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)		
			750.00	1		
	Other (specify)	0 0				
s	UBTOTAL of Receipts This Page (optional)		1200.00		
т	TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3		Use separate schedule(s) or each category of the		FOR LINE NUMBER: PAGE 14 / 211 (check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements may name and add	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMIT	TEE		
Α.	Full Name (Last, First, Middle Initial) Barry Haase			Date of Receipt
	Mailing Address 1650 Lands End Road			09 ¹ /25 ¹ /2006
	City Lantana	State FL	Zip Code 33462-4762	Transaction ID: SA11A1.28558 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Diversified Inv Co	Occupation Chairman		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary X Other (specify)	Election C	ycle-to-Date ▼ 500.00	Spending (2 0.5.0. 44 ra(1)/44 ra-1)
В.	Full Name (Last, First, Middle Initial) Edmund Healy Mailing Address PO Box 767			Date of Receipt
		Ctata	Zin Codo	09 25 2006
	City Taos	State NM	Zip Code 87571	Transaction ID: SA11A1.28560 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed Receipt For: 2006 Primary X Other (specify)	Cccupation Election C	n sycle-to-Date ▼ 1000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C.	Full Name (Last, First, Middle Initial) Carolyn Heuberger Mailing Address 1080 Motor City Dr			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11A1.28562
	Colorado Springs	CO	80906-1311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Heuberger Motors Inc Receipt For: 2006		n ile Dealer vycle-to-Date 🔻	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼		300.00]
s	UBTOTAL of Receipts This Page (optional)			1800.00
Т	OTAL This Period (last page this line number	only)		

5	CHEDULE A (FEC Form 3)		FOR LINE NUMBER: PAGE 15/211
)	Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d
				12 13a 13b 14 15
Ar	ny information copied from such Reports an	d Statements may	y not be sold or used by any pers	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	MURTHA FOR CONGRESS COM			
	Full Name (Last, First, Middle Initial)			
Α.	Diane Holder			Date of Receipt
	Mailing Address 4760 Bayard St			07 07 07 07 07
	City	State	Zip Code	Transaction ID: SA11A1.27779
	Pittsburgh	PA	15213	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		1000.00
	Name of Employer	Occupatio	n	
	UPMC Health Sys		re Ins Executive	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General		0500.00	1
	Other (specify)	0 0	2500.00	
в.	Full Name (Last, First, Middle Initial) Tracy Holmes			Date of Receipt
	Mailing Address PO Box 101871			
				09 13 2006
	City	State	Zip Code	Transaction ID: SA11A1.28470
	Fort Worth	TX 76185 C Occupation		Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.			
	Name of Employer Self Employed			7
		Investme		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary X General	Election C	Cycle-to-Date ▼	
	Other (specify) ▼		500.00	
		0 0		-
	Full Name (Last, First, Middle Initial)			
C.	Mr. Richard Horvitz			Date of Receipt
	Mailing Address 85 Stonewood Drive	9		07 14 2006
	City	State	Zip Code	Transaction ID: SA11A1.27718
	Moreland Hills	OH	44022	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		2100.00
	Name of Employer	Occupatio	n	\neg
	Name of Employer Moreland Management Co.	CEO		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General		2100.00	1
	Other (specify)			1
_	INTOTAL of Poppinto This Page (antioned	I).		3600.00
Ľ	UBTOTAL of Receipts This Page (optiona			
т	OTAL This Period (last page this line num	ber onlv)		
Ľ	(.,	-	

S	CHEDULE A (FEC Form 3)			FOR LINE NUMBER: PAGE 16/211
		•	Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d
				12 13a 13b 14 15
Ar	ny information copied from such Reports and for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
$ \rangle$	MURTHA FOR CONGRESS COMM			
	Full Name (Last, First, Middle Initial)			,
Α.				Date of Receipt
	Mailing Address 5305 Ellsworth Ave.			07 07 07 07 07
	City	State	Zip Code	Transaction ID: SA11A1.27754
	Pittsburgh	PA	15232-1423	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer	Occupatio	n	_
	Carnegie Mellon University	PROVOS		Limit Increased Due to Opponent's
	Receipt For: 2006		Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General	1		1
	Other (specify) 🔻	0 0	1500.00	
R	Full Name (Last, First, Middle Initial) Thespine A. Kavoulakis			Date of Receipt
υ.	Mailing Address 162 Main Entrance D)rive		
	Toz Main Entrance B			07 07 2006
	City	State	Zip Code	Transaction ID: SA11A1.27755
	Pittsburgh	PA	15228	Amount of Each Receipt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.			
	Name of Employer	Occupation		
	СТС	Executive		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	Cycle-to-Date V	Spending (2 0.3.0. 44 (a(i)/44 (a-1)
	Other (specify) ▼	500.00		
			0 0 0 0 0 0 0	1
	Full Name (Last, First, Middle Initial)			
C.	Catherine Kotos			Date of Receipt
	Mailing Address 330 MArshside Drive	North		0 9 1 2 2 0 0 6
	City	State	Zip Code	09122006 Transaction ID: SA11A1.28621
	St Augustine	FL	32080	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		300.00
	Name of Employer	Coorrette	n	
	Name of Employer	Occupatio Retired	11	Limit Increased Due to Opponent's
	Receipt For: 2006		Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General			1
	Other (specify)			
_				
				1300.00
S	UBTOTAL of Receipts This Page (optional)			
_	OTAL This Deviced (last page this line of the	ar only)		
\Box	OTAL This Period (last page this line number	er oniy)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 211 (check only one)
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may	y not be sold or used by any pers	12 13a 13b 14 15
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMIT			Solicit contributions from such committee.
<u> </u>				Date of Receipt
	Mailing Address 2013 W. Grove Drive	State	Zip Code	M M Ø D D Ø Y
	Gibsonia	PA	15044	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer UPMC	Occupation Health C	n are Admin.	Limit Increased Due to Opponent's
	Receipt For: 2006 Primary X General Other (specify) ▼	Election C	Cycle-to-Date ▼ 2500.00	
В.	Full Name (Last, First, Middle Initial) Thomas Little			Date of Receipt
	Mailing Address 2625 S Loomis St			0 8 / D D / Y Y Y Y 0 8 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.28159
	Chicago	IL	60608-5414	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2100.00
	Name of Employer Brandenburg	Occupation		Limit Increased Due to Opponent's
	Receipt For: 2006		Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼	0 0	2100.00]
<u></u>	Full Name (Last, First, Middle Initial) Anna Lokshin	1		Date of Receipt
0.	Mailing Address 5619 Marlborough Roa 250.	ad		0 7 0 7 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.27784
	Pittsburgh	PA	15217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Univ of Pittsburgh	Occupation Physiciar		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼	0 0	250.00]
s	UBTOTAL of Receipts This Page (optional)		······	3350.00
т	OTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 18/211
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	12 $13a$ $13b$ 14 15
Ar	y information copied from such Reports and	d Statements may	y not be sold or used by any pers	on for the purpose of soliciting contributions
or	for commercial purposes, other than using	the name and add	dress of any political committee to	o solicit contributions from such committee.
$ \rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMM			
\backslash				
Α.	Full Name (Last, First, Middle Initial) Barry London			Date of Receipt
л.	Mailing Address 38 Rosemont Lane			
		0 1 1		07 07 2006
	City Pittsburgh	State PA	Zip Code 15217	Transaction ID: SA11A1.27786 Amount of Each Receipt this Period
	FEC ID number of contributing		13217	
	federal political committee.	C		1000.00
	Name of Employer Univ. of Pittsburgh	Occupation		
	Receipt For: 2006		n, Scientist Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General	Election		1
	Other (specify)	0 0	2000.00	
	Full Name (Last, First, Middle Initial)			
В.	John Luttrell			Date of Receipt
	Mailing Address 170 Santa Louisa			M M / D D / Y Y Y Y 09 29 2006
	City	State	Zip Code	Transaction ID: SA11A1.28958
	Irvine	CA 92606		Amount of Each Receipt this Period
	FEC ID number of contributing			300.00
	federal political committee.			
	Name of Employer The Wet Seal Inc	Occupatio		
	Receipt For: 2006	EVP & C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General			1
	Other (specify) 🔻	300.00		
	Full Name (Last, First, Middle Initial)			
C.	MAry MacVicar			Date of Receipt
	Mailing Address 315 Bemgridge Roa	d		0 8 0 6 Y Y Y Y 0 8 0 6 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.28248
	Columbus	OH	43221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation Retired	n	Limit Increased Due to Opponent's
	Receipt For: 2006		Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General			1
	Other (specify)			1
		I		
s	UBTOTAL of Receipts This Page (optional)		1550.00
т	OTAL This Period (last page this line numb	per only)		

SCHEDULE A (FEC Form 3		Use separate schedule(s)		FOR LINE NUMBER: PAGE 19/211			
ITEMIZED RECEIPTS		•	or each category of the	(check only one)			
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 11d \\ \hline & 12 & 13a & 13b & 14 & 15 \\ \hline \end{array}$			
Ar	y information copied from such Reports and	Statements may	y not be sold or used by any pers	on for the purpose of soliciting contributions			
or	for commercial purposes, other than using t	he name and add	dress of any political committee to	o solicit contributions from such committee.			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMM	ITTEE					
Ľ							
Α.	Full Name (Last, First, Middle Initial) Butch Maki			Date of Receipt			
	Mailing Address 118 W San Mateo Re	oad		09 / 25 / Y Y Y Y			
	City	State	Zip Code	Transaction ID: SA11A1.28567			
	Sante Fe	NM	87505	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Self Employed	Occupation	n	Limit Increased Due to Opponent's			
	Receipt For: 2006 Primary X General		Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)			
			1000.00				
	Other (specify)	0 0		1			
в.	Full Name (Last, First, Middle Initial) Patty Maki			Date of Receipt			
	Mailing Address 118 W San Mateo Re	oad		M M / D D / Y Y Y Y 09 25 2006			
	City	State	Zip Code	Transaction ID: SA11A1.28569			
	Santa Fe	NM	87505	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer	Occupation	n				
		Homema		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
	Receipt For: 2006 Primary X General	Election C	Cycle-to-Date ▼				
	Other (specify) ▼	0 0	1000.00				
с.	Full Name (Last, First, Middle Initial) Mr. David Malone			Date of Receipt			
	Mailing Address 251 Timothy Drive			07 07 07 07			
	City	State	Zip Code	Transaction ID: SA11A1.27757			
	Gibsonia	PA	15044	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1500.00			
	Name of Employer Gateway Financial Grp. In-	Occupation		7			
	<u>c.</u>		e Consultant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
	Receipt For: 2006 Primary X General	Election C	Cycle-to-Date ▼				
	Other (specify) ▼	0 0	2500.00				
s	UBTOTAL of Receipts This Page (optional)			3500.00			
Ĕ							
Т	TOTAL This Period (last page this line number only)						

SCHEDULE A (FEC Form 3				FOR LINE NUMBER: PAGE 20 / 211 (check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 11d
		Detailed Summary Fage		12 13a 13b 14 15
Ar	ny information copied from such Reports and stor commercial purposes, other than using th	Statements may e name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\geq	MURTHA FOR CONGRESS COMMI	TTEE		
Α.	Full Name (Last, First, Middle Initial) Chris Mancill			Date of Receipt
	Mailing Address 42722 Middle Ridge F	פו		08 / D D / Y Y Y Y 08 02 2006
	City	State	Zip Code	Transaction ID: SA11A1.28250
	Broadlands	VA	20148	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Amgen Inc	Occupation Dir	n	Limit Increased Due to Opponent's
	Receipt For: 2006		Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼	0 0	250.00]
	Full Name (Last, First, Middle Initial) Dr. Stanley Marks			Date of Receipt
ь.	Mailing Address 6525 Beacon Street			0 7 0 7 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.27787
	Pittsburgh	PA	15217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UPMC	Occupation		
	Receipt For: 2006	Physiciar Election C	n Sycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General		-	1
	Other (specify)	0 0	2750.00	
C.	Full Name (Last, First, Middle Initial) Randall McCombs			Date of Receipt
	Mailing Address PO Box 38484			M M / D D / Y Y Y Y 07 07 2006
	City	State	Zip Code	Transaction ID: SA11A1.27788
	Pittsburgh	PA	15238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UPMC	Occupation	n	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Sycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) T	0 0	250.00]
s	UBTOTAL of Receipts This Page (optional) .		······	750.00
				-
Ľ	OTAL This Period (last page this line numbe	i Oniy)	J	

SCHEDULE A (FEC Form 3) Use separate schedule or each category of the		FOR LINE NUMBER: PAGE 21 / 211 (check only one)	
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15	
Ar or	ny information copied from such Reports and for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMM	IITTEE			
<u>∠</u> А.	Full Name (Last, First, Middle Initial) Dennis McGlynn			Date of Receipt	
	Mailing Address 1 Denali Lane			M M / D D / Y Y Y Y 09 / 25 / 2006	
	City	State	Zip Code	Transaction ID: SA11A1.28571	
	Johnstown	PA	15904	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		300.00	
	Name of Employer Self Employed	Occupation Attorney	n	Limit Increased Due to Opponent's	
	Receipt For: 2006	Election C	Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
	Primary X General Other (specify) ▼	0 0	300.00]	
в.	Full Name (Last, First, Middle Initial) E.J. McKenna-Hieb			Date of Receipt	
	Mailing Address 45 W Oakwood Drive	e		M M / D D / Y Y Y Y 09 12 2006	
	City	State	Zip Code	Transaction ID: SA11A1.29506	
	Carlisle	PA	17015	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's	
	Receipt For: 2006	Retired Election C	Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)	
	Primary X General		500.00	1	
	Other (specify) v	0 0	500.00		
C.	Full Name (Last, First, Middle Initial) Frances Morrow			Date of Receipt	
	Mailing Address 608 E. First Street			M M / D D / Y Y Y Y 09 25 2006	
	City	State	Zip Code	Transaction ID: SA11A1.28574	
	Huntingburg	IN	47542	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		25.00	
	Name of Employer	Occupation Retired	n	Limit Increased Due to Opponent's	
	Receipt For: 2006		Cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)	
	Primary X General Other (specify) ▼	0 0	225.00]	
s	UBTOTAL of Receipts This Page (optional))	······	825.00	
Т	OTAL This Period (last page this line numb	er only)	· · ·		

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 22/211
ITEMIZED RECEIPTS	,	or each category of the Detailed Summary Page	(check only one)
			X 11a 11b 11c 11d 12 13a 13b 14 15
Any information copied from such Reports and	d Statements ma	y not be sold or used by any pers	on for the purpose of soliciting contributions
or for commercial purposes, other than using	the name and ad	dress of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Full Name (Last, First, Middle Initial)			Data of Dessist
A. Christina Moya Mailing Address 7 Westwind Road			Date of Receipt
			09 25 2006
City	State	Zip Code	Transaction ID: SA11A1.28575
Santa Fe	NM	87508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupatio	n	
Receipt For: 2006	Election (Cycle-to-Date V	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Primary X General			1
Other (specify)	0 0	1000.00	
Full Name (Last, First, Middle Initial) B. Kelli Murphey			Date of Receipt
Mailing Address 3225 Turtle Creek B	81 908		M M / D D / Y Y Y Y
-			09 05 2006
City Dallas	State TX	Zip Code 75219	Transaction ID: SA11A1.29457
FEC ID number of contributing		/ 52 19	Amount of Each Receipt this Period
federal political committee.	Occupation		300.00
Name of Employer			_
Self Employed		ntary Filmmaker	Limit Increased Due to Opponent's
Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
Primary X General Other (specify) ▼		300.00	
	0.0		
Full Name (Last, First, Middle Initial) C. William Newlin			Date of Receipt
Mailing Address 752 Fleming Lane			M M / D D / Y Y Y Y
		75.0.5	07 07 2006
City <u>Sewickley</u>	State PA	Zip Code 15143	Transaction ID: SA11A1.27760 Amount of Each Receipt this Period
FEC ID number of contributing		13143	
federal political committee.	C		1500.00
Name of Employer Dick's Sporting Goods Inc	Occupatio		
Receipt For: 2006	Executive Election (e Cycle-to-Date V	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Primary X General			1
Other (specify)	0 0	2500.00	
SUBTOTAL of Receipts This Page (optional)	······	2800.00
TOTAL This Period (last page this line numb	oer only)	I	

S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23/211
ITEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 11d
			Detailed Summary Page	12 13a 13b 14 15
Ar	y information copied from such Reports and S for commercial purposes, other than using the	Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
\rangle	MURTHA FOR CONGRESS COMMIT	TEE		
Α.	Full Name (Last, First, Middle Initial) Lorraine Novelli			Date of Receipt
	Mailing Address 107 St Andrews Drive			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11A1.28167
	Pittsburgh	PA	15205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2100.00
	Name of Employer	Occupation		
	Receipt For: 2006	Homema Election C	ker Sycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General			1
	Other (specify)	0 0	2100.00	
в.	Full Name (Last, First, Middle Initial) Bryon Paez			Date of Receipt
	Mailing Address 8900 Ortega Ct NW			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11A1.28579
	Alburguerque	NE 87114 C Occupation		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			1000.00
	Name of Employer BM&A			
	Receipt For: 2006	Consulta		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General	Election Cycle-to-Date		1
	Other (specify)	0 0	1000.00	
с.	Full Name (Last, First, Middle Initial) Chang Park			Date of Receipt
	Mailing Address 12 Ayla Way			0 8 / 1 8 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.28170
	Ithaca	NY	14850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			2100.00
	Name of Employer Newfield Properties LLC	Occupation		
	Receipt For: 2006	Managen	nent Cycle-to-Date V	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General			1
	Other (specify)		2100.00	
s	UBTOTAL of Receipts This Page (optional)			5200.00
т	OTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3)		FOR LINE NUMBER: PAGE 24/211
		/	Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d
•				12 13a 13b 14 15
Ar	ny information copied from such Reports and for commercial purposes, other than using t	he name and ad	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	MURTHA FOR CONGRESS COMM	ITTEE		
L	Full Name (Last, First, Middle Initial)			
Α.	Paul Parker			Date of Receipt
	Mailing Address 5903 Mt. Eagle Dr			0 8 1 8 2 0 0 6
	#708 City	State	Zip Code	Transaction ID: SA11A1.28172
	Alexandria	VT	22303	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		2000.00
	Name of Employer	Occupatio	n	-
	Welch Resources Inc.	Consulta		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 0.3.0. 44 ra(i)/44 ra-1)
	Other (specify) ▼		2000.00]]
		0 0	0 0 0 0 0 0 0 0	1
_	Full Name (Last, First, Middle Initial)			
в.	David Perlmutter, MD	-1		Date of Receipt
	Mailing Address 5420 Dunmoyle Stre	et		07 07 Y Y Y Y 007 07 2006
	City	State	Zip Code	Transaction ID: SA11A1.27790
	Pittsburgh	PA 15217		Amount of Each Receipt this Period
	FEC ID number of contributing	С		300.00
	federal political committee.			
	Name of Employer Univ. of Pittsburgh	Occupation		
	-	Physician Election Cycle-to-Date ▼		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary X General	Election	Cycle-to-Date ▼	
	Other (specify)	1300.00		
				1
C.	Full Name (Last, First, Middle Initial) Steven Phillips			Date of Receipt
0.	Mailing Address 1925 East Lee Stree	t		M M / D D / Y Y Y Y
		-		09 21 2006
	City	State	Zip Code	Transaction ID: SA11A1.28489
	Tucson	AZ	85719	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer	Occupatio	n	
	Name of Employer Phillips Moeller & Conway	Attorney	11	Limit Increased Due to Opponent's
	Receipt For: 2006		Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General		E00.00	1
	Other (specify)		500.00	1
s	UBTOTAL of Receipts This Page (optional)			2500.00
				-
т	OTAL This Period (last page this line numb	er only)	Þ	

S	CHEDULE A (FEC Form 3)		FOR LINE NUMBER: PAGE 25/211
	EMIZED RECEIPTS	,	Use separate schedule(s) or each category of the	(check only one)
••	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d
A				12 13a 13b 14 15
or	for commercial purposes, other than using	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\left \right\rangle$	MURTHA FOR CONGRESS COMM	IITTEE		
́А.	Full Name (Last, First, Middle Initial) Elizabeth Reese			Date of Receipt
	Mailing Address 830 Park Avenue			M · M / D · D / Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y · Y · Y · Y Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·
	City	State	Zip Code	Transaction ID: SA11A1.28490
	New York	NY	10021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	-
		None		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼	0 0	250.00]
	Full Name (Last, First, Middle Initial) Mr. Matthew Roddy			Date of Receipt
Ъ.	Mailing Address 408 S. Stonehaven	Drivo		
	Walking Address 400 S. Stoffenaven	Diive		07 07 2006
	City	State	Zip Code	Transaction ID: SA11A1.27761
	Highland Heights	OH	44143	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	า	
	Self-Employed	Life Insur		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 0.3.0. 44 ra(i)/44 ra-1)
	Primary X General Other (specify) ▼	1000.00]
— C.	Full Name (Last, First, Middle Initial) Mr. James Rohr			Date of Receipt
	Mailing Address 613 Dorseyville Roa	d		M M / D D / Y Y Y Y 07 07 2006
	City	State	Zip Code	Transaction ID: SA11A1.27762
	Pittsburgh	PA	15238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer PNC Bank	Occupation		
		Chairmai		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary X General	Election C	ycle-to-Date 🔻	
	Primary X General Other (specify)	0 0	3500.00	
s	UBTOTAL of Receipts This Page (optional)		2250.00
Т	OTAL This Period (last page this line numb	per only)	· · · ·	

SCHEDULE A (FEC Form 3)		FOR LINE NUMBER: PAGE 26 / 211
	Use separate schedule(s) or each category of the		(check only one)
		Detailed Summary Page	X 11a 11b 11c 11d
Any information copied from such Reports and	d Statomonto ma	unot be cold or used by any perce	12 13a 13b 14 15
or for commercial purposes, other than using t	the name and ad	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
MURTHA FOR CONGRESS COMM	IITTEE		
Full Name (Last, First, Middle Initial) A. James E. Rooney			Date of Receipt
Mailing Address 412 Farrington Dr.			M M / D D / Y Y Y Y 07 07 2006
City	State	Zip Code	Transaction ID: SA11A1.27763
Seven Fields	PA	16046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer	Occupatio	n	-
	Consulta	nt	Limit Increased Due to Opponent's
Receipt For: 2006	Election C	Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
Primary X General		4000.00	1
Other (specify)	0 0		
Full Name (Last, First, Middle Initial) B. Patricia R. Rooney			Date of Receipt
Mailing Address 940 N. Lincoln Ave.			07 07 Y Y Y Y Y 067 07 07
City	State	Zip Code	Transaction ID: SA11A1.27764
Pittsburgh	PA	15233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer	Occupatio	n	—
	Homema		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 Primary X General	Election Cycle-to-Date		
Other (specify) ▼	0 0	3500.00	
Full Name (Last, First, Middle Initial) C. Patrick J. Rooney			Date of Receipt
Mailing Address 1111 N. Congress A	ve.		07 07 2006
City	State	Zip Code	Transaction ID: SA11A1.27765
West Palm Beach	FL	33409	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer Palm Beach Kennell Club	Occupatio Presiden		Limit Increased Due to Opponent's
Receipt For: 2006		ι Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
Primary X General		- 	1
Other (specify)	0 0	4000.00	
SUBTOTAL of Receipts This Page (optional))		6000.00
TOTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form 3			Use separate schedule(s)	FOR LINE NUMBER: PAGE 27/211		
	EMIZED RECEIPTS		or each category of the	(check only one)		
••			Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15		
Ar	y information copied from such Reports and S	Statements may	v not be sold or used by any perse			
or	for commercial purposes, other than using the	e name and ad	dress of any political committee to	solicit contributions from such committee.		
Ν	NAME OF COMMITTEE (In Full)					
\langle	MURTHA FOR CONGRESS COMMIT					
Α.	Full Name (Last, First, Middle Initial) Dr. Loren Roth			Date of Receipt		
	Mailing Address 6820 Edgerton Avenue	Э		09 25 2006		
	City	State	Zip Code	Transaction ID: SA11A1.28585		
	Pittsburgh	PA	15208-2803	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer	Occupatio	n			
	UPMC	Medical I		Limit Increased Due to Opponent's		
	Receipt For: 2006	Election C	Cycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)		
	Primary X General Other (specify) ▼		3250.00]		
	Full Name (Last, First, Middle Initial)					
В.	Jay Sandrich			Date of Receipt		
	Mailing Address 2501 Colorado Ave # 350			M M M / D D / Y Y Y Y <		
	City	State	Zip Code	Transaction ID: SA11A1.28423		
	Santa Monica	CA	90404	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self Employed	Occupation				
		TV Direc		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Receipt For: 2006 Primary X General	Election C	Cycle-to-Date ▼			
	Other (specify)	0 0	500.00			
<u></u>	Full Name (Last, First, Middle Initial) Toni Sicari	1		Date of Receipt		
	Mailing Address 63 Toodsend Farms F	load		07 14 2006		
	City	State	Zip Code	Transaction ID: SA11A1.27732		
	Boxford	MA	01921	Amount of Each Receipt this Period		
	FEC ID number of contributing		U U U U U U	2100.00		
	federal political committee.	C		2100.00		
	Name of Employer	Occupatio				
		Housewi	-	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Receipt For: 2006 Primary X General	Election	Cycle-to-Date ▼			
	Other (specify) ▼ 2100.00					
s	UBTOTAL of Receipts This Page (optional)	I		3600.00		
F						
т	TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 211
ITEMIZED RECEIPTS	-	or each category of the	(check only one)
		Detailed Summary Page	12 $13a$ $13b$ 14 15
Any information copied from such Reports and	d Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using	the name and add	dress of any political committee to	solicit contributions from such committee.
	NITTEE		
Full Name (Last, First, Middle Initial) A. William Sipko			Date of Receipt
Mailing Address 827 Seanor Road			M M / D D / Y
City	State	Zip Code	Transaction ID: SA11A1.28182
Windber	PA	15963-7217	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer BCL Manuf Co	Occupatio Presiden		Limit Increased Due to Opponent's
Receipt For: 2006	Election C	Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
Other (specify)	0 0	1000.00]
Full Name (Last, First, Middle Initial) B. Jayanthi Srinivasan			Date of Receipt
Mailing Address 554 Normandy Ct.			M M / D D / Y Y Y Y 07 07 2006
City	State	Zip Code	Transaction ID: SA11A1.27791
Pittsburgh	PA	15238	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer UPMC	Occupatio	n	Limit Increased Due to Opponent's
Receipt For: 2006	Election C	Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
Other (specify)	0 0	500.00]
Full Name (Last, First, Middle Initial) C. Massimo Trucco	1		Date of Receipt
Mailing Address 4309 Parkman Aver	nue		M M / D D / Y Y Y Y 07 07 2006
City	State	Zip Code	Transaction ID: SA11A1.27792
Pittsburgh	PA	15213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer UPMC	Occupatio	n	Limit Increased Due to Opponent's
Receipt For: 2006	Election C	Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
Other (specify)		500.00]
SUBTOTAL of Receipts This Page (optional)		2000.00
TOTAL This Period (last page this line numb			-

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 211 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	
Δr	w information conied from such Reports an	d Statements may	unot be sold or used by any perso	12 13a 13b 14 15 on for the purpose of soliciting contributions
or	for commercial purposes, other than using	the name and add	dress of any political committee to	a solicit contributions from such committee.
\backslash	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMM			
\angle				
Α.	Full Name (Last, First, Middle Initial) Daniel Turton			Date of Receipt
	Mailing Address 1875 Eye Street NW #400			M M / D D / Y Y Y Y 09 12 2006
	City	State	Zip Code	Transaction ID: SA11A1.28634
	Washington	DC	20006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Timmons & Co Inc	Occupation VP	n	Limit Increased Due to Opponent's
	Receipt For: 2006		Cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General		500.00	1
	Other (specify)			1
в.	Full Name (Last, First, Middle Initial) Srini Vasan			Date of Receipt
	Mailing Address 503 Thompson Ave	nue		M M / D D / Y Y Y Y 09 25 2006
	City	State	Zip Code	Transaction ID: SA11A1.28588
	<u>El Dorado</u>	AR	71730-4555	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Medical Center of S Arkan-	Occupation		
	sas Receipt For: 2006	I	n Oncologist Cycle-to-Date 🔻	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General			1
	Other (specify)	0 0	1000.00	
С.	Full Name (Last, First, Middle Initial) Mr. Ronald Violi	-		Date of Receipt
	Mailing Address 252 Kittanning Pike			07 07 07 07
	City	State	Zip Code	Transaction ID: SA11A1.27766
	Pittsburgh	PA	15215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer Children's Hospital of Pi-	Occupation Chairman		Limit Increased Due to Opponent's
	ttsburgh Receipt For: 2006		Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General		1500.00	1
_	Other (specify)			1
s	UBTOTAL of Receipts This Page (optional)	······	3000.00
т	OTAL This Period (last page this line numb	per only)		

S	CHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 211			
IT	EMIZED RECEIPTS	or each category of the		(check only one)			
			Detailed Summary Page	12 13a 13b 14 15			
Ar	ny information copied from such Reports and for commercial purposes, other than using the second second second	d Statements may	r not be sold or used by any person tress of any political committee to	on for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)						
\rangle	MURTHA FOR CONGRESS COMM	IITTEE					
Α.	Full Name (Last, First, Middle Initial) John Warlick			Date of Receipt			
	Mailing Address 512 Knoll Pointe			09 12 YYYY 2006			
	City	State	Zip Code	Transaction ID: SA11A1.28636			
	Woodstock	GA	30189	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		2100.00			
	Name of Employer Tissue Regeneration Tech	Occupation CEO	n	Limit Increased Due to Opponent's			
	Receipt For: 2006	Election C	Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)			
	Primary X General Other (specify) ▼	0 0	2100.00]			
в.	Full Name (Last, First, Middle Initial) Joel Weinberg			Date of Receipt			
	Mailing Address 5821 Aylesboro Ave	1		M M M D D Y			
	City	State	Zip Code	Transaction ID: SA11A1.27794			
	Pittsburgh	PA	15217-1349	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer UPMC	Occupation	n	Limit Increased Due to Opponent's			
	Receipt For: 2006	Election C	Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)			
	Primary X General Other (specify) Image: Content of the second se	0 0	250.00				
с.	Full Name (Last, First, Middle Initial) Eugene Wiener			Date of Receipt			
	Mailing Address 1450 Shady Aenue			07 07 Y Y Y Y Y 007 07			
	City	State	Zip Code	Transaction ID: SA11A1.27796			
	Pittsburgh	PA	15217-1349	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer UPMC	Occupation	n	Limit Increased Due to Opponent's			
	Receipt For: 2006	Election C	Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)			
	Primary X General Other (specify) Image: Content of the second se	0 0	250.00				
s	UBTOTAL of Receipts This Page (optional))	······	2600.00			
				-			
\Box	TOTAL This Period (last page this line number only)						

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	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 211 (check only one) X X 11a 11b 11c 11d 12 13a 13b 14 15
	y information copied from such Reports and Stat for commercial purposes, other than using the na			
$\left \right>$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTE	Ē		
Α.	Full Name (Last, First, Middle Initial) Mr. James Will Mailing Address 721 East McMurray Road	d		Date of Receipt
	City McMurray	State PA	Zip Code 15317	Transaction ID: SA11A1.27767 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer St. Vincent College	Occupation President		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary X General Other (specify)	Election C	ycle-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	►	1500.00
TOTAL This Period (last page this line number only)	►	62875.00

FEC Schedule A (Form 3) Rev. 02/2003

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32/211 (check only one) 11a 11a 11b X 11c 11a 11b
Ar	ny information copied from such Reports and for commercial purposes, other than using t	d Statements may the name and add	not be sold or used by any perso lress of any political committee to	12 13a 13b 14 15 on for the purpose of soliciting contributions solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMM	IITTEE		
Α.		``) NATIONAL RURAL ELECTRIC C	OOP. ADDEDOT. Receipt
	Mailing Address 4301 Wilson Boulev		7	0 9 / 2 5 / 2 0 0 6
	City Arlington	State VA	Zip Code 22203	Transaction ID: SA11C.28590 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0002972	2500.00
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's
	Receipt For: 2006 Primary X General Other (specify)	Election C	ycle-to-Date ▼ 2500.00	Spending (2 U.S.C. 441a(i)/441a-1)
В.	Full Name (Last, First, Middle Initial) AFGE POLITICAL ACTION COMMITTEE Mailing Address 80 F STREET N.W.			Date of Receipt
	City	State	Zip Code	08 18 2006 Transaction ID: SA11C.28191
	WASHINGTON	DC	20001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0009936	1000.00
	Name of Employer	Occupation	ו	Limit Increased Due to Opponent's
	Receipt For: 2006 Primary X General	Election C	ycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	Other (specify)	0 0	2000.00	
с.	Full Name (Last, First, Middle Initial) BUCHANAN INGERSOLL PROFESSIONAL (CORPORATION C	OMMITTEE FOR EFFECTIVE GOV	ſERNMĒBNE MIRGervipt
	Mailing Address ONE OXFORD CEN 301 GRANT STREE		R	M · M / D · D / Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·
	City PITTSBURGH	State PA	Zip Code 15219	Transaction ID: SA11C.28192
	FEC ID number of contributing federal political committee.		0195388	Amount of Each Receipt this Period
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's
	Receipt For: 2006 Primary X General Other (specify)	Election C	ycle-to-Date ▼ 6000.00	Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional))		5500.00
Т	OTAL This Period (last page this line numb	per only)	· · · · · ·	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 211 (check only one) 11a 11b X 11c 11d 12 13a 13b 14 15	
Ar	y information copied from such Reports ar for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COM	MITTEE			
<u>А.</u>		COMMITTEE		Date of Receipt	
	Mailing Address 501 THIRD STREE	TNW		09 / 25 / Y Y Y Y 2006	
	City WASHINGTON	State DC	Zip Code 20001	Transaction ID: SA11C.28592 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		0002089	2500.00	
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's	
	Receipt For: 2006 Primary X General	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
	Other (specify)	0 0	2500.00		
в.		•		Date of Receipt	
	Mailing Address PO BOX 15638			09 / 25 / Y Y Y Y 2006	
	City CHEVY CHASE	State MD	Zip Code 20825	Transaction ID: SA11C.28593	
	FEC ID number of contributing federal political committee.		0320432	Amount of Each Receipt this Period 500.00	
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's	
	Receipt For: 2006	Election Cycle-to-Date		Spending (2 U.S.C. 441a(i)/441a-1)	
	Primary X General Other (specify) ▼	0 0	500.00]	
с.	Full Name (Last, First, Middle Initial) LABORERS' POLITICAL LEAGUE-LABORE	RS' INTERNATION	AL UNION OF NA	Date of Receipt	
	Mailing Address 905 16TH STREET			M M / D D / Y Y Y Y 09 25 2006	
	City	State	Zip Code	Transaction ID: SA11C.28595	
	WASHINGTON	DC	20006	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C C00007922		1000.00	
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's	
	Receipt For: 2006 Primary X General Other (specify) ▼	Election C	Cycle-to-Date ▼ 6000.00		
s	UBTOTAL of Receipts This Page (optiona	I)	······	4000.00	
Т	TOTAL This Period (last page this line number only)				

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 211 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	11a 11b X 11c 11d 12 13a 13b 14 15
Ar or	y information copied from such Reports an for commercial purposes, other than using	d Statements may the name and add	/ not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMM	<i>I</i> ITTEE		
<u>/</u>	Full Name (Last, First, Middle Initial) LAKE ERIE ALLIANCE FOR DEMOCRACY F	PAC LEAD PAC		Date of Receipt
	Mailing Address 101 WEST 34 STR	EET		09 / D D / Y Y Y Y 2006
	City ERIE	State PA	Zip Code 16508	Transaction ID: SA11C.28530 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0420109	50.00
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's
	Receipt For: 2006 Primary X General	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Other (specify)	0 0	50.00	
В.	Full Name (Last, First, Middle Initial) NATIONAL ASSOCIATION OF INSURANCE Mailing Address 2901 TELESTAR C		DVISORS POLITICAL ACTION CC	M M / D D / Y Y Y Y
	City	State	Zip Code	0 9 1 2 2 0 0 6 Transaction ID: SA11C.28640
	FALLS CHURCH	VA	22042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0005249	2500.00
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's
	Receipt For: 2006 Primary X General	Election C	Sycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	Other (specify) ▼		2500.00]
С.	Full Name (Last, First, Middle Initial) NORTH SIDE GOOD GOVERNMENT COM	MITTEE		Date of Receipt
	Mailing Address 3400 SOUTH WAT	ER STREET		M M / D D / Y Y Y Y 07 07 2006
	City PITTSBURGH	State PA	Zip Code 15203	Transaction ID: SA11C.27768 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00295600		2000.00
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼	0 0	7000.00]
s	UBTOTAL of Receipts This Page (optiona	l)		4550.00
т	OTAL This Period (last page this line num	ber only)	· · · · · ·	

S	CHEDULE A (FEC Form 3)		FOR LINE NUMBER: PAGE 35/211	
	EMIZED RECEIPTS	,	Use separate schedule(s) or each category of the	(check only one)	
	EMIZED RECEIPTS		Detailed Summary Page		
				12 13a 13b 14 15	
Ar	ly information copied from such Reports an for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
\rangle	MURTHA FOR CONGRESS COMM	NITTEE			
Á.	Full Name (Last, First, Middle Initial) PNCBANKPAC			Date of Receipt	
	Mailing Address Two PNC Plaza			M M M / D D / Y </th	
	City	State	Zip Code	Transaction ID: SA11C.27769	
	Pittsburgh	PA	15222-2719	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1500.00	
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's	
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
	Primary X General		4500.00	1	
	Other (specify)	0 0	4300.00]	
в.	Full Name (Last, First, Middle Initial) SAP AMERICA INC PAC			Date of Receipt	
	Mailing Address 3999 WEST CHEST	TER PIKE		M M M / D D / Y Y Y Y <	
	City	State	Zip Code	Transaction ID: SA11C.27737	
	NEWTOWN SQUARE	PA	19073	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C C00	0367375	5000.00	
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's	
	Receipt For: 2006	Election C	Cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)	
	Primary X General		10000.00	1	
	Other (specify)	0 0			
C.	Full Name (Last, First, Middle Initial) TIMKEN COMPANY GOOD GOVERNMENT	FUND. THE		Date of Receipt	
•	Mailing Address 1835 Dueber Avenu			08 18 2006	
	City	State	Zip Code	Transaction ID: SA11C.28197	
	Canton	OH	44706	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C Coo	0311308	1500.00	
Name of Employer		Occupation	n	Limit Increased Due to Opponent's	
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
Primary X General			1500.00	1	
	Other (specify)	0 0			
s	UBTOTAL of Receipts This Page (optional)		8000.00	
т	OTAL This Period (last page this line numb	per only)			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 211 (check only one) 11a 11b X 11c 11d 12 13a 13b 14 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) MURTHA FOR CONGRESS COMMIT	TEE			
Full Name (Last, First, Middle Initial) A. TYCO INTERNATIONAL (US) INC. EMPLOYEES POLITICAL ACITON COMMITTEE		Date of Receipt		
Mailing Address 9 Roszel Road		M M / D D / Y Y Y Y 09 12 2006		
City	State Zip Code	Transaction ID: SA11C.28641		
Princeton	NJ 08540	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C C00113753	2500.00		
Name of Employer	Occupation			
Receipt For: 2006 Primary X Other (specify) ▼	Election Cycle-to-Date 2500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		

SUBTOTAL of Receipts This Page (optional)		2500.00
TOTAL This Period (last page this line number only)	►	24550.00

FEC Schedule A (Form 3) Rev. 02/2003
	CHEDULE A (FEC Form 3 EMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 211 (check only one) 11a 11b 11c 11d 11a 11b 11c 11d 11d 12 13a 13b 14 15
Ar or	y information copied from such Reports an for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persolvers of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMM	1ITTEE		
<u>۸</u> .	Full Name (Last, First, Middle Initial) First Commonweath Bank			Date of Receipt
	Mailing Address 1047 Franklin Stree 8th Ward Office	t		M · M / D · D / Y · Y · Y · Y Y 0 7 3 1 2 0 0 6
	City Johnstown	State PA	Zip Code 15905	Transaction ID: SA15.28404 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		6060.99
	Name of Employer	Occupation	1	Interest Income
	Receipt For:	Election C	ycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Other (specify)	0 0	57506.45	
в.	Full Name (Last, First, Middle Initial) First Commonweath Bank			Date of Receipt
	Mailing Address 1047 Franklin Stree 8th Ward Office	t		M M / D D / Y
	City Johnstown	State PA	Zip Code 15905	Transaction ID: SA15.28405 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5748.28
	Name of Employer	Occupation	1	Interest Income Limit Increased Due to Opponent's
	Receipt For:	Election C	cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary General Other (specify) ▼	0 0	63254.73]
С.	Full Name (Last, First, Middle Initial) First Commonweath Bank			Date of Receipt
	Mailing Address 1047 Franklin Stree 8th Ward Office	t		M + M / D + D / Y + Y + Y Y 0 9 3 0 2 0 0 6 2
	City	State	Zip Code	Transaction ID: SA15.28990
	Johnstown FEC ID number of contributing	PA	15905	Amount of Each Receipt this Period
	federal political committee.	C		4792.04
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's
	Receipt For: Primary General	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
_	Other (specify)	0 0	68046.77	
s	UBTOTAL of Receipts This Page (optional)		16601.31
т	OTAL This Period (last page this line num	per only)		16601.31

SCHEDULE B (FEC Form 3)					LINE NUMBER: PAGE 38 / 211	
ITEMIZED DISBURSEN		for each categor Detailed Summa	ry of the ary Page		X 17 18 19a 19b 20a 20b 20c 21	
					or the purpose of solicating contributions icit contributions from such committee	
NAME OF COMMITTEE (In Full MURTHA FOR CONGRESS)		<u>, , pontou co</u>			
Full Name (Last, First, Middle Init A. Patrick J. Alwine	ial)				Transaction ID: SB17.27830 Date of Disbursement	
Mailing Address 437 South	mont Blvd				$ \begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 9 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $	
City Johnstown		tate Zip C PA 1590			Amount of Each Disbursement this Period	
Purpose of Disbursement Wages Candidate Name				Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Senate President State: District:			General	21		
Full Name (Last, First, Middle Init B. Patrick J. Alwine	iial)				Transaction ID: SB17.27842 Date of Disbursement	
Mailing Address 437 South	Mailing Address 437 Southmont Blvd			$\begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 6 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$		
City Johnstown		tate Zip C PA 1590			Amount of Each Disbursement this Period 388.95	
Purpose of Disbursement Wages Candidate Name				Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Senate President State: District:			General	Турс		
Full Name (Last, First, Middle Init C. Patrick J. Alwine	ial)				Transaction ID: SB17.27931 Date of Disbursement	
Mailing Address 437 South	Mailing Address 437 Southmont Blvd				$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 2 \end{pmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$	
City Johnstown		tate Zip C PA 1590			Amount of Each Disbursement this Period	
Purpose of Disbursement Wages					388.95 Refund or Disposal of Excess	
Candidate Name			C	Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Senate President State: District:			General			
SUBTOTAL of Disbursements This	Page (optional)			►	1166.85	
TOTAL This Period (last page this						

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 39/211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b
		Detailed Summary 1 age		20a 20b 20c 21
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)	and address of any political c		
\rangle	MURTHA FOR CONGRESS COMMITTEE			
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28017
А.	Patrick J. Alwine			Date of Disbursement
	Mailing Address 437 Southmont Blvd			M 8 / D D / Y
		State Zip Code		Amount of Each Disbursement this Period
		PA 15905		778.90
	Purpose of Disbursement Wages			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser			
	Senate President	Primary General Other (specify) ▼		
	State: District:			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28032
В.	Patrick J. Alwine			Date of Disbursement
	Mailing Address 437 Southmont Blvd			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 6 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
		State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement			163.40
	Reimb Meals & Camp Off Exp			Refund or Disposal of Excess Contributions Required Under
	Candidate Name C			11 C.F.R. 400.53
	Office Sought: House Disburser			
	Senate President	Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Patrick J. Alwine			Transaction ID: SB17.28071 Date of Disbursement
				08 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Mailing Address 437 Southmont Blvd			
		State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement			778.90
	Wages			Refund or Disposal of Excess Contributions Required Under
	Candidate Name		Category/ Type	11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)		
_	State: District:	· · · · ·		
s	UBTOTAL of Disbursements This Page (optional)		····· Þ	1721.20
Т	OTAL This Period (last page this line number only)		►	

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 40/211
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	
		Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem			
or	for commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28698
Α.	Patrick J. Alwine			Date of Disbursement
	Mailing Address 437 Southmont Blvd			$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} \prime \\ 0 \\ \end{array} \begin{array}{c} \prime \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ 3 \\ \end{array} \begin{array}{c} \prime \\ 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $
	,	State Zip Code		Amount of Each Disbursement this Period
	Johnstown Purpose of Disbursement	PA 15905		726.90
	Wages			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser	ment For:	. , po	
	Senate	Primary General		
	State: District:	Other (specify)		
	Full Name (Last, First, Middle Initial)			
В.	Patrick J. Alwine			Transaction ID: SB17.28751 Date of Disbursement
				M 9 M / D 0 / Y Y Y Y Y
	Mailing Address 437 Southmont Blvd			09 20 2000
		State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement			87.69
	See Detail			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser			
	President	Primary General Other (specify)		
	State: District:	• · · · · (• · • · · · · · · · · · · · ·		
~	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28751.0
C.	Patrick J. Alwine			Date of Disbursement
	Mailing Address 437 Southmont Blvd			M 9 / D 2 D / Y Y 0 Y 0 Y Q 9 / Z 0 0 0 Y Y 0 Y 0 Y
		State Zip Code		Amount of Each Disbursement this Period
	Johnstown Purpose of Disbursement	PA 15905		35.00
	Meals			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser			[MEMO ITEM]
	Senate	Primary General		
	State: District:	Other (specify)		
s	UBTOTAL of Disbursements This Page (optional)		····· Þ	814.59
_	OTAL This Period (last page this line number only)		•	
Ľ			····· •	

	EDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 41/211
	IZED DISBURSEMENTS	for each category of the Detailed Summary Page	Ì	X 17 18 19a 19b 20a 20b 20c 21
	ormation copied from such Reports and Statemo ommercial purposes, other than using the name			
	ME OF COMMITTEE (In Full) RTHA FOR CONGRESS COMMITTEE			
	Name (Last, First, Middle Initial)			Transaction ID: SB17.28751.1
1 ai	rick J. Alwine ing Address 437 Southmont Blvd			Date of Disbursement
City	c	State Zip Code		Amount of Each Disbursement this Period
		PA 15905		
Mea	pose of Disbursement als didate Name		Category/	25.94 Refund or Disposal of Excess Contributions Required Under
			Туре	11 C.F.R. 400.53 [MEMO ITEM]
Offic	ce Sought: House Disburser Senate President e: District:	ment For: Primary General Other (specify) ▼		[
	Name (Last, First, Middle Initial)			Transaction ID: SP17 00751 0
B. Pat	rick J. Alwine			Transaction ID: SB17.28751.2 Date of Disbursement 09 / 20 / 2006
Mail	ing Address 437 Southmont Blvd			
City Joh		State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement Meeting Exp			10.64
	didate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Offic	ce Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
Stat				
-	Name (Last, First, Middle Initial) rick J. Alwine			Transaction ID: SB17.28751.3 Date of Disbursement
Mail	Mailing Address 437 Southmont Blvd			$\begin{array}{c} \begin{array}{c} M & M \\ 0 & 9 \end{array} \end{array} \right) \left(\begin{array}{c} D & 2 \\ 2 & 0 \end{array} \right) \left(\begin{array}{c} Y & Y \\ 2 & 0 \\ 0 & 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 & 0 \\ 0 & 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 & 0 \\ 0 & 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y $
City Joh		State Zip Code PA 15905		Amount of Each Disbursement this Period
	pose of Disbursement npaign Office Exp			16.11 Refund or Disposal of Excess
	didate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	President	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
Stat	e: District:			
SUBT	OTAL of Disbursements This Page (optional)		►	0.00
	L This Period (last page this line number only)		••••••	

20	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Stateme or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)			
\rangle	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Patrick J. Alwine			Transaction ID: SB17.28803 Date of Disbursement
	Mailing Address 437 Southmont Blvd			$\begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{pmatrix} P & 2 \\ 2 & 7 \end{pmatrix} \begin{pmatrix} Y & Y \\ 2 & 0 \\ 0 & 6 \end{pmatrix}$
		State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement Wages			778.90 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) V		
	State: District: Full Name (Last, First, Middle Initial)			
в.	Arcadia Theater			Transaction ID: SB17.28093 Date of Disbursement
	Mailing Address 1418 Graham Avenue			$\begin{array}{c} M & M \\ 0 & 8 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D & 3 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} J \\ \end{array} \end{array} \begin{array}{c} J \\ \end{array} \begin{array}{c} J \\ \end{array} \end{array} \end{array} \begin{array}{c} J \\ \end{array} \end{array} \end{array} \begin{array}{c} J \\ \end{array} \end{array} \end{array} \end{array} \begin{array}{c} J \\ \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} J \\ \end{array} \end{array}$
		State Zip Code PA 15965		Amount of Each Disbursement this Period
	Purpose of Disbursement Advertising			210.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Arcadia Theater			Transaction ID: SB17.28673 Date of Disbursement
	Mailing Address 1418 Graham Avenue			M 9 M / D 0 6 / Y 2 0 0 6
		State Zip Code PA 15965		Amount of Each Disbursement this Period
	Purpose of Disbursement Tickets	Γ		210.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		
				4400.00
S	JBTOTAL of Disbursements This Page (optional)		►	1198.90

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check onl	ENUMBER: PAGE 43/211
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Statem or commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
۹.	Full Name (Last, First, Middle Initial) A T&T			Transaction ID: SB17.27807 Date of Disbursement 07^{M} / 05^{D} / 2006^{Y}
	Mailing Address P.O. Box 9001309			07 05 2008
	Louisville	State Zip Code KY 40290-1309		Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Candidate Name		Category/ Type	139.92 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	1)pc	
3.	Full Name (Last, First, Middle Initial) A T&T			Transaction ID: SB17.27940 Date of Disbursement
	Mailing Address P.O. Box 9001309			$\begin{array}{c} \begin{array}{c} M & M \\ 0 & 8 \end{array} & \begin{array}{c} D & D \\ 0 & 2 \end{array} & \begin{array}{c} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{array} \end{array}$
	Louisville	State Zip Code KY 40290-1309		Amount of Each Disbursement this Period 219.29
	Purpose of Disbursement Telephone Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
).	State: District: Full Name (Last, First, Middle Initial) A T&T			Transaction ID: SB17.28664 Date of Disbursement
	Mailing Address P.O. Box 9001309			$ \begin{array}{c} M & M \\ 0 & 9 \end{array} \begin{array}{c} P \\ 0 & 6 \end{array} \begin{array}{c} P \\ 0 & 6 \end{array} \begin{array}{c} P \\ 2 & 0 & 0 \end{array} \begin{array}{c} P \\ 0 \\ 0 \end{array} $
		State Zip Code KY 40290-1309		Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone			269.09 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		
				628.30

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 44/211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	yone) X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)	and address of any political	committee to so	
\rangle	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Atlantic Broadband			Transaction ID: SB17.27818 Date of Disbursement
	Mailing Address 120 Southmont Blvd			
	,	State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement Utilities Candidate Name		Category/	67.78 Refund or Disposal of Excess Contributions Required Under
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼	Туре	11 C.F.R. 400.53
В.	Full Name (Last, First, Middle Initial) Atlantic Broadband			Transaction ID: SB17.27995 Date of Disbursement
	Mailing Address 120 Southmont Blvd			08 ^M /09 [/] 2006 ^Y
		State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement Utilities			67.78 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		
	State: District: Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28700
C.	Atlantic Broadband			Date of Disbursement
	Mailing Address 120 Southmont Blvd			$ \begin{array}{c} \stackrel{M}{\overset{O}}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{{\overset{O}{}}}{\overset{O}{\overset{O}}{\overset{O}{{}}}{\overset{O}{\overset{O}}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\bullet}{\\{O}}{\overset{O}{\overset{O}{{}}{\overset{O}{{O}}{\overset{O}{{}}}{\overset{O}{{}}{\\{O}}{{}}}{{}}{{}}}{{}}}}}}}}}}$
		State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement Utilities			67.78 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		
s	UBTOTAL of Disbursements This Page (optional)		►	203.34
	OTAL This Period (last page this line number only)			

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 45/211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		√one)
		Detailed Summary Page	-	20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)			
\rangle	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.27804
А.	B & B Floral			Date of Disbursement
	Mailing Address 1199 Scalp Avenue			$ \begin{bmatrix} M & T \\ 0 & 7 \end{bmatrix} $ $ \begin{pmatrix} D & D \\ 0 & 5 \end{pmatrix} $ $ \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
		State Zip Code		Amount of Each Disbursement this Period
	Johnstown Purpose of Disbursement	PA 15904		245.92
	Floral Arrangements			Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse	mont For:	Туре	H 0.1 .11. 400.00
	Senate	Primary General		
	President	Other (specify)		
	State: District:			
в.	Full Name (Last, First, Middle Initial) B & B Floral			Transaction ID: SB17.27817
	B & B FIORA			Date of Disbursement
	Mailing Address 1199 Scalp Avenue			$ \begin{bmatrix} M & T \\ 0 & T \end{bmatrix} \begin{bmatrix} T & D \\ 1 & 2 \end{bmatrix} \begin{bmatrix} T & T \\ 0 & T \end{bmatrix} \begin{bmatrix} T & T \\ 0 & T \end{bmatrix} \begin{bmatrix} T & T \\ 0 & T \end{bmatrix} \begin{bmatrix} T & T \\ 0 & T \end{bmatrix} \begin{bmatrix} T \\ 0 & T \end{bmatrix} \end{bmatrix} \begin{bmatrix} T \\ T \\ T \end{bmatrix} \begin{bmatrix} T \\ T \\ T \end{bmatrix} \begin{bmatrix} T \\ T \\ T \end{bmatrix} \end{bmatrix} \begin{bmatrix} T \\ T \\ T \end{bmatrix} \begin{bmatrix} T \\ T \\ T \end{bmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} T \\ T \\ T \end{bmatrix} \end{bmatrix} \begin{bmatrix} T \\ T \\ T \end{bmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} T \\ T \\ T \end{bmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} T \\ T \\ T \end{bmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} T \\ T \\ T \end{bmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} T \\ T \\ T \end{bmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} T \\ T \\ T \end{bmatrix} \end{bmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} T \\ T \\ T \end{bmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} T \\ T \\ T \end{bmatrix} \end{bmatrix} \end{bmatrix} \end{bmatrix} \end{bmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} T \\ T \\ T \end{bmatrix} \end{bmatrix} \end{bmatrix} \end{bmatrix} \end{bmatrix}$
		State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement			82.68
	Floral Arrangements			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbursed	ment For: Primary General		
	President	Other (specify)		
	State: District:) / \		
~	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.27844
C.	B & B Floral			Date of Disbursement
	Mailing Address 1199 Scalp Avenue			M 7 M / D 2 6 / Y 2 0 0 6
		State Zip Code		Amount of Each Disbursement this Period
		PA 15904		235.32
	Purpose of Disbursement Floral Arrangements			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser			
	Senate President	Primary General		
	State: District:	Other (specify)		
5	UBTOTAL of Disbursements This Page (optional)		►	563.92
Ľ	OTAL This Period (last page this line number only)		₽	

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name			
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
۹.	Full Name (Last, First, Middle Initial) B & B Floral			Transaction ID: SB17.27846 Date of Disbursement
	Mailing Address 1199 Scalp Avenue			$ \begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} $
	Johnstown	State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Floral Arrangements Candidate Name	[Category/ Type	93.28 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	
3.	Full Name (Last, First, Middle Initial) B & B Floral			Transaction ID: SB17.28045 Date of Disbursement
	Mailing Address 1199 Scalp Avenue			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 3 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$
		State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Floral Arrangements	[59.36 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	President	ment For: Primary General Other (specify) ▼		
	State: District: Full Name (Last, First, Middle Initial)			
).	Bennett, Petts & Blumenthal			Transaction ID: SB17.28043 Date of Disbursement
	Mailing Address 1010 Wisconsin Ave., NV	V		$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 3 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 6 \end{pmatrix}$
		State Zip Code DC 20007		Amount of Each Disbursement this Period
	Purpose of Disbursement Poll Research	[16800.00 Refund or Disposal of Excess
	Candidate Name	1.	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		
-	JBTOTAL of Disbursements This Page (optional)		►	16952.64

S	CHEDULE B (FEC Form 3)			E NUMBER: PAGE 47/211	
IT	EMIZED DISBURSEMENTS	for each category of the	(check only		
		Detailed Summary Page	H H	X 17 18 19a 19b 20a 20b 20c 21	
An	y Information copied from such Reports and Stateme	ents may not be sold or used	by any person f		
or 1	or commercial purposes, other than using the name	and address of any political of	committee to so	licit contributions from such committee	
Ν	NAME OF COMMITTEE (In Full)				
/	MURTHA FOR CONGRESS COMMITTEE				
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28775	
Α.	Borough of Windber			Date of Disbursement	
	Mailing Address 1409 Somerset Avenue			09 ^M /19 [/] 2006	
	,	State Zip Code PA 15963		Amount of Each Disbursement this Period	
	Purpose of Disbursement	- A 15905		400.00	
	Rally Expense			Refund or Disposal of Excess	
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53	
			Туре	11 0.1 .11. 400.00	
	Office Sought: House Disburser Senate	Primary General			
	President	Other (specify)			
	State: District:				
Р	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28777	
В.	Borough of Windber			Date of Disbursement	
	Mailing Address 1409 Somerset Avenue			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 9 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{pmatrix} $	
		State Zip Code		Amount of Each Disbursement this Period	
		PA 15963		400.00	
	Purpose of Disbursement Rally Expense			Refund or Disposal of Excess	
	Candidate Name	Category/	Contributions Required Under		
			Туре	11 C.F.R. 400.53	
	Office Sought: House Disburser	nent For: Primary General			
	President	Other (specify)			
	State: District:				
~	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.27837	
С.	Cambria Co. Sports Hall of Fame			Date of Disbursement	
	Mailing Address C/O 243 Adams Street			$ \begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 9 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $	
	City 5	State Zip Code		Amount of Each Disbursement this Period	
		PA 15901-2002		500.00	
	Purpose of Disbursement Tickets			Befund or Dianocal of Evano	
	Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser	mont For:	Туре	11 0.1 .11. 400.00	
	Senate	Primary General			
	President	Other (specify)			
_	State: District:				
	IPTOTAL of Disburgements This Dags (astisted)			1300.00	
F	JBTOTAL of Disbursements This Page (optional)		····· ►		
Т	DTAL This Period (last page this line number only)		►		

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 48/211
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28711
Α.	Cam Co Dept of Emer Services Mailing Address 401 Candlelight Drive			Date of Disbursement
	Suite 100			
	Ebensburg	State Zip Code PA 15931-1959		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Olfice Exp			75.00
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		
	Full Name (Last, First, Middle Initial)			
в.	Gabrielle Carruth			Transaction ID: SB17.27824 Date of Disbursement
	Mailing Address 6749 Rock Brook Drive			$ \begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} $
		State Zip Code VA 20124-2525		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel, Tolls, Meals			189.39 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		
	State: District: Full Name (Last, First, Middle Initial)			
C.	Gabrielle Carruth			Transaction ID: SB17.28646 Date of Disbursement
	Mailing Address 6749 Rock Brook Drive			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix}^{M} \begin{pmatrix} D & D \\ 0 & 6 \end{bmatrix}^{M} \begin{pmatrix} Y & Y \\ 2 & 0 & 0 \end{bmatrix}^{Y} $
		State Zip Code VA 20124-2525		Amount of Each Disbursement this Period
	Purpose of Disbursement See Detail			122.88 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		
c	JBTOTAL of Disbursements This Page (optional)			387.27
	DEFOTAL of Disbursements This Page (optional)			
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 49/211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Statemeter or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Gabrielle Carruth			Transaction ID: SB17.28646.0 Date of Disbursement 09 / 06 / 2006
	Mailing Address 6749 Rock Brook Drive			
		State Zip Code VA 20124-2525		Amount of Each Disbursement this Period
	Purpose of Disbursement Parking Candidate Name		Category/ Type	17.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[MEMO ITEM]
в.	Full Name (Last, First, Middle Initial) Gabrielle Carruth			Transaction ID: SB17.28646.1 Date of Disbursement
	Mailing Address 6749 Rock Brook Drive			$ \begin{array}{c} \stackrel{\text{M}}{0} \stackrel{\text{M}}{9} \stackrel{\text{M}}{} \\ \end{array} \begin{array}{c} \stackrel{\text{D}}{0} \stackrel{\text{D}}{6} \\ \end{array} \begin{array}{c} \stackrel{\text{D}}{0} \stackrel{\text{D}}{6} \\ \end{array} \begin{array}{c} \stackrel{\text{D}}{2} \stackrel{\text{D}}{2} \stackrel{\text{D}}{0} \stackrel{\text{D}}{6} \\ \end{array} $
	Clifton	State Zip Code VA 20124-2525		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name		Category/ Type	49.40 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Gabrielle Carruth			Transaction ID: SB17.28646.2 Date of Disbursement
	Mailing Address 6749 Rock Brook Drive			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} $
		State Zip Code VA 20124-2525		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Office Exp		U U	40.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
q	JBTOTAL of Disbursements This Page (optional)		►	0.00
	DTAL of Disbursements This Page (optional)			
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 50 / 211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	x 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Statem or commercial purposes, other than using the name			
$\left\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
۹.	Full Name (Last, First, Middle Initial) Gabrielle Carruth			Transaction ID: SB17.28646.3 Date of Disbursement
	Mailing Address 6749 Rock Brook Drive			$ \begin{array}{c} \stackrel{M}{0} \stackrel{M}{9} \stackrel{M}{} \left(\begin{array}{c} \stackrel{D}{0} \stackrel{D}{6} \right) \left(\begin{array}{c} \stackrel{Y}{2} \stackrel{Y}{2} \stackrel{Y}{0} \stackrel{Y}{0} \stackrel{Y}{6} \right) \end{array} $
		State Zip Code VA 20124-2525		Amount of Each Disbursement this Period
	Purpose of Disbursement Meeting Expense Candidate Name		Category/	16.48 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	[MEMO ITEM]
3.	Full Name (Last, First, Middle Initial) Central Tax Bureau of PA, Inc.			Transaction ID: SB17.27813 Date of Disbursement
	Mailing Address 1610 Bedford Street			$ \begin{array}{c} \stackrel{\text{M}}{0} \stackrel{\text{M}}{7} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}{1} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \text$
		State Zip Code PA 15902		Amount of Each Disbursement this Period
	Purpose of Disbursement Local I/T W/H Candidate Name		Category/	3.60 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	ment For: Primary General Other (specify) ▼	Туре	
) .	State: District: Full Name (Last, First, Middle Initial) Christian Book Store			Transaction ID: SB17.27849 Date of Disbursement
	Mailing Address 1238 Scalp Avenue			$\begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 6 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix}$
		State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Office Exp			145.64 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
				149.24

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 51/211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)			
V	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Christian Book Store			Transaction ID: SB17.28046 Date of Disbursement
	Mailing Address 1238 Scalp Avenue			M M / D D / Y
	,	State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Office Exp Candidate Name		Category/	911.03 Refund or Disposal of Excess Contributions Required Under
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼	Туре	11 C.F.R. 400.53
в.	Full Name (Last, First, Middle Initial) Christian Book Store			Transaction ID: SB17.28805 Date of Disbursement
	Mailing Address 1238 Scalp Avenue			$\begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 7 \end{pmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$
	Johnstown	State Zip Code PA 15904		Amount of Each Disbursement this Period 264.99
	Purpose of Disbursement Campaign Office Exp Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	State: District: Full Name (Last, First, Middle Initial)			
C.	Chuck Mamula Photography			Transaction ID: SB17.27937 Date of Disbursement
	Mailing Address 186 Fairfield Avenue			$ \begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} / \begin{bmatrix} D & D \\ 0 & 2 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
		StateZip CodePA15906		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Office Exp			50.88 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbursed Senate President State: District:	nent For: Primary General Other (specify) ▼		
6	UBTOTAL of Disbursements This Page (optional)			1226.90
	OTAL This Period (last page this line number only)		<u> </u>	
			····· •	

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 52/211
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) X 17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE		
Full Name (Last, First, Middle Initial) A. Cingular		Transaction ID: SB17.27820 Date of Disbursement
Mailing Address P.O. Box 129		
,	State Zip Code NJ 07101-0129	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone Candidate Name		ategory/ Type
Office Sought: House Disburser Senate President State: District:		
Full Name (Last, First, Middle Initial) B. Cingular		Transaction ID: SB17.27996 Date of Disbursement
Mailing Address P.O. Box 129		
Néwark	State Zip Code NJ 07101-0129	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone Candidate Name		Refund or Disposal of Excess ategory/ Type 11 C.F.R. 400.53
President	nent For: Primary General Other (specify) ▼	
State: District: Full Name (Last, First, Middle Initial) C. Cingular		Transaction ID: SB17.28710 Date of Disbursement
Mailing Address P.O. Box 129		M 9 / D D Y <thy< th=""> Y <thy< th=""> <thy< th=""></thy<></thy<></thy<>
	State Zip Code NJ 07101-0129	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone		170.36 Refund or Disposal of Excess
Candidate Name		ategory/ Contributions Required Under Type 11 C.F.R. 400.53
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		506.23
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE NUMBER: (check only one)	PAGE 53/211
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 17 18 1 20a 20b 2	9a 19b 0c 21
Any Information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTE			
Full Name (Last, First, Middle Initial) Clark Production LLC		Transaction ID: SB1 Date of Disbursement	
Mailing Address 239 Main Street			Ý ŽOÓ6
City Johnstown	State Zip Code PA 15901	Amount of Each Disbu	
Purpose of Disbursement Rally Exp Candidate Name	[Category/	
	rsement For: Primary General Other (specify) ▼	Type 11 C.F.R. 400.53	
Full Name (Last, First, Middle Initial)		Transaction ID: SB1 Date of Disbursement	
Mailing Address 239 Main Street		$\begin{array}{c} M & M \\ \hline 0 & 9 \end{array} / \begin{array}{c} D & D \\ \hline 0 & 6 \end{array} /$	Ý ŽOÖ6
City Johnstown	State Zip Code PA 15901	Amount of Each Disbu	
Purpose of Disbursement Rally Expense Candidate Name	[Category/ Type Refund or Disposa Contributions Req 11 C.F.R. 400.53	
Office Sought: House Disbur Senate President State: District:	rsement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) - Colony Cleaning Company		Transaction ID: SB1 Date of Disbursement	7.27803
Mailing Address 160 Engbert Road		0 7 ^M / 0 5 /	Ý ŽOŎGŸ
City Johnstown	State Zip Code PA 15902	Amount of Each Disbu	irsement this Period
Purpose of Disbursement Cleaning Services		Refund or Disposa	159.00 I of Excess
Candidate Name		Category/ Contributions Req Type 11 C.F.R. 400.53	uired Under
Office Sought: House Disbur Senate President State: District:	esement For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optiona	0		726.50
TOTAL This Period (last page this line number on			
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 54/211
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	
		Detailed Summary Page	-	X 17 18 19a 19b 20a 20b 20c 21
An	y Information copied from such Reports and Statem	ents may not be sold or used	by any person f	
or	for commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee
\mathbb{N}	NAME OF COMMITTEE (In Full)			
/	MURTHA FOR CONGRESS COMMITTEE			
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.27991
Α.	Colony Cleaning Company			Date of Disbursement
	Mailing Address 160 Engbert Road			M M / D D / Y
		State Zip Code		Amount of Each Disbursement this Period
		PA 15902		127.20
	Purpose of Disbursement Cleaning Exp			Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under
			Туре	11 C.F.R. 400.53
	Office Sought: House Disburse			
	Senate President	Primary General Other (specify)		
	State: District:			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28708
в.	Colony Cleaning Company			Date of Disbursement
	Mailing Address 160 Engbert Road			$\begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ 1 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $
		State Zip Code		Amount of Each Disbursement this Period
		PA 15902		127.20
	Purpose of Disbursement Cleaning Expense			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
С.	Full Name (Last, First, Middle Initial) Conemaugh Valley FNRA			Transaction ID: SB17.27828 Date of Disbursement
				M M / D D / Y Y Y Y
	Mailing Address 315 Leila Street			07 12 2006
		State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement	FA 15905		250.00
	Tickets Candidate Name		Catagony	Refund or Disposal of Excess Contributions Required Under
	Candidate Name		Category/ Type	11 C.F.R. 400.53
	Office Sought: House Disburse			
	Senate	Primary General		
	State: District:	Other (specify)		
Г				
s	UBTOTAL of Disbursements This Page (optional)		►	504.40
	OTAL This Period (last page this line number only)		►	

SCHED	ULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 55/211
ITEMIZE	ED DISBURSEMENTS	for each category of the Detailed Summary Page	(Check only	x 17 18 19a 19b 20a 20b 20c 21
	tion copied from such Reports and Staten			for the purpose of solicating contributions
	ercial purposes, other than using the nam	e and address of any political	committee to so	licit contributions from such committee
	OF COMMITTEE (In Full) HA FOR CONGRESS COMMITTEE			
Full Nan A. Corner	ne (Last, First, Middle Initial) Floral			Transaction ID: SB17.28706 Date of Disbursement
Mailing /	Address 1003 Suite #1 Second Street			$ \begin{array}{c} \stackrel{M}{\overset{O}}{\overset{O}{\overset{O}{\overset{O}}{\overset{O}{}}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\bullet}{\\{O}}{\overset{O}{\overset{O}{{\overset{O}{{\bullet}}{\\{O}}{\\{O}}{\overset{O}{{O}}{\overset{O}{{}}}{{}}{\overset{O}{{}}}{{}$
City Nanty (Glo	State Zip Code PA 15943		Amount of Each Disbursement this Period
Floral Ar	of Disbursement rangements			61.00 Refund or Disposal of Excess
Candida	te Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office S	Senate President	ement For: Primary General Other (specify) ▼		
State:	District:			
_	D Group of Companies			Transaction ID: SB17.28027 Date of Disbursement
Mailing /	Address POB 523243			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 6 \end{pmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$
City Springt	ïeld	State Zip Code VA 22152		Amount of Each Disbursement this Period
	of Disbursement gn Office Exp		· · ·	624.00 Refund or Disposal of Excess
Candida	te Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office S	ought: House Disburse Senate President	ement For: Primary General Other (specify) ▼		
State:	District:			
	ne (Last, First, Middle Initial) Group Inc			Transaction ID: SB17.28692 Date of Disbursement
Mailing	Address PO Box 48			09 ^M /07 ⁷ /2006 ^Y
City Mones:		State Zip Code PA 15062		Amount of Each Disbursement this Period
Purpose Advertis	of Disbursement			11340.47 Refund or Disposal of Excess
Candida	te Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office S State:	ought: House Disburse Senate President District:	ement For: Primary General Other (specify)		
				12025.47
SUBTOTA	L of Disbursements This Page (optional)		•••••• •	12023.47
TOTAL Th	is Period (last page this line number only)		►	

or for commercial purpo NAME OF COMMIT MURTHA FOR C Full Name (Last, Fir Darra Group Inc Mailing Address City Monessen Purpose of Disburse Rally Exp. & Adv. Ex Candidate Name Office Sought: State: E Full Name (Last, Fir	from such Reports and Statem pases, other than using the name ITEE (In Full) CONGRESS COMMITTEE st, Middle Initial) PO Box 48 ement xp. House Disburse Senate President District: st, Middle Initial) PO Box 48	e and address of any polition	e dy any person to scal committee to scal committee to scal Category/ Category/ Type	Image: Second state of the purpose of solicating contributions blicit contributions from such committee 19b 19b Transaction ID: SB17.28744 Date of Disbursement Y 20 0 6 M 9 M / D 2 0 Y 2 0 0 6 Amount of Each Disbursement this Period 5122.97 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Transaction ID: SB17.28838 Date of Disbursement M 9 M / D 2 8 Y Y 0 6
or for commercial purpo NAME OF COMMIT MURTHA FOR C Full Name (Last, Fir Darra Group Inc Mailing Address City Monessen Purpose of Disburse Rally Exp. & Adv. Ex Candidate Name Office Sought: State: E Full Name (Last, Fir Darra Group Inc Mailing Address City Monessen Purpose of Disburse Rally Exp. & Adv Ex Candidate Name	ement xp. House Disburse Senate President District: st, Middle Initial) PO Box 48 President District: st, Middle Initial) PO Box 48	e and address of any politic State Zip Code PA 15062 ement For: Primary Genera	category/ Type	Transaction ID: SB17.28744 Date of Disbursement 0 9 / 2 0 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 5122.97 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
NAME OF COMMIT MURTHA FOR C Full Name (Last, Fir Darra Group Inc Mailing Address City Monessen Purpose of Disburse Rally Exp. & Adv. Ex Candidate Name Office Sought: State: E Full Name (Last, Fir Darra Group Inc Mailing Address City Monessen Purpose of Disburse Rally Exp. & Adv Ex Candidate Name	TEE (In Full) CONGRESS COMMITTEE st, Middle Initial) PO Box 48 ement xp. House Disburse Senate President District: st, Middle Initial) PO Box 48	State Zip Code PA 15062 ment For: Primary Genera	Category/ Type	Transaction ID: SB17.28744 Date of Disbursement 0 9 2 0 2 0 0 6 Amount of Each Disbursement this Period 5122.97 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
 A. Darra Group Inc Mailing Address City Monessen Purpose of Disburse Rally Exp. & Adv. Ex Candidate Name Office Sought: State: E Full Name (Last, Fir Darra Group Inc Mailing Address City Monessen Purpose of Disburse Rally Exp. & Adv Ex Candidate Name 	PO Box 48 ement xp. House Disburse Senate President District: st, Middle Initial) PO Box 48	PA 15062 ment For: Primary Genera	Туре	Date of Disbursement 0 9 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 5122.97 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Transaction ID: SB17.28838 Date of Disbursement
City Monessen Purpose of Disburse Rally Exp. & Adv. Ex Candidate Name Office Sought: State: D Full Name (Last, Fir B. Darra Group Inc Mailing Address City Monessen Purpose of Disburse Rally Exp. & Adv Ex Candidate Name	ement xp. House Disburse Senate President District: st, Middle Initial) PO Box 48	PA 15062 ment For: Primary Genera	Туре	Amount of Each Disbursement this Period 5122.97 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Transaction ID: SB17.28838 Date of Disbursement
Monessen Purpose of Disburse Rally Exp. & Adv. Ex Candidate Name Office Sought: State: E Full Name (Last, Fir Darra Group Inc Mailing Address City Monessen Purpose of Disburse Rally Exp. & Adv Ex Candidate Name	ement xp. House Disburse Senate President District: st, Middle Initial) PO Box 48	PA 15062 ment For: Primary Genera	Туре	5122.97 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Transaction ID: SB17.28838 Date of Disbursement
Rally Exp. & Adv. Exp. Candidate Name Office Sought: Office Sought: State: E Full Name (Last, Fir Darra Group Inc Mailing Address City Monessen Purpose of Disburse Rally Exp. & Adv Ex Candidate Name	xp. House Disburse Senate President District: st, Middle Initial) PO Box 48	Primary Genera	Туре	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Transaction ID: SB17.28838 Date of Disbursement
State: D Full Name (Last, Fir B. Darra Group Inc Mailing Address City Monessen Purpose of Disburse Rally Exp. & Adv Ex Candidate Name	Senate President District: st, Middle Initial) PO Box 48	Primary Genera		Transaction ID: SB17.28838 Date of Disbursement
B. Darra Group Inc Mailing Address City Monessen Purpose of Disburse Rally Exp. & Adv Ex Candidate Name	PO Box 48			Date of Disbursement
City Monessen Purpose of Disburse Rally Exp. & Adv Ex Candidate Name				
Monessen Purpose of Disburse Rally Exp. & Adv Ex Candidate Name				
Rally Exp. & Adv Ex Candidate Name		State Zip Code PA 15062		Amount of Each Disbursement this Period
Office Sought:			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
0	House Disburse Senate President District:	ement For: Primary Genera Other (specify) ▼	1	
State: D Full Name (Last, Fir C. DHL Express				Transaction ID: SB17.27841 Date of Disbursement
Mailing Address	PO Box 4723			$\begin{array}{c} 0^{M}7^{M} \\ 0^{7}7^{M} \end{array} \right) \left(\begin{array}{c} D \\ 2 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 0 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0$
City Houston		State Zip Code TX 77210-472	3	Amount of Each Disbursement this Period
Purpose of Disburse Postage	ement			14.90 Refund or Disposal of Excess
Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: State: D	House Disburse Senate President District:	ement For: Primary Genera Other (specify) ▼	1	
SUBTOTAL of Disbur	I		>	13758.41

S(CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 57/211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b
_				20a 20b 20c 21
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)			
$\langle \rangle$	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) DHL Express			Transaction ID: SB17.27988 Date of Disbursement
	Mailing Address PO Box 4723			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 9 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$
	,	State Zip Code TX 77210-4723		Amount of Each Disbursement this Period
	Purpose of Disbursement Freight			20.90 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	President	ment For: Primary General Other (specify)		
	State: District:			
в.	Full Name (Last, First, Middle Initial) Digital Razor			Transaction ID: SB17.27836 Date of Disbursement
	Mailing Address 430 Main Street			$ \begin{bmatrix} M & T & M \\ 0 & 7 & M \end{bmatrix} \begin{pmatrix} D & D & D \\ 1 & 9 & M \end{pmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix} $
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Office Exp			49.95 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Digital Razor			Transaction ID: SB17.28024 Date of Disbursement
	Mailing Address 430 Main Street			$\begin{array}{c} M \\ 0 \\ 8 \\ \end{array} \begin{array}{c} \prime \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ 6 \\ \end{array} \begin{array}{c} D \\ 1 \\ 6 \\ \end{array} \begin{array}{c} \prime \\ 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y $
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Office Exp			49.95 Refund or Disposal of Excess Contributions Required Under
	Candidate Name		Category/ Type	11 C.F.R. 400.53
	Senate President	ment For: Primary General Other (specify) ▼		
_	State: District:			
s	JBTOTAL of Disbursements This Page (optional)		►	120.80
т	DTAL This Period (last page this line number only)			

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 58/211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b
—				20a 20b 20c 21
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28745
Α.	Digital Razor			Date of Disbursement
	Mailing Address 430 Main Street			M 9 M / D 2 0 / Y Y 0 0 6 Y
	,	State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement			49.95
	Campaign Office Exp			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
В.	Full Name (Last, First, Middle Initial) Bill Dooling			Transaction ID: SB17.28655 Date of Disbursement
	Mailing Address 37 Spring Street			M 9 M / D D / Y
	,	State Zip Code MA 01746		Amount of Each Disbursement this Period
	Purpose of Disbursement Rally Expense			279.20 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Bill Dooling			Transaction ID: SB17.28812 Date of Disbursement
	Mailing Address 37 Spring Street			M 9 M / D 2 7 / Y 2 0 0 6
		State Zip Code MA 01746		Amount of Each Disbursement this Period
	Purpose of Disbursement Rally Expense			104.28 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	President	ment For: Primary General Other (specify) ▼		
	State: District:			433.43
	UBTOTAL of Disbursements This Page (optional)			4,5,4,5
	DTAL This Period (last page this line number only)		····· ►	

Any Information or for commercia NAME OF C MURTHA Full Name (I Bill Dooling Mailing Addr City Holliston Purpose of I Rally Expens Candidate N Office Soug State: B. DSAP Mailing Addr City Warminste Purpose of I Tickets Candidate N Office Soug State:	al purposes, other than using the nam COMMITTEE (In Full) FOR CONGRESS COMMITTEE Last, First, Middle Initial) g ress 37 Spring Street Disbursement Se ame ht: House Disburse Ame ht: House Disburse senate President District: Last, First, Middle Initial) ress PO Box 147	e and address of any politic	ed by any person i al committee to sc Category/ Type	Iv one) IV one) X 17 18 19a 19b 20a 20b 20c 21 for the purpose of solicating contributions contributions contributions blicit contributions from such committee Transaction ID: SB17.28831 Date of Disbursement 0 9 / 2 7 / 2 0 6 Amount of Each Disbursement this Period Amount of Each Disbursement this Period Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Transaction ID: SB17.28686 Date of Disbursement 0 9 / 0 7 2 0 6 Amount of Each Disbursement this Period
or for commercia NAME OF C MURTHA Full Name (I Bill Dooling Mailing Addu City Holliston Purpose of I Rally Expens Candidate N Office Soug State: B. Full Name (I DSAP Mailing Addu City Warminste Purpose of I Tickets Candidate N Office Soug	al purposes, other than using the nam COMMITTEE (In Full) FOR CONGRESS COMMITTEE Last, First, Middle Initial) g ress 37 Spring Street Disbursement se ame ht: House Senate President District: Last, First, Middle Initial) ress PO Box 147 er	ement For: Primary Genera Other (specify) ▼	al committee to sc Category/ Type	Transaction ID: SB17.28831 Date of Disbursement 0 9 M / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 411.39 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
A. Full Name (I A. Full Name (I Bill Dooling Mailing Addu City Holliston Purpose of I Rally Expens Candidate N Office Soug State: A. Full Name (I DSAP Mailing Addu City Warminste Purpose of I Tickets Candidate N Office Soug	COMMITTEE (In Full) FOR CONGRESS COMMITTEE Last, First, Middle Initial) g ress 37 Spring Street Disbursement se ame ht: House Senate President District: Last, First, Middle Initial) ress PO Box 147	State Zip Code MA 01746 ement For: Primary Genera Other (specify) ▼ State Zip Code	Category/ Type	Transaction ID: SB17.28831 Date of Disbursement 0 9 / 2 7 Y 2 0 0 6 Amount of Each Disbursement this Period 411.39 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
 A. Bill Dooling Mailing Addu City Holliston Purpose of I Rally Expension Candidate N Office Souge State: A. DSAP Mailing Addu City Warminstee Purpose of I Tickets Candidate N Office Souge State: City Mailing Addu City Mailing Addu City Warminstee Purpose of I Tickets Candidate N Office Souge State: Full Name (I 	g ress 37 Spring Street Disbursement Se ame ht: House Disburse President District: ast, First, Middle Initial) ress PO Box 147 er	MA 01746 ement For: Primary General Other (specify) ♥	Туре	Date of Disbursement 0 9 / 2 7 / Y 2 0 0 6 Amount of Each Disbursement this Period 411.39 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
 Bill Dooling Mailing Addu City Holliston Purpose of I Rally Expension Candidate N Office Souge State: Full Name (I DSAP Mailing Addu City Warminstee Purpose of I Tickets Candidate N Office Souge State: City Gandidate N Office Souge State: Candidate N Office Souge State: Full Name (I 	g ress 37 Spring Street Disbursement Se ame ht: House Disburse President District: ast, First, Middle Initial) ress PO Box 147 er	MA 01746 ement For: Primary General Other (specify) ♥	Туре	Date of Disbursement 0 9 / 2 7 / Y 2 0 0 6 Amount of Each Disbursement this Period 411.39 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Holliston Purpose of I Rally Expens Candidate N Office Soug State: Full Name (I B. DSAP Mailing Addr City Warminste Purpose of I Tickets Candidate N Office Soug State: Full Name (I	Disbursement Se ame ht: House Disburse President District: Last, First, Middle Initial) ress PO Box 147 Pr	MA 01746 ement For: Primary General Other (specify) ♥	Туре	Amount of Each Disbursement this Period 411.39 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Transaction ID: SB17.28686 Date of Disbursement 09 ^M / ^D 07 ^D / ^Y 2006 ^Y
Holliston Purpose of I Rally Expens Candidate N Office Soug State: Full Name (I DSAP Mailing Addi City Warminste Purpose of I Tickets Candidate N Office Soug State: Full Name (I	Disbursement se ame ht: House Disburse Senate President District: Last, First, Middle Initial) ress PO Box 147 er	MA 01746 ement For: Primary General Other (specify) ♥	Туре	411.39 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Transaction ID: SB17.28686 Date of Disbursement 0 9 M 0 7 Y Y Y Y Y
Rally Expensi Candidate N Office Sough State: Full Name (I B-DSAP Mailing Addi City Warminste Purpose of I Tickets Candidate N Office Sough State: Full Name (I	ame The House Disburse Senate President District: Last, First, Middle Initial) The PO Box 147 The Point Poin	Primary General Other (specify) V State Zip Code	Туре	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Transaction ID: SB17.28686 Date of Disbursement 0 9 M 0 7 Y Y Y Y Y
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State: Full Name (I	ame		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Full Name (I	ht: House Disburse Senate President	ement For: Primary Genera Other (specify) ▼	I	
	District:			
MICHAELDI	.ast, First, Middle Initial) Jga			Transaction ID: SB17.28651 Date of Disbursement
Mailing Add	1440 Coral Seal Ridge			$ \begin{array}{c} \begin{array}{c} M & M \\ \hline 0 & 9 \end{array} \end{array} \begin{array}{c} D & D \\ \hline 0 & 6 \end{array} \end{array} \begin{array}{c} D & D \\ \hline \end{array} \begin{array}{c} Y \\ \hline Y \\ \hline 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ \hline \end{array} \begin{array}{c} Y \\ \hline 2 \\ 0 \\ 0 \\ 6 \end{array} \end{array} $
City Coral Spri		State Zip Code FL 33071		Amount of Each Disbursement this Period
	Disbursement			2406.14 Refund or Disposal of Excess
Candidate N			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Soug	ht: House Disburse Senate President District:	ement For: Primary Genera Other (specify) V	I	
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 60 / 211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	yone) X 17 18 19a 19b 20a 20b 20c 21
	/ Information copied from such Reports and Statem or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)			
\rangle	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28794
Α.	Edenfield Stages			Date of Disbursement
	Mailing Address 50 West Main Street			M9 / D25 / Y Y06
	,	State Zip Code		Amount of Each Disbursement this Period
	New Salem Purpose of Disbursement	PA 15468		675.00
	Rally Expense			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		ment For:		
	Senate President	Primary General Other (specify)		
	State: District:			
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28025
В.	Edward Mitchell Communications			Date of Disbursement
	Mailing Address P.O. Box 2237			M 8 / D 6 Y Y 9 Y 9 Y 9 0 8 / 1 6 / Y 9 Y 9 Y 9 Y 9
		State Zip Code PA 18703		Amount of Each Disbursement this Period
	Purpose of Disbursement			1500.00
	Consulting Fees Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Edward Mitchell Communications			Transaction ID: SB17.28044 Date of Disbursement
	Mailing Address P.O. Box 2237			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} P & D \\ 2 & 3 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$
		State Zip Code PA 18703		Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting			1500.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	ment For: Primary General Other (specify) ▼		
—	State: District:			
s	JBTOTAL of Disbursements This Page (optional) .		►	3675.00
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE	
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	y Information copied from such Reports and Statem			
or	for commercial purposes, other than using the name	e and address of any political of	committee to sol	licit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Edward Mitchell Communications			Transaction ID: SB17.28073 Date of Disbursement
	Mailing Address P.O. Box 2237			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 3 & 0 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$
		State Zip Code PA 18703		Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting Fees			1500.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
	State: District: Full Name (Last, First, Middle Initial)			
В.	Edward Mitchell Communications			Transaction ID: SB17.28662 Date of Disbursement
	Mailing Address P.O. Box 2237			
	Wilkes-Barre	State Zip Code PA 18703		Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting Fees			1500.00 Refund or Disposal of Excess Contributions Required Under
	Candidate Name		Category/ Type	11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Edward Mitchell Communications			Transaction ID: SB17.28703 Date of Disbursement
	Mailing Address P.O. Box 2237			$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ 9 \end{array} \\ \begin{array}{c} \prime \\ \end{array} \\ \left(\begin{array}{c} D \\ 1 \end{array} \\ 1 \end{array} \\ \left(\begin{array}{c} Y \\ 2 \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \end{array} \right) \\ \left(Y \\ $
		State Zip Code PA 18703		Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting Fees			1500.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
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s	UBTOTAL of Disbursements This Page (optional) .)	4500.00
Т	OTAL This Period (last page this line number only)		►	L

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE N (check only	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		
	y Information copied from such Reports and Stater for commercial purposes, other than using the narr			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Edward Mitchell Communications			Transaction ID: SB17.28746 Date of Disbursement
	Mailing Address P.O. Box 2237			$\begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{pmatrix} P & D \\ 1 & 9 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$
	City Wilkes-Barre	State Zip Code PA 18703		Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting Fees Candidate Name		Category/	1500.00 Refund or Disposal of Excess Contributions Required Under
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	Туре	11 C.F.R. 400.53
В.	Full Name (Last, First, Middle Initial) Edward Mitchell Communications			Transaction ID: SB17.28769 Date of Disbursement
	Mailing Address P.O. Box 2237			$ \begin{array}{c} \stackrel{M}{\overset{D}{}}} \stackrel{M}{\overset{M}{}}} & \stackrel{I}{\overset{D}{}}} \stackrel{D}{\overset{D}{}}} & \stackrel{D}{\overset{D}{}}} & \stackrel{D}{\overset{D}{}}} & \stackrel{D}{\overset{V}{}}} & \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \\ \begin{array}{c} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \\ \begin{array}{c} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \\ \begin{array}{c} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \\ \begin{array}{c} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \\ \begin{array}{c} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \\ \end{array}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \\ \end{array}{\overset{V}{\overset{V}{}}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \\ \end{array}{\overset{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \\ \end{array}{\overset{V}{\overset{V}{}}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}}} \\ \end{array}{\overset{V}}{\overset{V}{}}} \stackrel{V}{\overset{V}} \\ \end{array}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \\ \end{array}{\overset{V}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \mathsf$
	City Wilkes-Barre	StateZip CodePA18703		Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting Fees Candidate Name		Category/ Type	2000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	ement For: Primary General Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28748 Date of Disbursement
	Mailing Address RD 1, Box 353			$\begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} / \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y $
	City Mt Pleasant	State Zip Code PA 15666		Amount of Each Disbursement this Period
	Purpose of Disbursement Tickets			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		
9	UBTOTAL of Disbursements This Page (optional)		►	3645.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		INE NUMBER: PAGE 63 / 211
	Detailed Summary Page	X 17 18 19a 19b 20a 20b 20c 21
	Statements may not be sold or used by any pers e name and address of any political committee t	
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMI		
Full Name (Last, First, Middle Initial)		Transaction ID: SB17.28816
Mailing Address RD 1, Box 353		Date of Disbursement
City Mt Pleasant	State Zip Code PA 15666	Amount of Each Disbursement this Period
Purpose of Disbursement		319.00
Adv. & Tickets Candidate Name	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Di Senate President State: District:	sbursement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial)		Transaction ID: SB17.28085
Fay-West Friends of the NRA	Date of Disbursement	
Mailing Address 520 Oakland Avenu		
City Greensburg	State Zip Code PA 15601	Amount of Each Disbursement this Period
Purpose of Disbursement	1160.00	
Tickets & Advertising Candidate Name	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Di Senate President State: District:	sbursement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial)		Transaction ID: SB17.27843
· Feeder Canal Assoc.		Date of Disbursement
Mailing Address 647 Main Street 4th	n Floor	$\begin{array}{c c} \begin{array}{c} M \\ 0 \\ 7 \\ \end{array} \end{array} / \begin{array}{c} D \\ 2 \\ 6 \\ \end{array} / \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \\ \end{array} $
City Johnstown	State Zip Code PA 15901	Amount of Each Disbursement this Period
Purpose of Disbursement Rent		1054.17
Candidate Name	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Di Senate President State: District:	sbursement For: Primary General Other (specify) ▼	
	ional)	2533.17
SUBTOTAL of Disbursements This Page (opt	lional)	
TOTAL This Period (last page this line number	er only)	•

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 64/211
IT	EMIZED DISBURSEMENTS	for each category of the	(Check only	
		Detailed Summary Page	-	X 17 18 19a 19b 20a 20b 20c 21
An	y Information copied from such Reports and Statemo	ents may not be sold or usec	d by any person f	
or	for commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee
Ν	NAME OF COMMITTEE (In Full)			
V	MURTHA FOR CONGRESS COMMITTEE			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28047
А.	Feeder Canal Assoc.			Date of Disbursement
	Mailing Address 647 Main Street 4th Floor			M M / D D / Y
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement	FA 15901		1054.17
	Rent			Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser	ment For:	Туре	
	Senate	Primary General		
	President	Other (specify)		
	State: District:			
в.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28811
υ.	Feeder Canal Assoc.		Date of Disbursement	
	Mailing Address 647 Main Street 4th Floor	M M M M M M M M M M		
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement		1054.17	
	Rent		Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser			
	Senate President	Primary General		
	State: District:	Other (specify)		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28402
C.	Feight Audio Electronics			Date of Disbursement
	Mailing Address 15 Carpenter Avenue		$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 3 & 1 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$	
	City	State Zip Code		Amount of Each Disbursement this Period
		PA 15701		
	Purpose of Disbursement Rally Expense			1007.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser			
	Senate President	Primary General		
	State: District:	Other (specify)		
Г				
s	UBTOTAL of Disbursements This Page (optional)		►	3115.34
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	OTAL This Period (last page this line number only)		₽	

SCł	HEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 65/211
ITE	MIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) X 17 18 19a 19b 20a 20b 20c 21
	nformation copied from such Reports and Statem commercial purposes, other than using the name			
	AME OF COMMITTEE (In Full)	and address of any political		
\	IURTHA FOR CONGRESS COMMITTEE			
	ull Name (Last, First, Middle Initial) irst Commonwealth Bank			Transaction ID: SB17.27815 Date of Disbursement
M	ailing Address Credit Card Dept. P.O. Box 0537			$\begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
	ity S	StateZip CodePA15701-0537		Amount of Each Disbursement this Period
S	urpose of Disbursement ee Detail			3531.31 Refund or Disposal of Excess Contributions Required Under
_	andidate Name ffice Sought: House Disburser	ment For:	Category/ Type	11 C.F.R. 400.53
	Senate President	Primary General Other (specify)		
	tate: District:			
	ull Name (Last, First, Middle Initial) OSI Inc			Transaction ID: SB17.27815.1 Date of Disbursement
Μ	ailing Address 1751 Lake Cook Road	$ \begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $		
D	eerfield	State Zip Code IL 60015		Amount of Each Disbursement this Period 287.59
Μ	urpose of Disbursement leeting Exp andidate Name		Refund or Disposal of Excess Contributions Required Under	
_		und Fac	Category/ Type	11 C.F.R. 400.53 [MEMO ITEM]
0	ffice Sought: House Disburser Senate President	Primary General Other (specify)		
	tate: District:			
^	ull Name (Last, First, Middle Initial) tarbucks			Transaction ID: SB17.27815.4 Date of Disbursement
M	ailing Address PO Box 34067			07 ^M /12/YYYYYYYYYYY
		State Zip Code WA 98124-1067		Amount of Each Disbursement this Period
Μ	urpose of Disbursement eeting Exp		S4.65 Refund or Disposal of Excess	
	andidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	ffice Sought: House Disburser Senate President tate: District:	ment For: Primary General Other (specify) ▼		
				3531.31
	TOTAL of Disbursements This Page (optional)			
101	AL This Period (last page this line number only)		····· P	

ITEMIZED DISBURSEMENTS for each category of the peaked Summary Page 17 18 19	SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 66 / 211 y one)			
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE [Full Name (Last, First, Middle Initial) A. COSI Inc Transaction ID: SB17.27815.5 Date of Disbursement Mailing Address 1751 Lake Cook Road City Deerfield IL Go015 Purpose of Disbursement State: District: District: Purpose of Disbursement Mailing Address Service Station City Full Name (Last, First, Middle Initial) B. Full Name (Last, First, Middle Initial) B. Full Name (Last, First, Middle Initial) City City City City City City City City	ITEMIZED DISBURSEMENTS			X 17 18 19a 19b 20a 20b 20c 21			
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) A. COSI Inc Maling Address 1751 Lake Cook Road City State Zip Code Deerfield IL 60015 Purpose of Disbursement Disbursement For: Category Office Sought: House Disbursement For: Precident Other (specify) Category State: Disbursement For: Other (specify) Full Name (Last, First, Middle Initial) Transaction ID: SB17.27815.8 Date of Disbursement Other (specify) Full Name (Last, First, Middle Initial) Transaction ID: SB17.27815.8 Date of Disbursement Other (specify) Purpose of Disbursement Other (specify) Travel Category/ Cardidate Name Disbursement For: Purpose of Disbursement Disbursement For: Cardidate Name Disbursement For: Cardidate Name Disbursement For: Cardidate Name Disbursement For: Cardidate Name Disbursement For: Office Sought: H							
A. COSI Inc Date of Disbursement (1000) Mailing Address 1751 Lake Cook Road Date of Disbursement (1000) City State Zip Code Decrifield IL 60015 Purpose of Disbursement Each Disbursement this Period Meeting Exp Category Cardidate Name Disbursement For: President Disbursement For: President Disbursement For: President Disbursement For: B. Exxonmobile Mailing Address Service Station City State Annount of Each Disbursement this Disbursement For: President Disbursement For: B. Exxonmobile Mailing Address Service Station City State Zip Code Arfington VA 22210 Purpose of Disbursement Other (specify) ▼ Category Transaction Discretement this Period State: Disbursement For: Category Cardidate Name Disbursement For: Category Cardidate Name Disbursement	NAME OF COMMITTEE (In Full)						
City State Zip Code Amount of Each Disbursement this Period Meeting Exp Category/ Transaction ID: SB17.27815.8 Condidate Name District: District: B Exxonmobile Category/ Maling Address Service Station City State Zip Code Arrington VA 22210 Primary Gategory/ Transaction ID: SB17.27815.8 District: Disbursement For: Disbursement City State Zip Code Arington VA 22210 Primary Gategory/ Transaction ID: SB17.27815.8 Cardidate Name Disbursement For: Category/ Cardidate Name Disbursement For: Category/ President Disbursement For: Category/ Office Sought: House Disbursement For: Category/ Offic	A. COSI Inc			Date of Disbursement			
Deerfield IL 60015 Purpose of Disbursement Meeting Exp I27.53 Candidate Name Disbursement For: President President Office Sought: House President Disbursement For: Primary General Office Sought: House President Disbursement For: Primary General President Other (specify) IC.F.P. AdoL53 Mailing Address Service Station If 27.23 City Arrington VA 22210 President State: Disbursement For: President Image: Candidate Name Office Sought: House President Disbursement For: President Category/ Type Office Sought: House President Disbursement For: President Category/ Type Office Sought: House President Disbursement For: President Category/ Type C Capital Grille Transaction ID: SB17.27815.9 Date of Disbursement Mailing Address Gandidate Name Disbursement For: President Disbursement For: President Y 2 0 0 6Y C Capital Grille Amount of Each Disbursement this Period Mailing Address 601 PA Avenue NW Category/ Type Y 2 0 0 6							
Meeting Exp Candidate Name Office Sought: House State: Disbursement For: President Other (specify) Full Name (Last, First, Middle Initial) B. Exxonmobile Mailing Address Service Station City State Candidate Name VA 22210 Purpose of Disbursement Purgose of Disbursement Category/ Travel Category/ Candidate Name Disbursement For: Purgose of Disbursement VA Travel Category/ Office Sought: House Disbursement For: Other (specify) State: Disbursement For: Office Sought: House Office Sought: Benate President Disbursement For: Category/ Transaction ID: SB17.27815.9 Date of Disbursement Other (specify) Mailing Address 601 PA Avenue NW City State Zip Code Mailing Address 601 PA Avenue NW City State							
Office Sought: House Disbursement For: Image: Construction in the image: Constr	Meeting Exp			Refund or Disposal of Excess Contributions Required Under			
B. Exxonmobile Date of Disbursement Mailing Address Service Station City State Zip Code Arlington VA 22210 Purpose of Disbursement Category/ Trype Category/ Type Office Sought: House Disbursement For: State: Disbursement For: Category/ Type Office Sought: House Disbursement For: State: Disbursement For: General Office Sought: House Disbursement For: President Other (specify) Image: Category/ Type Ctate: Disbursement For: General Office Sought: House Disbursement For: Mailing Address 601 PA Avenue NW Image: Category/ Type City State Zip Code Washington DC 20004 Purpose of Disbursement Category/ Type Office Sought: House Disbursement For: Candidate Name Disbursement For: Category/ Type Office Sought: House Disbursement For: Office Sought: House	Senate President	Primary General	Туре				
Mailing Address Service Station 0.7 1.2 2.006 City State Zip Code Amount of Each Disbursement this Perior Purpose of Disbursement Category' 27.83 Travel Category' Type Office Sought: House Disbursement For: Category' President Other (specify) Image: Category' Image: Category' State: District: Other (specify) Image: Category' City Senate Primary General Office Sought: House Disbursement For: Category' State: District: Other (specify) Image: Category' City State Zip Code Amount of Each Disbursement this Perior Mailing Address 601 PA Avenue NW Image: Category' Image: Category' City State Zip Code Amount of Each Disbursement this Perior Washington DC 20004 Amount of Each Disbursement this Perior Candidate Name Category' Type Image: Category' Image: Category' Office Sought: House Disbursement	_			Date of Disbursement			
Arlington VA 22210 Purpose of Disbursement Travel 27.83 Candidate Name Category/ Type Category/ Type Category/ Type Refund or Disposal of Excess Office Sought: House Disbursement For: Category/ Type Category/ Type Image: Contributions Required Under 11 C.F.R. 400.53 Image: Contributions Required Under 11 C.F.R. 400.53 State: District: Disbursement For: Disbursement Transaction ID: SB17.27815.9 Capital Grille Transaction ID: SB17.27815.9 Date of Disbursement Mailing Address 601 PA Avenue NW 0 7 ^M / ^D 12 ^J ^Y 2 0 0 6 ^Y City State Zip Code Amount of Each Disbursement this Perior Washington DC 20004 Amount of Each Disbursement this Perior Weeting Exp Cardidate Name Category/ Type Transaction ID: SB17.27815.9 Office Sought: House Disbursement For: Senate Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate Category/ Type The Avenue Under 11 C.F.R. 400.53 Office Sought: House Disbursement For	Mailing Address Service Station	Mailing Address Service Station					
Travel Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: General President Other (specify) Image: Category/ Type Image: Category/ Type Image: Category/ Type State: District: District: Image: Category/ President Image: Category/ Other (specify) Image: Category/ Type Image: Category/ Type C. Capital Grille Full Name (Last, First, Middle Initial) Image: Category/ Capital Grille Image: Category/ Type Imag	Arlington			Amount of Each Disbursement this Period			
Office Sought: House Disbursement For: General State: District: Other (specify) Image: Constraint of the system	Travel			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
Full Name (Last, First, Middle Initial) Transaction ID: SB17.27815.9 Capital Grille Date of Disbursement Mailing Address 601 PA Avenue NW City State Zip Code Washington DC 20004 Purpose of Disbursement Meeting Exp Candidate Name Disbursement For: Senate Primary General Office Sought: House Disbursement For: State: District: General	Senate President	Primary General		[ΜΕΜΟ ΙΤΕΜ]			
Mailing Address 601 PA Avenue NW 07 12 2006 City State Zip Code Amount of Each Disbursement this Period Washington DC 20004 38.18 Purpose of Disbursement Gategory/ 38.18 Meeting Exp Category/ Type Candidate Name Disbursement For: Category/ Office Sought: House Disbursement For: President Other (specify) Image: Control of the control o	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.27815.9 Date of Disbursement			
Washington DC 20004 Purpose of Disbursement 38.18 Meeting Exp Category/ Candidate Name Category/ Office Sought: House Disbursement For: Senate President Other (specify) State: District:	Mailing Address 601 PA Avenue NW	Mailing Address 601 PA Avenue NW					
Meeting Exp Candidate Name Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Image: Category/ Type Image: Category/ Type Office Sought: House Disbursement For: Image: Category/ Type Image: Category/ Type Senate Primary General Other (specify) Image: Category/ Type State: District: Other (specify) Image: Category/ Type Image: Category/ Type				Amount of Each Disbursement this Period			
Candidate Name Category/ Type Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate Primary General President Other (specify) Image: Contributions Required Under State: District: Other (specify)			0 0				
Office Sought: House Disbursement For: [MEMO ITEM] Senate Primary General Image: Construct of the second	Candidate Name			Contributions Required Under 11 C.F.R. 400.53			
	Senate President	Primary General		[MEMO ITEM]			
SUBTOTAL of Disbursements This Page (optional)				0.00			

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 67/211
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Exxonmobile Mailing Address Service Station			Transaction ID: SB17.27815.10Date of Disbursement $M 7 M$ / $D 1 2$ /YY 0 60 71 2/Y 2 0 0 6
	,	State Zip Code VA 22210		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name		Category/ Type	28.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
в.	Full Name (Last, First, Middle Initial) BP Oil		Transaction ID: SB17.27815.12 Date of Disbursement	
	Mailing Address Bedford Street		$ \begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} / \begin{bmatrix} D & D \\ 1 & 2 \end{bmatrix} / \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $	
	Johnstown	State Zip Code PA 15901		Amount of Each Disbursement this Period 47.95
	Purpose of Disbursement Travel Candidate Name	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.27815.13 Date of Disbursement
	Mailing Address 5700 Sixth Avenue		$ \begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 2 \end{bmatrix} = \begin{bmatrix} V & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $	
		State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel		25.75 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
s	UBTOTAL of Disbursements This Page (optional) .		►	0.00
	OTAL This Period (last page this line number only)			
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 68/211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Check only	y one) X 17 18 19a 19b
		Detailed Summary Fage	-	20a 20b 20c 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)			
\langle	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) On Star			Transaction ID: SB17.27815.14 Date of Disbursement
	Mailing Address P.O. Box 278			$\begin{pmatrix} M & M \\ 0 & 7 \end{pmatrix} \begin{pmatrix} D & D \\ 1 & 2 \end{pmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$
		State Zip Code		Amount of Each Disbursement this Period
	Sheldon Purpose of Disbursement	IA 51201		34.95
	Telephone			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
в.	Full Name (Last, First, Middle Initial) On Star			Transaction ID: SB17.27815.15 Date of Disbursement
	Mailing Address P.O. Box 278			$ \begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 2 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
	,	State Zip Code IA 51201		Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone	0 0	137.35 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
	State: District:			
C.	Full Name (Last, First, Middle Initial) Thomas Automotive Family			Transaction ID: SB17.27815.16 Date of Disbursement
	Mailing Address 750 Eisenhower Blvd.			$ \begin{array}{c} \stackrel{M}{\overset{O}{}}} \stackrel{M}{\overset{M}{}}} & \stackrel{I}{\overset{D}{}}} \stackrel{D}{\overset{D}{}}} & \stackrel{D}{\overset{V}{}}} & \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \\ \end{array} \right) $
		State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Vehicle Expense			28.57 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
Г	State: District:			
s	UBTOTAL of Disbursements This Page (optional)		►	0.00
Т	OTAL This Period (last page this line number only)		►	

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 69/211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b
		Detailed Summary Fage		20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\backslash	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) On Star			Transaction ID: SB17.27815.17 Date of Disbursement
	Mailing Address P.O. Box 278			07 ^M /12 ^D /2006 ^Y
		State Zip Code IA 51201		Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Candidate Name		Catagory	34.95 Refund or Disposal of Excess Contributions Required Under
		ment For:	Category/ Type	11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President State: District:	Primary General Other (specify)		
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.27815.18
В.	Eat N Park			Date of Disbursement 07 ^M / 0 ^D 0 ^D / 2 ^V 2 ^V 0 ^V 4 ^V 2 ^V 0 ^V 6 ^V
	Mailing Address 1461 Scalp Avenue			
	,	State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Meals		27.48 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Eat N Park		Transaction ID: SB17.27815.19 Date of Disbursement	
	Mailing Address 1461 Scalp Avenue		$ \begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 2 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $	
	,	State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Meals			32.22 Refund or Disposal of Excess
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
	UBTOTAL of Disbursements This Page (optional).			0.00
Т	OTAL This Period (last page this line number only)		►	

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 70 / 211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Eat N Park Mailing Address 1461 Scalp Avenue			Transaction ID: SB17.27815.20 Date of Disbursement
		State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Meals Candidate Name Office Sought: House Disburse Senate	ment For: Primary General	Category/ Type	15.76 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	State: District: Full Name (Last, First, Middle Initial)	Other (specify)		Turner No. 10. 0047.07045.00
В.	U.S. House Member's Dining Mailing Address H 118 U.S. Capitol			Transaction ID: SB17.27815.22 Date of Disbursement 07^{M} / 012^{D} / 2006^{Y}
	,	State Zip Code DC 20515	Category/	Amount of Each Disbursement this Period 209.25 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	
C.	Full Name (Last, First, Middle Initial) U.S. House Member's Dining			Transaction ID: SB17.27815.23 Date of Disbursement
	Mailing Address H 118 U.S. Capitol			$ \begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 2 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
	Washington	State Zip Code DC 20515		Amount of Each Disbursement this Period 70.35
	Purpose of Disbursement Meeting Exp Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) V	Туре	[MEMO ITEM]
s	UBTOTAL of Disbursements This Page (optional)		····· •	0.00
Т	OTAL This Period (last page this line number only)			

		B (FEC Form	-		erate schedule(s)	FOR LINE	NUMBER: PAGE 71 / 211
		BURSEMEN		Detailed	category of the Summary Page			X 17 18 19a 19b 20a 20b 20c 21
								for the purpose of solicating contributions plicit contributions from such committee
NAME	E OF COM	AITTEE (In Full) CONGRESS CO	-					
	lame (Last, I Ico Inc	First, Middle Initial)						Transaction ID: SB17.27815.24 Date of Disbursement
Mailin	ig Address	2000 Westches	ster Avenue					07 ^M /12 [/] ¥2006 ^Y
City White	e Plains		Sta N`		Zip Code 10650			Amount of Each Disbursement this Period
Travel	ose of Disbu I idate Name	rsement					ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office State:	e Sought:	House Senate President District:		ent For: rimary other (spe	General	1		[MEMO ITEM]
	Full Name (Last, First, Middle Initial)					Transaction ID: SB17.27815.25 Date of Disbursement		
Mailing Address Thomas Jefferson Bldg								
City Wash	hington		Sta D(Zip Code 20002			Amount of Each Disbursement this Period
Meetir	ose of Disbu ng Exp idate Name	rsement					ategory/ Type	160.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office State:	e Sought:	House Senate President District:		ent For: rimary 9ther (spe	General ecify) ▼	1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Ritz Carlton						Transaction ID: SB17.27815.26 Date of Disbursement		
Mailin	Mailing Address 1250 South Hayes Street							07 ^M /12 [/] 2006 [×]
City Arling	gton		Sta V/		Zip Code 22202			Amount of Each Disbursement this Period
Meetir	Purpose of Disbursement Meeting Exp					204.04 Refund or Disposal of Excess		
	Candidate Name Category/ Type						Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office State:	e Sought:	House Senate President District:		ent For: rimary 9ther (spe	General ecify) V			[=
	TAL of Disb		1					0.00

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 72/211
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Statem or commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Easy Grade Car Wash			Transaction ID: SB17.27815.27 Date of Disbursement
	Mailing Address 925 Menoher Boulevard			$ \begin{array}{c} M \\ 0 \\ 7 \\ \end{array} \right) \left(\begin{array}{c} D \\ 1 \\ 2 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 0 \\ \end{array} \right) \left(\left(\begin{array}{c} Y \\ 0 \\ \end{array} \right) \left(\left(Y \\ \right) \left(\left(Y \\ Y \\ 0 \\ \end{array} \right) \left(Y$
		State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name		Category/	20.01 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	[MEMO ITEM]
в.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.27815.29 Date of Disbursement
	Mailing Address 5700 Sixth Avenue			
	Altoona	State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name	Category/ Type	39.55 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Senate President	ment For: Primary General Other (specify) ▼	<u>, , , , , , , , , , , , , , , , , , , </u>	[MEMO ITEM]
Э.	State: District: Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.27815.30 Date of Disbursement
	Mailing Address 5700 Sixth Avenue		$ \begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $	
		State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel		· · ·	31.75 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
	JBTOTAL of Disbursements This Page (optional) .			0.00
	HEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 73/211
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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Statem or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
۹.	Full Name (Last, First, Middle Initial) BP Oil			Transaction ID: SB17.27815.31Date of Disbursement $M 7 M$ / $D D$ /YYYY0 7 M/1 2/YYYY
	Mailing Address Bedford Street			
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name		Category/	30.00 Refund or Disposal of Excess Contributions Required Under
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	11 C.F.R. 400.53 [MEMO ITEM]
3.	Full Name (Last, First, Middle Initial) Capri Pizza			Transaction ID: SB17.27815.32 Date of Disbursement
	Mailing Address Main Street			$\begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 2 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{pmatrix} \begin{pmatrix} Y & Y \\ 2 & 0 & 0 \end{pmatrix}$
	Johnstown	State Zip Code PA 15901		Amount of Each Disbursement this Period
			Category/ Type	19.66 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
).	State: District: Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.27815.33 Date of Disbursement
	Mailing Address 5700 Sixth Avenue			$\begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{bmatrix} 0 & 1 & 2 \end{bmatrix} \begin{bmatrix} 0 & 1 & 2 \\ 0 & 1 & 2 \end{bmatrix} \begin{bmatrix} 0 & 1 & 2 \\ 0 & 2 & 0 & 0 \end{bmatrix}$
		State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel		· · ·]	30.75 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
S	BTOTAL of Disbursements This Page (optional) .			0.00

	CHEDULE B (FEC Form 3)	Use seperate schedule(s) for each category of the	FOR LINE (check only	NUMBER: PAGE 74 / 211 y one)	
	EMIZED DISBURSEMENTS	Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21	
	y Information copied from such Reports and Statem or commercial purposes, other than using the name				
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE				
Α.	Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address Locust & Franklin Streets			Transaction ID: SB17.27815.35 Date of Disbursement M 7 M / D 1 2 / Y Y Y Y Y 0 7 M / D 1 2 / Y Y Y Y Y	
	Johnstown	State Zip Code PA 15901		Amount of Each Disbursement this Period 246.42	
	Purpose of Disbursement Campaign Office Exp Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	[MEMO ITEM]	
В.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.27815.37 Date of Disbursement	
	Mailing Address 5700 Sixth Avenue			$\begin{array}{c} \stackrel{\text{M}}{0} \stackrel{\text{M}}{7} \stackrel{\text{M}}{} \stackrel{\text{M}}{} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}{1} \stackrel{\text{M}}{1} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}$	
		State Zip Code PA 16602		Amount of Each Disbursement this Period	
	Purpose of Disbursement Travel			27.00 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
	Senate President	ment For: Primary General Other (specify) ▼			
	State: District: Full Name (Last, First, Middle Initial)				
C.	Sheetz			Transaction ID: SB17.27815.38 Date of Disbursement	
	Mailing Address 5700 Sixth Avenue			$ \begin{array}{c} \stackrel{M}{\overset{O}{7}} \stackrel{M}{\overset{O}{7}} & \stackrel{O}{\overset{D}{1}} \stackrel{D}{\overset{D}{2}} & \stackrel{O}{\overset{V}{7}} & \stackrel{V}{\overset{V}{2}} \stackrel{V}{\overset{V}{7}} \stackrel{V}{\overset{V}{7}} \stackrel{V}{\overset{V}{7}} \\ \end{array} $	
		State Zip Code PA 16602		Amount of Each Disbursement this Period	
	Purpose of Disbursement Travel			29.00 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]	
s	UBTOTAL of Disbursements This Page (optional) .		►	0.00	
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 75/211			
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21			
	y Information copied from such Reports and Stateme for commercial purposes, other than using the name						
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE	<u> </u>					
Α.	Full Name (Last, First, Middle Initial) Giant Eagle Mailing Address Scalp Avenue			Transaction ID: SB17.27815.39 Date of Disbursement 07 / 12 / 2006			
		State Zip Code PA 15904		Amount of Each Disbursement this Period			
	Volunteer Exp Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
В.	Full Name (Last, First, Middle Initial) EM's Sub Shop			Transaction ID: SB17.27815.40 Date of Disbursement			
	Mailing Address 1111 Scalp Avenue			$ \begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 2 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $			
	,	State Zip Code PA 15904-3036		Amount of Each Disbursement this Period 14.37			
	Volunteer Exp Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser Senate President State: District:	Primary General Other (specify)					
C.	Full Name (Last, First, Middle Initial) Cingular			Transaction ID: SB17.27815.41 Date of Disbursement			
	Mailing Address P.O. Box 129			$ \begin{array}{c} \stackrel{M}{0} \stackrel{M}{7} \stackrel{M}{7} \end{array} \begin{array}{c} \stackrel{D}{1} \stackrel{D}{2} \end{array} \begin{array}{c} \stackrel{V}{2} \stackrel{Y}{2} \stackrel{Y}{0} \stackrel{Y}{6} \stackrel{Y}{7} \end{array} $			
		State Zip Code NJ 07101-0129		Amount of Each Disbursement this Period			
	Purpose of Disbursement Telephone			31.79 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼					
s	SUBTOTAL of Disbursements This Page (optional)						
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	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 76 / 211	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21	
	y Information copied from such Reports and Statem or commercial purposes, other than using the name				
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE				
Α.	Full Name (Last, First, Middle Initial) U.S. Postal Service			Transaction ID: SB17.27815.42 Date of Disbursement M 7 M / D 7 M / D 7 M / D 7 M / D 7 M / D 7 M / D 7 M / D 7 M / D 7 M /	
	Mailing Address Locust & Franklin Streets				
	Johnstown	State Zip Code PA 15901		Amount of Each Disbursement this Period	
	Purpose of Disbursement Campaign Office Exp Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	[MEMO ITEM]	
в.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.27815.44 Date of Disbursement	
	Mailing Address 5700 Sixth Avenue			$\begin{array}{c} \stackrel{\text{M}}{0} \stackrel{\text{M}}{7} \stackrel{\text{M}}{} \stackrel{\text{M}}{} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}$	
		State Zip Code PA 16602		Amount of Each Disbursement this Period	
	Purpose of Disbursement Travel			43.00 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
	Senate President	ment For: Primary General Other (specify) ▼			
	State: District: Full Name (Last, First, Middle Initial)			Transaction ID: CD17 07015 45	
C.	Easy Grade Car Wash			Transaction ID: SB17.27815.45 Date of Disbursement	
	Mailing Address 925 Menoher Boulevard			$ \begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $	
		State Zip Code PA 15905		Amount of Each Disbursement this Period	
	Purpose of Disbursement Travel		0 0	26.49 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]	
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 77/211			
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	yone) X 17 18 19a 19b			
		Detailed Summary Page	-	20a 20b 20c 21			
	y Information copied from such Reports and Statem						
or	for commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee			
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.27815.47 Date of Disbursement			
	Mailing Address 5700 Sixth Avenue			$ \begin{bmatrix} M & T \\ 0 & T \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 2 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{pmatrix} Y & Y \\ 2 & 0 & 0 \end{bmatrix} $			
	,	State Zip Code PA 16602		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel Candidate Name		Category/	29.00 Refund or Disposal of Excess Contributions Required Under			
	Office Sought: House Disburser	ment For:	Туре	11 C.F.R. 400.53 [MEMO ITEM]			
	State: District:	Primary General Other (specify)					
в.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.27815.48 Date of Disbursement			
	Mailing Address 5700 Sixth Avenue			$\begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 2 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$			
		State Zip Code PA 16602		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel			28.43 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼					
	State: District:						
C.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.27815.49 Date of Disbursement			
	Mailing Address 5700 Sixth Avenue			$ \begin{array}{c} M & 7 \\ \hline 0 & 7 \\ \hline \end{array} \begin{array}{c} P \\ 1 & 2 \\ \hline \end{array} \begin{array}{c} P \\ 1 & 2 \\ \hline \end{array} \begin{array}{c} P \\ 1 & 2 \\ \hline \end{array} \begin{array}{c} Y \\ Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \\ \hline \end{array} \begin{array}{c} Y \\ Y $			
		State Zip Code PA 16602		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel			16.00 Refund or Disposal of Excess Contributions Required Under			
	Candidate Name		Category/ Type	11 C.F.R. 400.53			
	President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
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ITEMIZED DISBURSEMENTS of each category of the period category of the period category of the period category of the period category of the commercial purpose, due than using the name and address of any policial committee to solicit contributions from such committee commercial purpose, due than using the name and address of any policial committee to solicit contributions from such committee committee committee committee to solicit contributions from such committee committee committee to solicit contributions from such committee committee committee committee to solicit contributions from such committee committee committee to solicit contributions from such committee committee to solicit contributions from such committee commit	SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 78 / 211 (check only one)
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) Gint Eagle Mailing Address Scalp Avenue City Johnstown PA 15904 Purpose of Disbursement Volunter Exp Office Sought: House Disbursement For: Orfice Sought: President State: Disbursement For: Orfice Sought: House State: Disbursement For: President Office Sought: House State: Disbursement For: Office Sought: House State: Disbursement For: Office Sought: House State: Distorsement Office Sought: House State: Distorsement <t< th=""><th></th><th>Detailed Summary Page</th><th>X 17 18 19a 19b 20a 20b 20c 21</th></t<>		Detailed Summary Page	X 17 18 19a 19b 20a 20b 20c 21
NAME OF COMMITTEE (in Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) A. Giant Eagle Mailing Address Scalp Avenue City State Johnstown PA Purpose of Disbursement It.2 / 2006 Cardidate Name Disbursement For: Cardidate Name Disbursement For: Office Sought: House Purpose of Disbursement Disbursement For: President Disbursement For: State: Disbursement For: President Disbursement For: State: Disbursement For: Purpose of Disbursement Other (specify) ▼ Refund or Disposal of Excess Combination ID: SB17.27815.51 Date of Disbursement Disbursement For: Office Sought: House Purpose of Disbursement Disbursement For: Cardidate Name Disbursement For: Purpose of Disbursement Category/ Office Sought: House District: Disbursement For: President Dishore District: D			
A. Giant Eagle Intervent EUT 01000 Mailing Address Scalp Avenue City State Zip Code Johnstown PA 15904 Purpose of Disbursement Volunteer Exp. Category Category Category Transaction ID: SET 7.27815.51 Category Disbursement Disbursement Volunteer Exp. Category Transaction ID: SET 7.27815.51 Category Disbursement Other (specify) ▼ State: Disbursement Other (specify) ▼ B. Full Name (Last, First, Middle Initia) Transaction ID: SET 7.27815.51 Date of Disbursement Disbursement Other (specify) ▼ Mailing Address Scalp Avenue Other (specify) ▼ City State Zip Code Johnstown PA 15904 Purpose of Disbursement Other (specify) ▼ Amount of Each Disbursement Office Sought: House Disbursement For: Disbursement For: Office Sought: Benate President State Zip Code Other (specify) ▼ State Zip Code Amount of Each D	NAME OF COMMITTEE (In Full)		
City Johnstown State Zip Code Purpose of Disbursement Volunteer Exp Candidate Name Amount of Each Disbursement this Period Office Sought: House Senate Disbursement For: Other (specify) Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400 53 Full Name (Last, First, Middle Initial) B. Giant Eagle Transaction ID: SB17.27815.51 Date of Disbursement this Period Mailing Address Scalp Avenue Office Sought: House President Category/ Type State Zip Code Johnstown Amount of Each Disbursement this Period Office Sought: Mailing Address Scalp Avenue Category/ Type Transaction ID: SB17.27815.51 Date of Disbursement Category/ Type Office Sought: House President Disbursement For: Primary Category/ Type Office Sought: House President Disbursement For: Primary General Other (specify) C Full Name (Last, First, Middle Initial) Transaction ID: SB17.27815.52 Date of Disbursement Mailing Address Theatre Drive Orfice Sought: Amount of Each Disbursement this Period Office Sought: House Disbursement Category/ Type Transaction ID: SB17.27815.52 Date of Disbursement Office Sought: House Disbursement For: Candidate Nam	A. Giant Eagle		Date of Disbursement
Johnstown PA 15904 Purpose of Disbursement Image: Candidate Name Image: Candidate Name Image: Candidate Name Office Sought: House Disbursement For: Image: Candidate Name Image: Candidate Name Office Sought: House Disbursement For: Image: Candidate Name Image: Candidate Name Image: Candidate Name State: District: Disbursement For: Image: Candidate Name			
Notineer Exp Candidate Name Office Sought: House State: District: Full Name (Last, First, Middle Initial) B. Giant Eagle Mailing Address Scalp Avenue City State Johnstown PA Purpose of Disbursement For: Other (specify) ▼ Candidate Name Disbursement For: Office Sought: House State: Disbursement For: Candidate Name Category/ Type Amount of Each Disbursement this Period Office Sought: House Benate Disbursement For: Office Sought: House Disbursement For: Category/ Type Category/ To F.F. 400.33 IMEMO ITEM] President Disbursement For: Office Sought	Johnstown		
Office Sought: House Disbursement For: Image: Construction of the specify of the specific the	Volunteer Exp		ategory/
B. Giant Eagle Mailing Address Scalp Avenue Mailing Address Scalp Avenue ØT M / D 1 2 / Y 2 0 0 6 City State Zip Code Johnstown PA 15904 Purpose of Disbursement Category/ Candidate Name Disbursement For: Office Sought: House President Disbursement For: President Other (specify) State: Disbursement Mailing Address Theatre Drive City State Zip Code Amount of Each Disbursement this Period Office Sought: House Disbursement Other (specify) Val Mart Mailing Address Mailing Address Theatre Drive City State Office Sought: House Johnstown PA Pa 15904 Purpose of Disbursement Category/ Cardidate Name Category/ Office Sought: House Senate Disbursement For: Cardidate Name Category/ Of	Senate President	sbursement For:	
Mailing Address Scalp Avenue 07 12 2006 City State Zip Code Amount of Each Disbursement this Period Johnstown PA 15904 Interview of Disbursement this Period Campaign Office Exp Category/ Transaction ID: SB17.27815.52 Office Sought: House Disbursement For: General President Other (specify) Transaction ID: SB17.27815.52 Date of Disbursement this Period State: District: State Zip Code Amount of Each Disbursement this Period Mailing Address Theatre Drive Transaction ID: SB17.27815.52 Date of Disbursement City State Zip Code Amount of Each Disbursement this Period Johnstown PA 15904 Amount of Each Disbursement this Period Purpose of Disbursement Category/ Tassocial of Excess Category/ Candidate Name Disbursement For: Category/ Tassocial of Excess Category/ Office Sought: House Disbursement For: Category/ Tassocial of Excess Category/ Office Sought: House Disbursement For: Ca			Date of Disbursement
Johnstown PA 15904 Purpose of Disbursement Campaign Office Exp 171.14 Candidate Name Category/ Type Refund or Disposal of Excess Office Sought: House Disbursement For: Senate President Other (specify) Image: Category/ Type Image: Category/ Type Image: Category/ Type Ct Wal Mart Full Name (Last, First, Middle Initial) Transaction ID: SB17.27815.52 City State Zip Code Amount of Each Disbursement this Period Qarpaign Office Exp Category/ Type Image: Category/ Type Image: Category/ Type Office Sought: House State Zip Code Johnstown PA 15904 Purpose of Disbursement Category/ Type Image: Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Category/ Type Image: Category/ Type Office Sought: House Disbursement For: Category/ Type Image: Category/ Type Office Sought: House Disbursement For: Category/ Type Image: Categor	Mailing Address Scalp Avenue		
Campaign Office Exp Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Senate Disbursement For: Other (specify) ▼ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 State: District: Disbursement For: Other (specify) ▼ Image: Contribution of the temperature of the temperatemperature of the temperature of the temperature of the temperat	Johnstown		
Office Sought: House Disbursement Por: General State: District: Other (specify) Image: Control of the specify) Image: Control of the specify) Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Image: Control of the specify) Image: Control of the specify) C. Wal Mart Image: Control of the specify) Image: Control of the specify) Image: Control of the specify) Mailing Address Theatre Drive Image: Control of the specify) Image: Control of the specify) Image: Control of the specify) City State Zip Code Amount of Each Disbursement this Period Johnstown PA 15904 Image: Control of the specify) Purpose of Disbursement Compagin Office Exp Candidate Name Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Category/ Image: Contributions Required Under 11 C.F.R. 400.53 Image: Control of the specify image: Contr	Campaign Office Exp		Ategory/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) Transaction ID: SB17.27815.52 Wal Mart Mailing Address Theatre Drive Mailing Address Theatre Drive Moretain and the address of the addre	Senate President	Primary General	
Mailing Address Theatre Drive 0 7 1 2 2 0 0 6 City State Zip Code Amount of Each Disbursement this Period Johnstown PA 15904 136.00 Purpose of Disbursement Category/ 136.00 Campaign Office Exp Category/ Type Candidate Name Disbursement For: Category/ Office Sought: House Disbursement For: Office Sought: President Other (specify) State: District: Other (specify)	Full Name (Last, First, Middle Initial)		
Johnstown PA 15904 Purpose of Disbursement	Mailing Address Theatre Drive		07 ^M / ^D 12 [/] Y2006 ^Y
Campaign Office Exp Category/ Type Candidate Name Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) State: District:			Amount of Each Disbursement this Period
Office Sought: House Disbursement For: I11 C.F.R. 400.53 Office Sought: Senate Primary General President Other (specify) ▼			Refund or Disposal of Excess
Office Sought: House Disbursement For: Image: Construct of the second o	Candidate Name		11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary General	
	SUBTOTAL of Disbursements This Page (ont	ional)	• 0.00

SC	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 79/211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b
				20a 20b 20c 21
	Information copied from such Reports and Statem or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)			
\rangle	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Capri Pizza			Transaction ID: SB17.27815.53 Date of Disbursement
	Mailing Address Main Street			$\begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement			13.85
	Volunteer Exp			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Senate President	ment For: Primary General Other (specify) ▼		[
	State: District:			
В.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.27815.55 Date of Disbursement
	Mailing Address 5700 Sixth Avenue			$ \begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
		State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			35.15 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.27815.56 Date of Disbursement
	Mailing Address 5700 Sixth Avenue			$\begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
		State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			22.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
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SI	JBTOTAL of Disbursements This Page (optional) .		····· ►	
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SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE N				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only c				
Any Information copied from such Reports and Stateme			r the purpose of solicating contributions			
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE	and address of any political co	ommittee to solic				
Full Name (Least First Middle Initial)						
Full Name (Last, First, Middle Initial) A. Capri Pizza Mailing Address Main Street			Transaction ID: SB17.27815.58 Date of Disbursement			
Johnstown	State Zip Code PA 15901		Amount of Each Disbursement this Period			
Purpose of Disbursement Volunteer Exp Candidate Name		Category/	20.78 Refund or Disposal of Excess Contributions Required Under			
Office Sought: House Disburser		Type	11 C.F.R. 400.53 [MEMO ITEM]			
	Primary General Other (specify)					
Full Name (Last, First, Middle Initial)						
B. Capri Pizza			Transaction ID: SB17.27815.59 Date of Disbursement			
Mailing Address Main Street			$ \overset{M}{07} \overset{M}{7} / \overset{D}{12} / \overset{D}{20006} $			
Johnstown	State Zip Code PA 15901		Amount of Each Disbursement this Period			
Purpose of Disbursement Volunteer Exp			11.12 Refund or Disposal of Excess Contributions Required Under			
Candidate Name		Category/ Type	11 C.F.R. 400.53 [MEMO ITEM]			
	nent For: Primary General Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial) C. EM's Sub Shop			Transaction ID: SB17.27815.62 Date of Disbursement			
Mailing Address 1111 Scalp Avenue			$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} 7 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} 1 \end{array} 2 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} 1 \end{array} 2 \end{array} \begin{array}{c} Y \\ \end{array} \end{array} $			
	StateZip CodePA15904-3036		Amount of Each Disbursement this Period			
Purpose of Disbursement Volunteer Exp	Volunteer Exp		29.19 Refund or Disposal of Excess			
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
President	nent For: Primary General Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)		····· Þ	0.00			
TOTAL This Period (last page this line number only) .		►				

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Full Name (Last, First, Middle Initial) A. Bilo Foods Mailing Address Scalp Avenue			Transaction ID: SB17.27815.64Date of Disbursement07''200607'12''2006
	State Zip Code PA 15904		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Office Exp Candidate Name	[Category/ Type	6.07 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
Full Name (Last, First, Middle Initial) B. Sheetz			Transaction ID: SB17.27815.66 Date of Disbursement
Mailing Address 5700 Sixth Avenue			$ \begin{array}{c} \stackrel{M}{0} \stackrel{M}{7} \stackrel{M}{7} \stackrel{\prime}{1} \stackrel{D}{2} \stackrel{\prime}{2} \stackrel{Y}{2} \stackrel{Y}{0} \stackrel{Y}{0} \stackrel{Y}{1} \stackrel{Y}{2} \stackrel{Y}{0} \stackrel{Y}{0} \stackrel{Y}{1} $
Altoona	State Zip Code PA 16602		Amount of Each Disbursement this Period 32.00
Purpose of Disbursement Travel Candidate Name	[Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
President	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
State: District: Full Name (Last, First, Middle Initial) C. First Commonwealth Bank			Transaction ID: SB17.28018 Date of Disbursement
Mailing Address Credit Card Dept. P.O. Box 0537			$\begin{array}{c} \begin{array}{c} M & M \\ 0 & 8 \end{array} & \begin{array}{c} \prime \\ \end{array} & \begin{array}{c} D & D \\ 1 & 6 \end{array} & \begin{array}{c} \prime \\ \end{array} & \begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{array} \end{array}$
City S	State Zip Code PA 15701-0537		Amount of Each Disbursement this Period
Purpose of Disbursement See Detail			13356.90 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	nent For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		►	13356.90
TOTAL This Period (last page this line number only) .			

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 82/211
_	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Stateme for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) U.S. House Member's Dining			Transaction ID: SB17.28018.0 Date of Disbursement
	Mailing Address H 118 U.S. Capitol			M M / D D / Y Y O Y
		State Zip Code DC 20515		Amount of Each Disbursement this Period
	Purpose of Disbursement Meeting Exp Candidate Name		Category/ Type	27.70 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
В.	Full Name (Last, First, Middle Initial) Texaco Inc			Transaction ID: SB17.28018.1 Date of Disbursement
	Mailing Address 2000 Westchester Avenue			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 8 \end{array} \begin{array}{c} \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} $
	White Plains	State Zip Code NY 10650		Amount of Each Disbursement this Period 31.35
	Purpose of Disbursement Travel Candidate Name Category Type			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
C.	State: District: Full Name (Last, First, Middle Initial) Exxonmobile			Transaction ID: SB17.28018.2 Date of Disbursement
	Mailing Address Service Station			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 6 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$
		State Zip Code VA 22210		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			32.94 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
s	UBTOTAL of Disbursements This Page (optional)		Þ	0.00
Т	OTAL This Period (last page this line number only)		>	

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 83/211
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check on	X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Statem or commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
۹.	Full Name (Last, First, Middle Initial) Exxonmobile			Transaction ID: SB17.28018.3 Date of Disbursement
	Mailing Address Service Station			$\begin{array}{c} \stackrel{M}{0} \stackrel{M}{8} \stackrel{M}{} \stackrel{I}{} \stackrel{D}{1} \stackrel{D}{6} \stackrel{I}{} \stackrel{Y}{} \stackrel{Y}{2} \stackrel{Y}{0} \stackrel{Y}{0} \stackrel{Y}{6} \stackrel{Y}{} \stackrel{Y}{2} \stackrel{Y}{0} \stackrel{Y}{0} \stackrel{Y}{6} \stackrel{Y}{} \stackrel{Y}$
	Arlington	State Zip Code VA 22210		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name		Category/ Type	33.98 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
в.	Full Name (Last, First, Middle Initial) Cato Travel			Transaction ID: SB17.28018.4 Date of Disbursement
	Mailing Address 1st & C Street NE #24			$\begin{array}{c} \begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \end{array} \\ \begin{array}{c} M \\ \end{array} \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \begin{array}{c} Y \\ \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 0 \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y $
	Washington	State Zip Code DC 20510		Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Travel Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		[MEMO ITEM]
С.	Full Name (Last, First, Middle Initial) Cato Travel			Transaction ID: SB17.28018.5 Date of Disbursement
	Mailing Address 1st & C Street NE #24			$ \begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 6 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
	Washington	State Zip Code DC 20510		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			20.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) V		
S				0.00
	JBTOTAL of Disbursements This Page (optional) .			
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 84/211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	x 17 18 19a 19b
				20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
$ \land$	NAME OF COMMITTEE (In Full)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
\backslash	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Cato Travel			Transaction ID: SB17.28018.6 Date of Disbursement
	Mailing Address 1st & C Street NE #24			M M / D D / Y
	Washington	State Zip Code DC 20510		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel		· · ·	20.00
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28018.7
В.	AMTRAK			Date of Disbursement
	Mailing Address 60 Massachusetts Avenue			08 16 2006
	, , , , , , , , , , , , , , , , , , ,	State Zip Code DC 20002		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			252.00
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
	State: District:			
C.	Full Name (Last, First, Middle Initial) AMTRAK			Transaction ID: SB17.28018.8 Date of Disbursement
	Mailing Address 60 Massachusetts Avenu	e		$\begin{array}{c} \stackrel{M}{\overset{O}{}}8 } \stackrel{M}{\overset{M}{}}} & \stackrel{I}{\overset{D}{}} } \stackrel{D}{\overset{D}{}}} & \stackrel{D}{\overset{I}{}}} & \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \\ \end{array}$
		State Zip Code DC 20002		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			252.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
Г				
s	UBTOTAL of Disbursements This Page (optional) .		····· Þ	0.00
Т	OTAL This Period (last page this line number only)		Þ	

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 85/211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Check only	y one) X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) AMTRAK Mailing Address 60 Massachusetts Avenue	a		Transaction ID: SB17.28018.9 Date of Disbursement
		-		
	,	State Zip Code DC 20002		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name		Category/ Type	252.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	[MEMO ITEM]
в.	Full Name (Last, First, Middle Initial) Texaco Inc			Transaction ID: SB17.28018.10 Date of Disbursement
	Mailing Address 2000 Westchester Avenue			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 8 \end{array} \begin{array}{c} \end{array} \right) \left(\begin{array}{c} D \\ 1 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y $
	White Plains	State Zip Code NY 10650		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name		Category/	45.75 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	[MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.28018.12 Date of Disbursement
	Mailing Address 5700 Sixth Avenue			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} P & D \\ 1 & 6 \end{pmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$
		State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			52.34 Refund or Disposal of Excess
			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
s	JBTOTAL of Disbursements This Page (optional)		····· Þ	0.00
т	OTAL This Period (last page this line number only)			

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 86/211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) X 17 18 19a 19b
		Detailed Summary Page		$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)			
\rangle	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Delta			Transaction ID: SB17.28018.13 Date of Disbursement
	Mailing Address 1030 Delta Blvd			$\begin{array}{c} \begin{array}{c} M & M \\ \hline 0 & 8 \end{array} & \begin{array}{c} \prime & \begin{array}{c} D & D \\ \hline 1 & 8 \end{array} & \begin{array}{c} \prime & \begin{array}{c} Y & Y & Y \\ \hline 2 & 0 & 0 & 6 \end{array} \end{array}$
	,	State Zip Code GA 30320-6001		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			10.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		
	Full Name (Last, First, Middle Initial)			
В.	Delta			Transaction ID: SB17.28018.14 Date of Disbursement
	Mailing Address 1030 Delta Blvd			$\begin{array}{c} \begin{array}{c} M & M \\ \hline 0 & 8 \end{array} \end{array} \right) \left(\begin{array}{c} D & D \\ \hline 1 & 6 \end{array} \right) \left(\begin{array}{c} Y & Y & Y \\ \hline 2 & 0 & 0 & 6 \end{array} \right)$
	Atlanta	State Zip Code GA 30320-6001		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			814.30 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Delta			Transaction ID: SB17.28018.15 Date of Disbursement
	Mailing Address 1030 Delta Blvd			$\begin{array}{c} M \\ 0 \\ 8 \\ \end{array} \begin{array}{c} \prime \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ 6 \\ \end{array} \begin{array}{c} D \\ 1 \\ 6 \\ \end{array} \begin{array}{c} \prime \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y $
		State Zip Code GA 30320-6001		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			10.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[
6	UBTOTAL of Disbursements This Page (optional)			0.00
	DEFOTAL of Disbursements This Page (optional)			
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Any or for	Information copied from such Reports and Stat r commercial purposes, other than using the na	Use seperate schedule(s for each category of the Detailed Summary Page	(check onl	y one) X 17 18 19a 19b 20a 20b 20c 21
or for				
\ \ \	r commercial purposee; earler and a deing are ne			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTE			
	Full Name (Last, First, Middle Initial) Delta			Transaction ID: SB17.28018.16 Date of Disbursement
N	Mailing Address 1030 Delta Blvd			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 8 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} 0 \\ 1 \\ 6 \end{array} \begin{array}{c} D \\ 1 \\ 6 \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y $
	City Atlanta	State Zip Code GA 30320-6001		Amount of Each Disbursement this Period
T	Purpose of Disbursement Fravel Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbur Senate President State: District:	rsement For: Primary General Other (specify) ▼	<u> </u>	[MEMO ITEM]
	J S Airways			Transaction ID: SB17.28018.17 Date of Disbursement
N	Mailing Address P.O. Box 12346			$\begin{array}{c} \begin{array}{c} M & M \\ 0 & 8 \end{array} \end{array} \begin{array}{c} \left(\begin{array}{c} D \\ 1 & 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 & 0 & 0 \end{array} \right) \left(\begin{array}{c} Y \\ 2 & 0 & 0 \end{array} \right) \left(\begin{array}{c} Y \\ 2 & 0 & 0 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y $
F	City Pittsburgh	State Zip Code PA 15231	I	Amount of Each Disbursement this Period
Ţ	Purpose of Disbursement Fravel Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Ċ	Office Sought: House Disbut Senate President	rsement For: Primary General Other (specify) ▼		[MEMO ITEM]
	State: District:			
	⁻ ull Name (Last, First, Middle Initial) J S Airways			Transaction ID: SB17.28018.18 Date of Disbursement
N	Mailing Address P.O. Box 12346			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 8 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 1 \\ 6 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 1 \\ 6 \end{array} \\ \begin{array}{c} D \\ 1 \\ 6 \end{array} \\ \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \\ \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \\ \begin{array}{c} Y \\ Y $
	City Pittsburgh	State Zip Code PA 15231		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			1129.30 Refund or Disposal of Excess
C	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disbur Senate President State: District:	rsement For: Primary General Other (specify) ▼		
SUI	BTOTAL of Disbursements This Page (optiona	al)	>	0.00

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 88 / 211
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Statement or commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
۹.	Full Name (Last, First, Middle Initial) U S Airways			Transaction ID: SB17.28018.19 Date of Disbursement
	Mailing Address P.O. Box 12346			$\begin{array}{c} \stackrel{M}{0} \stackrel{M}{8} \stackrel{M}{} \\ \end{array} \begin{pmatrix} \stackrel{D}{1} \stackrel{D}{6} \\ \end{array} \begin{pmatrix} \stackrel{D}{2} \stackrel{D}{2} \stackrel{V}{0} \stackrel{V}{0} \stackrel{V}{6} \\ \end{array} \begin{pmatrix} \stackrel{V}{2} \stackrel{V}{0} \stackrel{V}{0} \stackrel{V}{6} \\ \end{array} \\ \end{array}$
		StateZip CodePA15231		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name		Category/	1129.30 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼	Туре	
3.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.28018.20 Date of Disbursement
	Mailing Address 5700 Sixth Avenue			
		State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name Cat			7.00 Refund or Disposal of Excess Contributions Required Under
			Туре	11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		[
	State: District:			
	Full Name (Last, First, Middle Initial) Easy Grade Car Wash			Transaction ID: SB17.28018.21 Date of Disbursement
	Mailing Address 925 Menoher Boulevard			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 8 \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} P \\ 1 \\ 6 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} P \\ 1 \\ 6 \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y $
		State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			7.25 Refund or Disposal of Excess
			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
S	JBTOTAL of Disbursements This Page (optional)		►	0.00

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE (check only	one)
	Detailed Summary Page		(17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Full Name (Last, First, Middle Initial) A. On Star			Transaction ID: SB17.28018.22 Date of Disbursement
Mailing Address P.O. Box 278			$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} M \\ \end{array} \\ \end{array} \\ \begin{array}{c} T \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} T \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} T \\ T \\ T \end{array} \\ \begin{array}{c} T \\ T \end{array} \\ \begin{array}{c} T \\ T \\ T \end{array} \\ \begin{array}{c} T \\ T \end{array} \\ \begin{array}{c} T \\ T \end{array} \\ \begin{array}{c} T \\ T \\ T \end{array} \\ \begin{array}{c} T \\ T \end{array} \\ \end{array} \\ \begin{array}{c} T \\ T \\ T \end{array} \\ \begin{array}{c} T \\ T \end{array} \\ \end{array} \\ \begin{array}{c} T \\ T \\ T \end{array} \\ \begin{array}{c} T \\ T \end{array} \\ \end{array} \\ \begin{array}{c} T \\ T \end{array} \\ \end{array} \\ \begin{array}{c} T \\ T \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} T \\ T \\ T \end{array} \\ \end{array}$
	State Zip Code IA 51201		Amount of Each Disbursement this Period
Purpose of Disbursement Telephone Candidate Name	[Category/	34.95 Refund or Disposal of Excess Contributions Required Under
Office Sought: House Disburser		Туре	11 C.F.R. 400.53 [MEMO ITEM]
Senate President State: District:	Primary General Other (specify)		
Full Name (Last, First, Middle Initial) On Star			Transaction ID: SB17.28018.23 Date of Disbursement
Mailing Address P.O. Box 278			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 6 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$
Sheldon	State Zip Code IA 51201		Amount of Each Disbursement this Period
Purpose of Disbursement Telephone Candidate Name	[Cotogory	34.95 Refund or Disposal of Excess Contributions Required Under
		Category/ Type	11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		[]
State: District:			
Full Name (Last, First, Middle Initial) Homewood Suites			Transaction ID: SB17.28018.29 Date of Disbursement
Mailing Address 4850 Leesburg Pike			$\begin{array}{c} \stackrel{\text{M}}{\overset{\text{M}}{}} \stackrel{\text{M}}{\overset{\text{M}}{\overset{\text{M}}{}} \stackrel{\text{M}}{\overset{\text{M}}{}} \stackrel{\text{M}}{\overset{\text{M}}{\overset{\text{M}}} \stackrel{\text{M}}{\overset{\text{M}}} \stackrel{\text{M}}} \stackrel{\text{M}}} \stackrel{\text{M}}} \stackrel{\text{M}} \stackrel{\text{M}}} \stackrel{\text{M}}} $
	State Zip Code VA 22302		Amount of Each Disbursement this Period
Purpose of Disbursement Lodging	[184.21 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		······ Þ	0.00
TOTAL This Period (last page this line number only)			

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 90 / 211
T	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Stateme or commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
۱.	Full Name (Last, First, Middle Initial) Homewood Suites			Transaction ID: SB17.28018.30
	Mailing Address 4850 Leesburg Pike			Date of Disbursement 08^{M} / 16^{D} / 2006^{Y}
	City S	State Zip Code		Amount of Each Disbursement this Period
		VA 22302		
	Purpose of Disbursement Lodging			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28018.31
3.	Homewood Suites			Date of Disbursement
	Mailing Address 4850 Leesburg Pike			
		State Zip Code VA 22302		Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging		· · ·	368.42 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		
	State: District:			
).	Full Name (Last, First, Middle Initial) COSI Inc			Transaction ID: SB17.28018.32 Date of Disbursement
	Mailing Address 1751 Lake Cook Road			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 8 \end{array} \\ \end{array} \\ \left(\begin{array}{c} D \\ 1 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y $
		State Zip Code L 60015		Amount of Each Disbursement this Period
	Purpose of Disbursement Meeting Exp			119.30 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify)	21 -	[MEMO ITEM]
S	JBTOTAL of Disbursements This Page (optional)		>	0.00

S	CHEDULE B (FEC Form 3)			NUMBER: PAGE 91/211
I Т	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Stateme or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Exxonmobile Mailing Address Service Station			Transaction ID: SB17.28018.34 Date of Disbursement 0 8 / D 0 / Y Y Y Y Y
		State Zip Code VA 22210		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name		Category/ Type	25.04 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	State: District:	ment For: Primary General Other (specify) ▼		
в.	Full Name (Last, First, Middle Initial) Starbucks			Transaction ID: SB17.28018.36 Date of Disbursement
	Mailing Address PO Box 34067			08 ^M /16/2006
		State Zip Code WA 98124-1067		Amount of Each Disbursement this Period 9.79
	Meeting Exp Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
	State: District: Full Name (Last, First, Middle Initial)			
C.	Bullfeathers Restaurant			Transaction ID: SB17.28018.37 Date of Disbursement
	Mailing Address 410 1st Street SE			0 ^M 8 ^M / 16 ^D / 2006 ^Y
		State Zip Code DC 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement Meeting Exp			22.24 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
s	JBTOTAL of Disbursements This Page (optional)		►	0.00
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ITEMIZED DISBORSEMENTS If death allogy of the baland Summary Page Image: State Image: State </th <th></th> <th>CHEDULE B (FEC Form 3)</th> <th>Use seperate schedule(s)</th> <th>FOR LINE (check only</th> <th>NUMBER: PAGE 92/211</th>		CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 92/211
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Fuil) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) COSI Inc Mailing Address 1751 Lake Cook Road City Descrifield L Go015 Purpose of Disbursement Gategory Office Sought House District: Purpose of Disbursement Gategory Candidate Name Category Categ			Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) COSI Inc Mailing Address 1751 Lake Cook Road City State Zip Code Deerfield IL 60015 Purpose of Disbursement Amount of Each Disbursement hor: 205.98 Cardidate Name Disbursement For: Office Sought: President District: Distrement For: Office (specify) ▼ Transaction ID: SB17.28018.42 Diffice Sought: President Office (specify) ▼ Transaction ID: SB17.28018.42 District: District: Office (specify) ▼ Transaction ID: SB17.28018.42 Date of Disbursement for: Office Sought: Nth 55423 Purpose of Disbursement for: Disbursement For: 0ther (specify) ▼ Candidate Name Disbursement For: 1861.06 Returd or Disposal of Excess Continuations Required Under Infall Candidate Name Disbursement For: 1861.06 Candidate Name Disbursement For: 1861.06 President Disbursement For: 1861.06 State: <td></td> <td></td> <td></td> <td></td> <td></td>					
A COSI Inc Date of Disbursement Mailing Address 1751 Lake Cook Road Date of Disbursement for the formation of the fore	\rangle	NAME OF COMMITTEE (In Full)			
City State Zip Code Deerfield IL 60015 Purpose of Disbursement 205.98 Meeting Exp Category! Office Sought: House State: Disbursement For: President Disbursement For: President Disbursement For: President Other (specify) Full Name (Last, First, Middle Initial) Best Buy Mailing Address 7601 Penn Ave S. City State Cardigate Name Category! Office Sought: House Disbursement State Cardigate Name Category! City State Zip Code Richfield MN State: Disbursement For: Cardidate Name Category! Office Sought: House Disbursement Category! City State Disbursement For: Cardidate Name Category! Office Sought: House Disbursement Category! Full Name (Last, First, Middle In	Α.				Date of Disbursement
Decrifield IL 60015 Purpose of Disbursement Category/ Type Category/ Type Office Sought: House Disbursement For: Period of Disbursement For: Other (specify) ▼ State: District: Purpose of Disbursement Transaction ID: SB17,28018,42 Best Buy Transaction ID: SB17,28018,42 Best Buy Amount of Each Disbursement Mailing Address 7601 Penn Ave S. City State Purpose of Disbursement Ito: F.R. 400.53 Office Sought: Disbursement For: Carangian Office Exp Category! Office Sought: Disbursement For: Other (specify) ▼ Transaction ID: SB17,28018,43 State: Disbursement For: Oracidate Name Disbursement for: Office Sought: PA		Mailing Address 1751 Lake Cook Road			08 16 2006
Meeting Exp Carlididate Name Office Sought: House State: District: President State: District: Full Name (Last, First, Middle Initial) Best Buy Mailing Address 7601 Penn Ave S. City Richfield Marking Exp Cardidate Name Office Sought: House State: Disbursement Cardidate Name City Mailing Address 7601 Penn Ave S. City Refund or Disposal of Excess Cardidate Name Office Sought: House Sheetz Mailing Address State: District: President Other (specify) ▼ Sheetz Mailing Address State: District: Mailing Address State: Disbursement Cardigory/		Deerfield			Amount of Each Disbursement this Period
Office Sought: House Disbursement For: Image: Control of the specify of the specific specif		Meeting Exp			Refund or Disposal of Excess Contributions Required Under
3. Best Buy Mailing Address 7601 Penn Ave S. City State Zip Code Milling Address 7601 Penn Ave S. City State Zip Code Milling Address 7601 Penn Ave S. City State Zip Code Milling Address 7601 Penn Ave S. City State Zip Code Purpose of Disbursement Bestud Refund or Disposal of Excess Candidate Name Disbursement For: President Office Sought: House Disbursement For: Category/ State: District: Other (specify) ▼ Transaction ID: SB17.28018.43 Date of Disbursement 0 for 0 fo		Senate President	Primary General		[MEMO ITEM]
Mailing Address 7601 Penn Ave S. City State Zip Code Richfield MN 55423 Purpose of Disbursement Image: Candidate Name Image: Candidate Name Office Sought: House Disbursement For: Cardidate Name Disbursement For: Image: Candidate Initial) State: District: Other (specify) Image: Candidate Name Mailing Address 5700 Sixth Avenue Transaction ID: SB17.28018.43 Date of Disbursement Disbursement For: Image: Candidate Name Mailing Address 5700 Sixth Avenue Transaction ID: SB17.28018.43 Date of Disbursement Image: Candidate Name Image: Candidate Name City State Zip Code Altoona PA 16602 Purpose of Disbursement Category/ Travel Candidate Name Category/ Office Sought: House Disbursement For: Office	в.				Date of Disbursement
Richfield MN 55423 Purpose of Disbursement Campaign Office Exp Category/ Candidate Name Disbursement For: Category/ Office Sought: House Disbursement For: Category/ State: District: Other (specify) ▼ Image: Category/ Full Name (Last, First, Middle Initial) Sheetz Transaction ID: SB17.28018.43 Date of Disbursement Disbursement Image: Category/ City State Zip Code Altoona PA 16602 Purpose of Disbursement Category/ Travel Category/ Candidate Name Disbursement For: Office Sought: House Disbursement Disbursement For: Candidate Name Category/ Office Sought: Disbursement For: President Disbursement For: Office Sought: House Disbursement For: Category/ Office Sought: House Disbursement For: Category/ Office Sought: Disbursement For: President Other (spec		Mailing Address 7601 Penn Ave S.			
Campaign Office Exp Candidate Name Office Sought: House Befund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (MEMO ITEM] State: Disbursement For: President State: District: Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City State Purpose of Disbursement Travel Candidate Name Office Sought: House Disbursement 0 8 0 0 Virgose of Disbursement Travel Category/ Travel Candidate Name Disbursement For: President Disbursement For: State: District: SubtrotAL of Disbursements This Page (optional) Image General					Amount of Each Disbursement this Period
Office Sought: House Disbursement F-or: General State: District: Other (specify) ▼ Full Name (Last, First, Middle Initial) Transaction ID: SB17.28018.43 Sheetz Date of Disbursement Mailing Address 5700 Sixth Avenue City State Zip Code Altoona PA Purpose of Disbursement Category/ Travel Category/ Candidate Name Disbursement For: Office Sought: House Disbursement For: General Office Sought: Disbursement For: Senate Disbursement For: President Other (specify) ▼ State: Disbursement For: Senate Primary General Other (specify) ▼ Subbrottal of Disbursements This Page (optional) 0.00		Campaign Office Exp			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) Transaction ID: SB17.28018.43 Sheetz Date of Disbursement Mailing Address 5700 Sixth Avenue City State Zip Code Altoona PA 16602 Purpose of Disbursement 21.49 Travel Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) State: District:		Senate President	Primary General		
Mailing Address 5700 Sixth Avenue 0 8 1 6 2 0 0 6 City State Zip Code Amount of Each Disbursement this Period Altoona PA 16602 21.49 Purpose of Disbursement Category/ 21.49 Travel Category/ Type Candidate Name Disbursement For: Category/ Office Sought: House Disbursement For: President Other (specify) Image (optional) Substrotter Disbursements This Page (optional) 0.00	С.	Full Name (Last, First, Middle Initial)			Date of Disbursement
Altoona PA 16602 21.49 Purpose of Disbursement Travel Category/ 21.49 Candidate Name Category/ Type Refund or Disposal of Excess Office Sought: House Disbursement For: Category/ Office Sought: House Disbursement For: Category/ President Other (specify) Image: Category (State) Image: Category (State) State: District: Other (specify) Image: Category (State) Image: Category (State) SUBTOTAL of Disbursements This Page (optional) Image: Category (State) Image: Category (State) Image: Category (State)		Mailing Address 5700 Sixth Avenue			
Travel Category/ Type Candidate Name Category/ Type Office Sought: House Disbursement For: Disbursement For: President Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional) 0,00					Amount of Each Disbursement this Period
Candidate Name Category/ Type Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate Primary General President Other (specify) Image: Contributions Required Under SubtrotrAL of Disbursements This Page (optional) Image: Contributions Required Under		Purpose of Disbursement			
Office Sought: House Disbursement For: General Senate Primary General President Other (specify) ✓ State: District: 0 SUBTOTAL of Disbursements This Page (optional)		Candidate Name			Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional)		Senate President	Primary General		[MEMO ITEM]
	s				0.00

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE (check only	NUMBER: PAGE 93 / 211 y one)
		Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Stateme or commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.28018.44 Date of Disbursement 08 / 16 / 2006
	Mailing Address 5700 Sixth Avenue			
	Altoona	State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name		Category/ Type	27.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
	Full Name (Last, First, Middle Initial) Easy Grade Car Wash			Transaction ID: SB17.28018.45 Date of Disbursement
	Mailing Address 925 Menoher Boulevard			
	Johnstown	State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name		Category/ Type	22.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
	State: District: Full Name (Last, First, Middle Initial) EM's Sub Shop			Transaction ID: SB17.28018.48 Date of Disbursement
	Mailing Address 1111 Scalp Avenue			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 8 \end{array} \\ \end{array} \\ \left(\begin{array}{c} D \\ 1 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y $
		State Zip Code PA 15904-3036		Amount of Each Disbursement this Period
	Purpose of Disbursement Volunteer Exp			17.46 Refund or Disposal of Excess
	Candidate Name Category/		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
				0.00
S	JBTOTAL of Disbursements This Page (optional)		····· ►	

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 94 / 211 (check only one)	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 17 18 19a 19b 20a 20b 20c 21	
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Full Name (Last, First, Middle Initial) A. Sheetz Mailing Address 5700 Sixth Avenue		Transaction ID: SB17.28018.49 Date of Disbursement 08 / P 0 / Y <td< td=""></td<>	
City Altoona	State Zip Code PA 16602	Amount of Each Disbursement this Period	
Purpose of Disbursement Travel Candidate Name		ategory/ Type	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) V		
Full Name (Last, First, Middle Initial) B. Sheetz		Transaction ID: SB17.28018.52 Date of Disbursement	
Mailing Address 5700 Sixth Avenue			
City Altoona	State Zip Code PA 16602	Amount of Each Disbursement this Period	
Purpose of Disbursement Travel Candidate Name		Ategory/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Senate President	ement For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
C. Sheetz		Transaction ID: SB17.28018.53 Date of Disbursement	
Mailing Address 5700 Sixth Avenue			
City Altoona	State Zip Code PA 16602	Amount of Each Disbursement this Period	
Purpose of Disbursement Travel	Purpose of Disbursement		
Candidate Name			
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) V		
SUBTOTAL of Disbursements This Page (optional)		0.00	
TOTAL This Period (last page this line number only)			

50	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 95/211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	yone) X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Stateme or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
•	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28018.54
Α.	Easy Grade Car Wash Mailing Address 925 Menoher Boulevard			Date of Disbursement 0 8 ^M / 1 6 / Y 2 0 0 6 ^Y
		Nata Zin Cada		American of Each Dish, we are addition Deviad
	Johnstown	State Zip Code PA 15905		Amount of Each Disbursement this Period 22.50
	Purpose of Disbursement Travel Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
			Туре	11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) V		[
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28018.55
3.	Easy Grade Car Wash			Date of Disbursement
	Mailing Address 925 Menoher Boulevard			
		State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			22.50 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
	State: District:			
С.	Full Name (Last, First, Middle Initial) Capri Pizza			Transaction ID: SB17.28018.56 Date of Disbursement
	Mailing Address Main Street			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 6 \end{pmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Volunteer Exp		0 0	21.77 Refund or Disposal of Excess
	Candidate Name Category/		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify)		[MEMO ITEM]
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	ule(s) FOR LINE NUMBER: PAGE				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b 20a 20b 20c 21			
	y Information copied from such Reports and Statem or commercial purposes, other than using the name						
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) Capri Pizza Mailing Address Main Street			Transaction ID: SB17.28018.57 Date of Disbursement			
	Johnstown	State Zip Code PA 15901		Amount of Each Disbursement this Period			
	Purpose of Disbursement Meeting Exp Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼					
В.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.28018.58 Date of Disbursement			
	Mailing Address 5700 Sixth Avenue			$\begin{array}{c} \begin{array}{c} M & M \\ \hline 0 & 8 \end{array} \end{array} \right) \left(\begin{array}{c} D & D \\ \hline 1 & 6 \end{array} \right) \left(\begin{array}{c} Y & Y \\ \hline 2 & 0 & 0 \\ \hline \end{array} \right) \left(\begin{array}{c} Y \\ \end{array} \right) \left(\begin{array}{c} Y \\ \hline \end{array} \right) \left(\begin{array}{c} Y \\ \end{array} \right) \left(\begin{array}{c} Y \end{array} \right) \left(\begin{array}{c} Y \\ \end{array} \right) \left(\begin{array}{c} Y \end{array} \right$			
	,	State Zip Code PA 16602	· · ·]	Amount of Each Disbursement this Period 39.50 Refund or Disposal of Excess			
	Candidate Name Office Sought: House Senate President Disburse	ment For: Primary General Other (specify) ▼	Category/ Type	[MEMO ITEM]			
	State: District: Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28018.59			
C.	Sheetz			Date of Disbursement			
	Mailing Address 5700 Sixth Avenue			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 8 \end{array} \begin{array}{c} \end{array} \begin{array}{c} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} D \\ 1 \\ 6 \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} $			
		State Zip Code PA 16602		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel			51.50 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
s	SUBTOTAL of Disbursements This Page (optional)						
т	TOTAL This Period (last page this line number only)						

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 97 / 211
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Statem or commercial purposes, other than using the name			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) U.S. Postal Service			Transaction ID: SB17.28018.60 Date of Disbursement
	Mailing Address Locust & Franklin Streets			$\begin{array}{c} \stackrel{M}{0} \stackrel{M}{8} \stackrel{M}{} \stackrel{I}{} \stackrel{D}{1} \stackrel{D}{6} \stackrel{I}{} \stackrel{Y}{} \stackrel{Y}{2} \stackrel{Y}{0} \stackrel{Y}{0} \stackrel{Y}{6} \stackrel{Y}{1} \stackrel{Y}{1} \stackrel{Y}{2} \stackrel{Y}{0} \stackrel{Y}{0} \stackrel{Y}{6} \stackrel{Y}{1} Y$
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Postage Candidate Name		Category/ Type	195.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	nent For: Primary General Other (specify) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[MEMO ITEM]
3.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.28018.62 Date of Disbursement
	Mailing Address 5700 Sixth Avenue			
		State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name Categories			39.80 Refund or Disposal of Excess Contributions Required Under
			Category/ Type	11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President	nent For: Primary General Other (specify) ▼		[]
	State: District:			
).	Full Name (Last, First, Middle Initial) PSU Press			Transaction ID: SB17.28018.63 Date of Disbursement
	Mailing Address University Park			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 8 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ 6 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} V \\ 2 \\ \end{array} \begin{array}{c} V \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ V \\ V \\ \end{array} \begin{array}{c} V \\ V \\ V \\ \end{array} \begin{array}{c} V \\ V $
		State Zip Code PA 16802		Amount of Each Disbursement this Period
	Purpose of Disbursement Gifts			610.17 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
				0.00
S	JBTOTAL of Disbursements This Page (optional)		►	0.00

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 98 / 211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	x 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) PSU Press Mailing Address University Park			Transaction ID: SB17.28018.64 Date of Disbursement 0 8 ^M / ^D 1 6 / ^Y 2 0 0 6
		Zie Osda		
		State Zip Code PA 16802		Amount of Each Disbursement this Period
	Purpose of Disbursement Gifts Candidate Name		Category/ Type	1951.47 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	[MEMO ITEM]
в.	Full Name (Last, First, Middle Initial) BP Oil			Transaction ID: SB17.28018.65 Date of Disbursement
	Mailing Address Bedford Street			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 6 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
	,	State Zip Code PA 15901		Amount of Each Disbursement this Period 27.05
	Travel Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) V		
	State: District: Full Name (Last, First, Middle Initial)			
C.	Sheetz			Transaction ID: SB17.28018.68 Date of Disbursement
	Mailing Address 5700 Sixth Avenue			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 6 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
		State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			28.00
	Candidate Name Category/		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[MEMO ITEM]
s	UBTOTAL of Disbursements This Page (optional)		►	0.00
	OTAL This Period (last page this line number only)			

5	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	vone) X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Statem or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)	and address of any political co		
\rangle	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.28018.69 Date of Disbursement
	Mailing Address 5700 Sixth Avenue			$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} M \\ \end{array} \\ \end{array} \\ \begin{array}{c} I \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} I \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} Y \\ Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ Y \\ 0 \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y $
		State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Meals	ſ		8.98
	Candidate Name	I.	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
	Full Name (Last, First, Middle Initial)			
в.	Park n Dine			Transaction ID: SB17.28018.70 Date of Disbursement
	Mailing Address 189 E Main Street			
		State Zip Code MD 21750		Amount of Each Disbursement this Period
	Purpose of Disbursement Meals			30.00 Refund or Disposal of Excess
			Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President	nent For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Capri Pizza			Transaction ID: SB17.28018.71 Date of Disbursement
	Mailing Address Main Street			$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} M \\ \end{array} \\ \end{array} \\ \begin{array}{c} P \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} P \\ 1 \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \begin{array}{c} P \\ 1 \end{array} \\ \begin{array}{c} P \\ 0 \end{array} \\ \begin{array}{c} P \\ 2 \end{array} \\ \begin{array}{c} V \\ 0 \end{array} \\ \begin{array}{c} V \\ V \\ 0 \end{array} \\ \begin{array}{c} V \\ V \\ 0 \end{array} \\ \begin{array}{c} V \\ V \\ V \\ V \end{array} \\ \begin{array}{c} V \\ V \\ V \\ V \end{array} \\ \begin{array}{c} V \\ V \\ V \\ V \end{array} \\ \begin{array}{c} V \\ V \\ V \\ V \end{array} \\ \begin{array}{c} V \\ V \\ V \\ V \end{array} \\ \begin{array}{c} V \\ V \\ V \\ V \\ V \end{array} \\ \begin{array}{c} V \\ V \\ V \\ V \\ V \end{array} \\ \begin{array}{c} V \\ V \\ V \\ V \\ V \\ V \end{array} \\ \begin{array}{c} V \\ V \\ V \\ V \\ V \\ V \\ V \end{array} \\ \begin{array}{c} V \\ V $
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Meeting Exp			24.95
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
				0.00
S	JBTOTAL of Disbursements This Page (optional)		····· >	0.00

S(CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 100/211			
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page	(check only	√one)			
		Detailed Summary 1 age		20a 20b 20c 21			
	y Information copied from such Reports and Statem for commercial purposes, other than using the name						
	NAME OF COMMITTEE (In Full)						
\langle	MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28018.72			
	Capri Pizza			Date of Disbursement			
	Mailing Address Main Street			$\begin{array}{c} \begin{array}{c} M & M \\ \hline 0 & 8 \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} D & D \\ \hline 1 & 6 \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} Y \\ \hline Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y $			
		State Zip Code PA 15901		Amount of Each Disbursement this Period			
	Purpose of Disbursement	FA 15901		28.22			
	Meeting Exp			Refund or Disposal of Excess			
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse	mont For:	Туре	[MEMO ITEM]			
	Senate	Primary General					
	President	Other (specify)					
	State: District:						
в.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.28018.73 Date of Disbursement			
				M M / D D / Y Y Y Y			
	Mailing Address 5700 Sixth Avenue			08 16 2006			
		State Zip Code PA 16602		Amount of Each Disbursement this Period			
	Purpose of Disbursement			42.50			
	Travel			Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse	ment For:	1 300	[MEMO ITEM]			
	Senate	Primary General					
	State: District:	Other (specify)					
	Full Name (Last, First, Middle Initial)						
C.	Sheetz			Transaction ID: SB17.28018.74 Date of Disbursement			
	Mailing Address 5700 Sixth Avenue			08 / 16 / Y Y Y Y			
		State Zip Code PA 16602		Amount of Each Disbursement this Period			
	Purpose of Disbursement			41.00			
	Travel			Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse	ment For:		[MEMO ITEM]			
	Senate	Primary General					
	State: District:	Other (specify)					
Г	Sidio. District.						
s	UBTOTAL of Disbursements This Page (optional)		►	0.00			
т	TOTAL This Period (last page this line number only)						

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 101/211
IT	EMIZED DISBURSEMENTS	for each category of the	(Check only	y one) X 17 18 19a 19b
		Detailed Summary Page	-	20a 20b 20c 21
	y Information copied from such Reports and Statem			
or	for commercial purposes, other than using the name	and address of any political	committee to so	blicit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28018.77
А.	U.S. Postal Service			Date of Disbursement
	Mailing Address Locust & Franklin Streets			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 8 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} D \\ 1 \\ 6 \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} $
		State Zip Code		Amount of Each Disbursement this Period
	Johnstown Purpose of Disbursement	PA 15901		390.00
	Postage			Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse	mont For:	Туре	[MEMO ITEM]
	Senate	Primary General		
	President	Other (specify)		
	State: District:			
В.	Full Name (Last, First, Middle Initial) Display Sales Company			Transaction ID: SB17.28018.78 Date of Disbursement
	Mailing Address 10925 Nesbitt Ave S			
		State Zip Code MN 55437-3125		Amount of Each Disbursement this Period
	Purpose of Disbursement			228.00
	Gifts		Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse	nent For: Primary General		[
	President	Other (specify)		
	State: District:			
C	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28018.80
0.	Sheetz			Date of Disbursement
	Mailing Address 5700 Sixth Avenue			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 8 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} 1 \\ 6 \end{array} \begin{array}{c} D \\ 1 \\ 6 \end{array} \begin{array}{c} T \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y $
		State Zip Code PA 16602		Amount of Each Disbursement this Period
	Altoona Purpose of Disbursement			46.00
	Travel			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse			[MEMO ITEM]
	Senate President	Primary General Other (specify)		
	State: District:			
s	UBTOTAL of Disbursements This Page (optional)		····· Þ	0.00
Т	OTAL This Period (last page this line number only)			
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SCHEDULE B (FEC Form 3)		Use seperate schedule(s)		NUMBER: PAGE 102/211		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b		
				20a 20b 20c 21		
	Information copied from such Reports and Statem or commercial purposes, other than using the name					
\square	NAME OF COMMITTEE (In Full)					
\backslash	MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) Easy Grade Car Wash			Transaction ID: SB17.28018.81 Date of Disbursement		
	Mailing Address 925 Menoher Boulevard			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} P \\ 1 & 6 \end{bmatrix} \begin{pmatrix} Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$		
	,	State Zip Code PA 15905		Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel			22.50 Refund or Disposal of Excess		
			Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼				
	State: District: Full Name (Last, First, Middle Initial)			T		
В.	Capri Pizza			Transaction ID: SB17.28018.82 Date of Disbursement		
	Mailing Address Main Street			$\begin{array}{c} \begin{array}{c} M & M \\ \hline 0 & 8 \end{array} & \begin{array}{c} \prime \\ \end{array} & \begin{array}{c} D & D \\ \hline 1 & 6 \end{array} & \begin{array}{c} \prime \\ \end{array} & \begin{array}{c} Y \\ \hline 2 & 0 & 0 & 6 \end{array} \end{array}$		
	Johnstown	State Zip Code PA 15901		Amount of Each Disbursement this Period		
	Purpose of Disbursement Volunteer Exp		Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼				
	State: District:					
C.	Full Name (Last, First, Middle Initial) Lombardo's			Transaction ID: SB17.28018.83 Date of Disbursement		
	Mailing Address 935 Scalp Avenue			$\begin{array}{c} M & M \\ 0 & 8 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D & D \\ 1 & 6 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 & 0 & 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y $		
		State Zip Code PA 15904		Amount of Each Disbursement this Period		
	Purpose of Disbursement Meeting Exp			96.46 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼				
S	JBTOTAL of Disbursements This Page (optional) .		····· ►	0.00		
Т	TOTAL This Period (last page this line number only) • FCO Cobactula D (Form 2) •					

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 103/211
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Statem or commercial purposes, other than using the name			
$\overline{\ }$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.28018.86 Date of Disbursement 0 8 / 0 8 / 0 8 / 0 8 / 0 8 / 0 8 / 0 8 / 0 8 /
	Mailing Address 5700 Sixth Avenue			0.8 1 6 2006
		State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name		Category/ Type	41.85 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	[MEMO ITEM]
	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.28018.88 Date of Disbursement
	Mailing Address 5700 Sixth Avenue			$\begin{array}{c} \stackrel{\text{M}}{08} \stackrel{\text{M}}{16} \stackrel{\text{D}}{16} \stackrel{\text{D}}{12} \stackrel{\text{V}}{2006} \stackrel{\text{V}}{16} \stackrel{\text{V}}{1$
		State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			34.00 Refund or Disposal of Excess Contributions Required Under
	Candidate Name		Category/ Type	11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
	State: District: Full Name (Last, First, Middle Initial)			
	Sheetz			Transaction ID: SB17.28018.89 Date of Disbursement
	Mailing Address 5700 Sixth Avenue			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 8 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ 6 \end{array} \begin{array}{c} D \\ 1 \\ 6 \end{array} \begin{array}{c} I \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y $
		State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel		· · ·	36.70 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
ei	JBTOTAL of Disbursements This Page (optional)			0.00
5	UISDURSEMENTS THIS Page (optional)		····· •	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE (check only	NUMBER: PAGE 104 / 211 / one)
II EMIZED DISBURSEMENTS	Detailed Summary Page	F	X 17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
A. Full Name (Last, First, Middle Initial) EM's Sub Shop Mailing Address 1111 Scalp Avenue			Transaction ID: SB17.28018.91Date of Disbursement $M = M$ / $P = D$ /YYYY $0 = 8$ /1 = 6/YYYYY
Mailing Address 1111 Scalp Avenue			
Johnstown	State Zip Code PA 15904-3036		Amount of Each Disbursement this Period
Purpose of Disbursement Volunteer Exp Candidate Name		Category/	12.51 Refund or Disposal of Excess Contributions Required Under
Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	11 C.F.R. 400.53 [MEMO ITEM]
Full Name (Last, First, Middle Initial) B. First Commonwealth Bank			Transaction ID: SB17.28740 Date of Disbursement
Mailing Address Credit Card Dept. P.O. Box 0537			
Indiana	State Zip Code PA 15701-0537		Amount of Each Disbursement this Period 12850.21
Purpose of Disbursement See Detail Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.0
C. Cato Travel			Date of Disbursement 09^{M} / 20^{D} / 200^{V}
Mailing Address 1st & C Street NE #24	Mailing Address 1st & C Street NE #24		
	State Zip Code DC 20510		Amount of Each Disbursement this Period
Purpose of Disbursement Travel	Purpose of Disbursement		
Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)			12850.21
TOTAL This Period (last page this line number only)			

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 105/211
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	y one) X 17 18 19a 19b
		Detailed Summary Page	-	120a 20b 20c 21
	y Information copied from such Reports and Stateme			
or	for commercial purposes, other than using the name	e and address of any political	committee to so	licit contributions from such committee
\mathbb{N}				
V	MURTHA FOR CONGRESS COMMITTEE			
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.1
Α.	AMTRAK			Date of Disbursement
	Mailing Address 60 Massachusetts Avenue	e		M 9 M / D D D / Y Y O Y O Y Y O Y O Y Y O <thy< th=""></thy<>
	,	State Zip Code		Amount of Each Disbursement this Period
	5	DC 20002		236.00
	Purpose of Disbursement Travel			Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under
			Туре	11 C.F.R. 400.53 [MEMO ITEM]
		ment For:		
	Senate President	Primary General Other (specify)		
	State: District:			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.2
В.	Exxonmobile			Date of Disbursement
	Mailing Address Service Station			$ \begin{array}{c} \stackrel{M}{\overset{O}{\overset{O}{9}}} \stackrel{M}{\overset{O}{}}} \stackrel{I}{\overset{D}{}}} \stackrel{D}{\overset{D}{}}} \stackrel{I}{\overset{Y}{}}} \stackrel{Y}{\overset{Y}{}}} \stackrel{Y}{\overset{Y}{}}} \stackrel{Y}{\overset{Y}{}}} \stackrel{Y}{\overset{V}{}}} \stackrel{Y}{\overset{V}}} \stackrel{V}{\overset{V}{}}} \stackrel{Y}{\overset{V}{}}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}} \stackrel{V}} \stackrel{V} \stackrel{V} \stackrel{V}} \stackrel{V} \mathsf{V$
		State Zip Code		Amount of Each Disbursement this Period
	Arlington VA 22210 Purpose of Disbursement			27.36
	Travel		Refund or Disposal of Excess	
	Candidate Name	Category/	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser	mont For	Туре	[MEMO ITEM]
	Office Sought: House Disburser Senate	ment For: Primary General		
	President	Other (specify)		
	State: District:			
C.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.4
0.	American West			Date of Disbursement
	Mailing Address 4000 E Sky Harbor Blvd			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} $ $ \begin{pmatrix} D & D \\ 2 & 0 \end{pmatrix} $ $ \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
		State Zip Code		Amount of Each Disbursement this Period
		AZ 85034		1342.30
	Purpose of Disbursement Travel			Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under
			Туре	11 C.F.R. 400.53 [MEMO ITEM]
		ment For:		
	Senate President	Primary General Other (specify)		
	State: District:	(opee)/ ¥		
s	UBTOTAL of Disbursements This Page (optional)		····· Þ	0.00
т	OTAL This Period (last page this line number only)			

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 106/211			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	x 17 18 19a 19b			
—				20a 20b 20c 21			
	y Information copied from such Reports and Statem or commercial purposes, other than using the name						
	NAME OF COMMITTEE (In Full)						
Ż	MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) BP Oil			Transaction ID: SB17.28740.5 Date of Disbursement			
	Mailing Address Bedford Street			M 9 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	,	State Zip Code PA 15901		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel			31.89 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[
	State: District: Full Name (Last, First, Middle Initial)						
В.	Sheetz			Transaction ID: SB17.28740.6 Date of Disbursement			
	Mailing Address 5700 Sixth Avenue			$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} V \\ Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y $			
	Altoona	State Zip Code PA 16602		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel		S5.00 Refund or Disposal of Excess				
	Candidate Name	Type III C.F.R. 400.53		Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) V		[
	State: District:						
C.	Full Name (Last, First, Middle Initial) Homewood Suites			Transaction ID: SB17.28740.7 Date of Disbursement			
	Mailing Address 4850 Leesburg Pike			$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $			
		StateZip CodeVA22302		Amount of Each Disbursement this Period			
	Purpose of Disbursement Lodging		Refund or Disposal of Excess				
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		[MEMO ITEM]			
	State: District:						
s	UBTOTAL of Disbursements This Page (optional)		►	0.00			
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SCHEDULE B (FEC Form 3)			NUMBER: PAGE 107/211
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	rone) ▼ 17
	Detailed Summary Page		20a 20b 20c 21
Any Information copied from such Reports and Stateme			
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political of	committee to sol	icit contributions from such committee
Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.8
A. Holiday Inn			Date of Disbursement
Mailing Address P.O. Box 1487			$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} \prime \\ \prime \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} 0 \\ \prime \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $
	State Zip Code PA 15907-1487		Amount of Each Disbursement this Period
Purpose of Disbursement	PA 15907-1467		119.89
Lodging			Refund or Disposal of Excess
Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburser	ment For:	Туре	[MEMO ITEM]
Senate	Primary General		
President	Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			
B. Sassy's Airport Restaurant			Transaction ID: SB17.28740.10 Date of Disbursement
	Mailing Address Airport Dood		09 / 20 / Y Y Y Y 2006
Mailing Address Airport Road			
	State Zip Code PA 15904		Amount of Each Disbursement this Period
	Johnstown PA 15904 Purpose of Disbursement		
Meeting Exp			
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburser	nent For: Primary General		
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) C. Sheetz			Transaction ID: SB17.28740.11
			Date of Disbursement
Mailing Address 5700 Sixth Avenue			$ \begin{array}{c} \stackrel{M}{0} \stackrel{M}{9} \stackrel{M}{} \\ \end{array} \begin{array}{c} \\ \\ \end{array} \begin{array}{c} \\ \\ \end{array} \begin{array}{c} \\ \\ \end{array} \begin{array}{c} \\ \\ \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \\ \end{array} \begin{array}{c} \\ \\ \end{array} \begin{array}{c} \\ \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} $
	State Zip Code PA 16602		Amount of Each Disbursement this Period
Purpose of Disbursement Travel			48.15 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburser	ment For:		[MEMO ITEM]
	Primary General		
State: District:	Other (specify)		
			0.00
SUBTOTAL of Disbursements This Page (optional)		····· Þ	0.00
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SCHEDULE B (FEC Form 3)				NUMBER: PAGE 108/211			
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page	(check only	x 17 18 19a 19b			
		Detailed Summary Fage	-	20a 20b 20c 21			
	y Information copied from such Reports and Stateme for commercial purposes, other than using the name						
	NAME OF COMMITTEE (In Full)						
\rangle	MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.12			
~ .	Holiday Inn			Date of Disbursement			
	Mailing Address P.O. Box 1487			$ \begin{array}{c} M & M \\ 0 & 9 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D & D \\ 2 & 0 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 & 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $			
		State Zip Code PA 15907-1487		Amount of Each Disbursement this Period			
	Purpose of Disbursement			606.48			
	Lodging			Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser	ment For:	1 300	[MEMO ITEM]			
	Senate	Primary General					
	State: District:	Other (specify)					
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.13			
В.	NGP Software Inc			Date of Disbursement			
	Mailing Address 1101 Vermont Ave NW Suite 710			$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ 9 \end{array} \\ \begin{array}{c} M \\ 0 \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \begin{array}{c} D \\ 2 \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \begin{array}{c} D \\ 2 \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \begin{array}{c} V \\ 2 \end{array} \\ \begin{array}{c} V \\ 2 \end{array} \\ \begin{array}{c} V \\ 0 \end{array} \\ \begin{array}{c} V \\ 0 \end{array} \\ \begin{array}{c} V \\ V \\ V \\ V \end{array} \\ \begin{array}{c} V \\ V \\ V \\ V \end{array} \\ \begin{array}{c} V \\ V \\ V \\ V \end{array} \\ \begin{array}{c} V \\ V \\ V \\ V \\ V \\ V \end{array} \\ \begin{array}{c} V \\ V $			
	City	State Zip Code		Amount of Each Disbursement this Period			
		DC 20005		6750.00			
	Purpose of Disbursement Campaign Office Exp		Refund or Disposal of Excess				
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburser	Primary General					
	State: District:	Other (specify)					
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.14			
C.	Lombardo's			Date of Disbursement			
	Mailing Address 935 Scalp Avenue			M 9 M / D 2 0 / Y 2 0 0 6 Y			
		State Zip Code PA 15904		Amount of Each Disbursement this Period			
	Purpose of Disbursement Meals			29.34 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
Г	State: District:						
s	UBTOTAL of Disbursements This Page (optional)		►	0.00			
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SCHEDULE B (FEC Form 3)		Use seperate schedule(s)		NUMBER: PAGE 109/211			
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IT	EMIZED DISBURSEMENTS	for each category of the	(Check only	y one) X 17 18 19a 19b			
		Detailed Summary Page	-	20a 20b 20c 21			
	y Information copied from such Reports and Statemo						
or	or commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee			
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE						
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.19			
Α.	Easy Grade Car Wash			Date of Disbursement			
	Mailing Address 925 Menoher Boulevard			M M M A D D D D A D D A D D A D D D D D D D D D D			
		State Zip Code		Amount of Each Disbursement this Period			
		PA 15905		22.50			
	Purpose of Disbursement Travel			Refund or Disposal of Excess			
	Candidate Name		Category/	Contributions Required Under			
			Туре	11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburser Senate	nent For: Primary General					
	President	Other (specify)					
	State: District:						
В.	Full Name (Last, First, Middle Initial) BP Oil			Transaction ID: SB17.28740.20			
υ.	BP OII			Date of Disbursement			
	Mailing Address Bedford Street			M 9 M / D 2 0 / Y 2 0 0 6 Y			
		State Zip Code		Amount of Each Disbursement this Period			
	Johnstown PA 15901 Purpose of Disbursement			57.51			
	Travel			Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburser						
	Senate President	Primary General Other (specify) ▼					
	State: District:						
~	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.22			
С.	Lombardo's			Date of Disbursement			
	Mailing Address 935 Scalp Avenue			$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ 0 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} T \\ T $			
		State Zip Code		Amount of Each Disbursement this Period			
		PA 15904		496.27			
	Purpose of Disbursement Meals			Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser			[MEMO ITEM]			
	Senate President	Primary General					
	State: District:	Other (specify)					
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 110/211		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	x 17 18 19a 19b		
		Detailed Summary Page		20a 20b 20c 21		
	Information copied from such Reports and Statem or commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full)					
\rangle	MURTHA FOR CONGRESS COMMITTEE	1				
Α.	Full Name (Last, First, Middle Initial) Giant Eagle			Transaction ID: SB17.28740.23 Date of Disbursement		
	Mailing Address Scalp Avenue			09 ^M /20 ^D /2006 ^Y		
	City Johnstown	StateZip CodePA15904		Amount of Each Disbursement this Period		
	Purpose of Disbursement Campaign Office Exp			42.28 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼				
	Full Name (Last, First, Middle Initial)					
В.	Sheetz			Transaction ID: SB17.28740.24 Date of Disbursement		
	Mailing Address 5700 Sixth Avenue			$ \begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \begin{array}{c} 9 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} 2 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} 2 \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \end{array} $		
	City Altoona	State Zip Code PA 16602		Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel			34.50 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		
	Senate President	ement For: Primary General Other (specify) ▼				
	State: District: Full Name (Last, First, Middle Initial)					
C.	Giant Eagle			Transaction ID: SB17.28740.25 Date of Disbursement		
	Mailing Address Scalp Avenue			09 ^M / 20 ^D / 200 ^Y 200 ^Y		
	City Johnstown	State Zip Code PA 15904		Amount of Each Disbursement this Period		
	Purpose of Disbursement Campaign Office Exp			25.59 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)				
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SCHEDULE B (FEC Form 3)		Use seperate schedule(s)		NUMBER: PAGE 111/211		
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	y one) X 17 18 19a 19b		
		Detailed Summary Page	-	$\begin{array}{c c c c c c c c c c c c c c c c c c c $		
	y Information copied from such Reports and Stateme					
or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political	committee to so	licit contributions from such committee		
\rangle	MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.28740.28 Date of Disbursement		
	Mailing Address 5700 Sixth Avenue			09 20 2006		
	,	State Zip Code PA 16602		Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel Candidate Name		Category/	31.85 Refund or Disposal of Excess Contributions Required Under		
	Office Sought: House Disburser	ment For: Primary General	Туре	11 C.F.R. 400.53 [MEMO ITEM]		
	State: District:	Other (specify)				
в.	Full Name (Last, First, Middle Initial) Easy Grade Car Wash			Transaction ID: SB17.28740.29 Date of Disbursement		
	Mailing Address 925 Menoher Boulevard			M 9 / D D / Y		
		State Zip Code PA 15905		Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel		12.75 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼				
	State: District:					
C.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.28740.30 Date of Disbursement		
	Mailing Address 5700 Sixth Avenue			$ \begin{array}{c} M & M \\ 0 & 9 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D & D \\ 2 & 0 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 & 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $		
		State Zip Code PA 16602		Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel			26.25 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]		
Г						
	SUBTOTAL of Disbursements This Page (optional) 0.00					
	TOTAL This Period (last page this line number only)					

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 112/211
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	y Information copied from such Reports and Statem			for the purpose of solicating contributions
or	or commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political	committee to so	such contributions from such committee
\rangle	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.31
	Sheetz			Date of Disbursement
	Mailing Address 5700 Sixth Avenue			09 ^M /20 ^D /2006 ^Y
	,	State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement	10002		19.65
	Travel			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser	ment For:	1,900	[MEMO ITEM]
	Senate	Primary General		
	President	Other (specify)		
	State: District: Full Name (Last, First, Middle Initial)			
В.	Haven Lounge Inc			Transaction ID: SB17.28740.32 Date of Disbursement
			M M / D D / Y Y Y Y	
	Mailing Address 117 Langhorne Avenue			09 20 2006
		State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement			117.60
	Meeting Exp			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser			[MEMO ITEM]
	Senate President	Primary General Other (specify) ▼		
	State: District:			
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.33
C.	Thomas Automotive Family			Date of Disbursement
	Mailing Address 750 Eisenhower Blvd.			$\begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 0 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y & Y \\ 2 & 0 & 0 \end{bmatrix}$
		State Zip Code		Amount of Each Disbursement this Period
		PA 15904		58.30
	Purpose of Disbursement Vehicle Exp			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser	ment For:	, the	[MEMO ITEM]
	Senate	Primary General		
	President District	Other (specify)		
_	State: District:			
s	UBTOTAL of Disbursements This Page (optional)		►	0.00
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ar 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 CONCRESS COMMITTEE Full Name (Last, First, Middle Initial) A. Sheetz Mailing Address 5700 Sixth Avenue City Attoona PA 16602 Purpose of Disbursement Cardidate Name Cardidate Name Disbursement For: Persident State: District: B. Easy Grade Car Wash Mailing Address 925 Menoher Boulevard City Johnstown PA 15905 City Category' Type Cardidate Name Disbursement Travel Cardidate Name Disbursement Category' Type Category' Type Category' Type Category' Type Category' Travel Cardidate Name Disbursement Category' Type Category' Type Category' Type Category' Type Category' Travel Cardidate Name Disbursement Category' Type Category' Travel Category' Type Category' Travel Category' Type Category' Travel Category Trav	ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) State: District: Di			Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
NAME OF COMMITTEE (in Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) A. Sheetz Mailing Address 5700 Sixth Avenue City PA Cardidate Name Disbursement Cardidate Name Disbursement For: Office Sought: House District: Disbursement For: Office Sought: President Johnstown PA Transaction ID: SB17.28740.34 District: Disbursement For: Office Sought: House District: Disbursement For: Office Sought: State Johnstown PA Purpose of Disbursement Category! Category! Category! Office Sought: House Disbursement Category! Category! Category! Category! Category! Category! Category! Full Name (Last, First, Middle Initial) Category! B. Easy Crade Car Wash Mailing Address 925 Menoher Boulevard Other (sp	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last. First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City State Zp Code Attoona PA 16602 Purpose of Disbursement Transaction ID: SB17.28740.34 Cardidate Name Category/ Travel Amount of Each Disbursement Ibse Cardidate Name Disbursement For: Propose of Disbursement Amount of Each Disbursement Ibse State: District: Other (specify) ▼ Full Name (Last. First, Middle Initial) Transaction ID: SB17.28740.35 State: District: Other (specify) ▼ Full Name (Last. First, Middle Initial) Transaction ID: SB17.28740.35 State: District: Amount of Each Disbursement Ibs Cardidate Name Category/ Type 2.0 0 6 ° Purpose of Disbursement Pa 15905 Purpose of Disbursement For: Purpose of Disbursement Amount of Each Disbursement Ibs Candidate Name Disbursement For: Propose of Disbursement Category/ Type Office Sought: House Disbursement For: Propose of Disbursement <					
A. Sheetz Transaction ID: SD 7.26740.38 Mailing Address 5700 Sixth Avenue A mount of Each 7.26740.38 City State Zip Code Attornal PA 16602 Purpse of Disbursement State Category Travel Category State Disbursement For: Office Sought: House Disbursement For: State President District: Other (specify) ▼ In ansaction ID: SB17.28740.35 B. Easy Grade Car Wash Transaction ID: SB17.28740.35 Mailing Address 925 Menoher Boulevard Image Category City State Zip Code Johnstown PA 15905 Purpse of Disbursement For: Other (specify) ▼ Cardidate Name Disbursement For: Category Johnstown PA 15905 Office Sought: House Disbursement For: Office Sought: Douse Disbursement For: State: Disbursement For: Category Other (specify) ▼ Category Transaction ID: SB17.28740.36 Disbursement <td>A Sheetz Mailing Address 5700 Sixth Avenue City State Zip Code Altor on Disbursement PA 16602 Travel Category/ Yet Candidate Name Disbursement For: Category/ Persose of Disbursement President Disbursement For: Candidate Name Disbursement For: Category/ Purpose of Disbursement Other (specify) ▼ Full Name (Last, First, Middle Initial) Base of Disbursement State Zip Code Amount of Each Disbursement Other (specify) ▼ Transaction ID: SB17.28740.35 Data of Disbursement State Zip Code Johnstown PA 15905 Purpose of Disbursement Transaction ID: SB17.28740.35 Data of Disbursement 7.25 Refund or Disposal of Excess Controlutions Required Under City State Zip Code Johnstown PA 15905 Purpose of Disbursement Disbursement For: Mailing Address State: Disbursement For: Disbursement For: Purpose of Disbursement Cate Disbursement</td> <td></td> <td>NAME OF COMMITTEE (In Full)</td> <td></td> <td></td> <td></td>	A Sheetz Mailing Address 5700 Sixth Avenue City State Zip Code Altor on Disbursement PA 16602 Travel Category/ Yet Candidate Name Disbursement For: Category/ Persose of Disbursement President Disbursement For: Candidate Name Disbursement For: Category/ Purpose of Disbursement Other (specify) ▼ Full Name (Last, First, Middle Initial) Base of Disbursement State Zip Code Amount of Each Disbursement Other (specify) ▼ Transaction ID: SB17.28740.35 Data of Disbursement State Zip Code Johnstown PA 15905 Purpose of Disbursement Transaction ID: SB17.28740.35 Data of Disbursement 7.25 Refund or Disposal of Excess Controlutions Required Under City State Zip Code Johnstown PA 15905 Purpose of Disbursement Disbursement For: Mailing Address State: Disbursement For: Disbursement For: Purpose of Disbursement Cate Disbursement		NAME OF COMMITTEE (In Full)			
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Travel Candidate Name Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House State: Disbursement For: President Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 B. Easy Grade Car Wash Mailing Address 925 Menoher Boulevard Transaction ID: SB17.28740.35 Date of Disbursement this Period City Johnstown State Zip Code Johnstown Amount of Each Disbursement this Period Office Sought: House President Disbursement For: President Zip Code Category/ Type Office Sought: House President Disbursement For: President Transaction ID: SB17.28740.35 Date of Disbursement this Period Office Sought: House President Disbursement For: Primary General Transaction ID: SB17.28740.36 Date of Disbursement Candidate Name Disbursement For: President Disbursement For: President Transaction ID: SB17.28740.36 Date of Disbursement City Johnstown State Zip Code Other (specify) ▼ Amount of Each Disbursement this Period Office Sought: House Disbursement Disbursement For: Category/ Type President Office Sought: House Disbursement Disbursement For: Category/ Type President <td>Travel Catidate Name Category/ Type Perfund or Disposal of Excess Controbutions Required Under 11 C.F.R. 400.33 Office Sought: House Senate Disbursement For: President General Other (specify) ▼ Image: Controbutions Required Under 11 C.F.R. 400.33 Full Name (Last, First, Middle Initial) Easy Grade Car Wash Transaction ID: SB17.28740.35 Date of Disbursement Travel Gity Johnstown PA 15905 Amount of Each Disbursement this Period Travel Category/ Type You Sold of Excess Candidate Name 7.25 Office Sought: House Pariote Disbursement For: Propose of Disbursement For: Propose of Disbursement For: Prevident Refund or Disposal of Excess Candidate Name Office Sought: House Prevident Disbursement For: Primary General Other (specify) Transaction ID: SB17.28740.36 Date of Disbursement State Disbursement For: Propose of Disbursement State Zip Code Other (specify) Full Name (Last, First, Middle Initial) Transaction ID: SB17.28740.36 Date of Disbursement Transaction ID: SB17.28740.36 Date of Disbursement Mailing Address 925 Menoher Boulevard Amount of Each Disbursement this Period Other (specify) Amount of Each Disbursement this Period Date of Disbursement Office Sought: House Disbursement For: Prevident<td></td><td></td><td></td><td></td><td></td></td>	Travel Catidate Name Category/ Type Perfund or Disposal of Excess Controbutions Required Under 11 C.F.R. 400.33 Office Sought: House Senate Disbursement For: President General Other (specify) ▼ Image: Controbutions Required Under 11 C.F.R. 400.33 Full Name (Last, First, Middle Initial) Easy Grade Car Wash Transaction ID: SB17.28740.35 Date of Disbursement Travel Gity Johnstown PA 15905 Amount of Each Disbursement this Period Travel Category/ Type You Sold of Excess Candidate Name 7.25 Office Sought: House Pariote Disbursement For: Propose of Disbursement For: Propose of Disbursement For: Prevident Refund or Disposal of Excess Candidate Name Office Sought: House Prevident Disbursement For: Primary General Other (specify) Transaction ID: SB17.28740.36 Date of Disbursement State Disbursement For: Propose of Disbursement State Zip Code Other (specify) Full Name (Last, First, Middle Initial) Transaction ID: SB17.28740.36 Date of Disbursement Transaction ID: SB17.28740.36 Date of Disbursement Mailing Address 925 Menoher Boulevard Amount of Each Disbursement this Period Other (specify) Amount of Each Disbursement this Period Date of Disbursement Office Sought: House Disbursement For: Prevident <td></td> <td></td> <td></td> <td></td> <td></td>					
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Full Name (Last, First, Middle Initial) Transaction ID: SB17.28740.36 Easy Grade Car Wash Date of Disbursement Mailing Address 925 Menoher Boulevard City State Zip Code Johnstown PA 15905 Purpose of Disbursement 7.25 Refund or Disposal of Excess Contributions Required Under Candidate Name Disbursement For: Senate Primary General President Other (specify) Test control	Full Name (Last, First, Middle Initial) Transaction ID: SB17.28740.36 Easy Grade Car Wash Date of Disbursement Mailing Address 925 Menoher Boulevard City State Zip Code Johnstown PA 15905 Purpose of Disbursement 7.25 Travel Category/ Candidate Name Disbursement For: Office Sought: House President Disbursement For: Senate Primary Other (specify) (State: SubtrotAL of Disbursements This Page (optional) 0.00		Senate President	Primary General		[MEMO ITEM]
Mailing Address 925 Menoher Boulevard 0 9 2 0 2 0 0 6 City State Zip Code Amount of Each Disbursement this Period Johnstown PA 15905 7.25 Purpose of Disbursement Category/ 7.25 Travel Category/ Type Candidate Name Disbursement For: Category/ Office Sought: House Disbursement For: Senate Primary General Other (specify) Other (specify) Other (specify)	Mailing Address 925 Menoher Boulevard 0 9 2 0 2006 City State Zip Code Johnstown PA 15905 Purpose of Disbursement 7.25 Travel Category/ Candidate Name Category/ Office Sought: House President Disbursement For: President Other (specify) State: District:	C.	Full Name (Last, First, Middle Initial)			
Johnstown PA 15905 Purpose of Disbursement Travel 7.25 Travel Category/ Type Category/ Type 7.25 Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Category/ Type Senate Primary General President Other (specify) ✓	Johnstown PA 15905 Purpose of Disbursement Travel 7.25 Travel Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate Primary General President Other (specify) ● State: District: 0.00		Mailing Address 925 Menoher Boulevard			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 0 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
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Candidate Name Category/ Type Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate Primary General President Other (specify) ✓ State: District: Other (specify)	Candidate Name Category/ Type Category/ 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate Primary General President Other (specify) Image: Contributions Required Under 11 C.F.R. 400.53 State: District: Other (specify) SUBTOTAL of Disbursements This Page (optional) Image: Contributions Required Under 11 C.F.R. 400.53		Purpose of Disbursement			
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SUBTOTAL of Disbursements This Page (optional)			Senate President	Primary General		
		s				0.00

	CHEDULE B (FEC Form 3)			NUMBER: PAGE 114/211		
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b		
				20a 20b 20c 21		
	y Information copied from such Reports and Statem for commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full)					
Ľ	MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) On Star			Transaction ID: SB17.28740.37 Date of Disbursement		
	Mailing Address P.O. Box 278			$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} V \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y $		
		State Zip Code IA 51201		Amount of Each Disbursement this Period		
	Purpose of Disbursement Telephone		· · ·	34.95 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		
	Office Sought: House Disbursed Senate President State: District:	ment For: Primary General Other (specify) ▼				
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.38		
В.	Sheetz			Date of Disbursement		
	Mailing Address 5700 Sixth Avenue					
	Altoona	State Zip Code PA 16602		Amount of Each Disbursement this Period 35.01		
	Purpose of Disbursement Travel			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼				
	State: District:					
C.	Full Name (Last, First, Middle Initial) Spory's Locksmith			Transaction ID: SB17.28740.39 Date of Disbursement		
	Mailing Address 1248 Scalp Avenue			$ \begin{array}{c} M & M \\ 0 & 9 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D & D \\ 2 & 0 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 & 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $		
	Johnstown	State Zip Code PA 15904		Amount of Each Disbursement this Period		
	Purpose of Disbursement Campaign Office Exp			195.04 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]		
s	SUBTOTAL of Disbursements This Page (optional)					
Т	TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 115/211
ITEMIZED DISBURSEMENTS	for each category of the	(check only	
	Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and Stateme			
or for commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee
MURTHA FOR CONGRESS COMMITTEE			
Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.40
A. Easy Grade Car Wash			Date of Disbursement
Mailing Address 925 Menoher Boulevard			M 9 / D 2 D / Y Y 0 Y 0 Y 0 9 / 2 0 0 Y Y Y 0 Y 0 Y <
,	Citate Zip Code PA 15905		Amount of Each Disbursement this Period
Purpose of Disbursement	-A 15905		7.25
Travel			Refund or Disposal of Excess
Candidate Name		Category/	Contributions Required Under
		Туре	11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburser			
	Primary General		
State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: CD17 00740 41
B. Sheetz			Transaction ID: SB17.28740.41 Date of Disbursement
			$ \begin{array}{c} \begin{array}{c} M \\ O \\ 9 \end{array} \begin{array}{c} M \\ \end{array} \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ 2 \\ O \end{array} \begin{array}{c} D \\ 2 \\ O \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ 2 \\ O \end{array} \begin{array}{c} O \\ 1 \end{array} \begin{array}{c} Y \\ 2 \\ O \\ O \\ O \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ O \\ O \end{array} \begin{array}{c} Y \\ O \end{array} \begin{array}{c} Y \\ O \\ O \end{array} \begin{array}{c} Y \\ O \end{array} \begin{array}{c} Y \\ O \\ O \end{array} \begin{array}{c} Y \\ O \end{array} \begin{array}{c} Y \\ O \end{array} \begin{array}{c} Y \\ O \\ O \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} $
Mailing Address 5700 Sixth Avenue	Mailing Address 5700 Sixth Avenue		
	State Zip Code PA 16602		Amount of Each Disbursement this Period
Altoona Furpose of Disbursement	-A 10002		45.85
Travel			Refund or Disposal of Excess
Candidate Name		Category/	Contributions Required Under
		Туре	11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburser			
	Primary General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.42
C. Giant Eagle			Date of Disbursement
			09 ^M /20 [/] 2006
Mailing Address Scalp Avenue			
	State Zip Code		Amount of Each Disbursement this Period
	PA 15904		251.87
Purpose of Disbursement Campaign Office Exp			Refund or Disposal of Excess
Candidate Name		Category/	Contributions Required Under
		Туре	11 C.F.R. 400.53
Office Sought: House Disburser			[MEMO ITEM]
	Primary General		
State: District:	Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			0.00
TOTAL This Period (last page this line number only) .		►	

SCHEDULE B (FEC Form 3)		Use seperate schedule(s)		NUMBER: PAGE 116/211		
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	yone) X 17 □ 18 □ 19a □ 19b		
		Detailed Summary Page	-	20a 20b 20c 21		
	/ Information copied from such Reports and Statem					
or 1	or commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee		
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE					
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.43		
Α.	Wolfe Furniture			Date of Disbursement		
	Mailing Address Scalp Avenue			$ \begin{array}{c} M & M \\ 0 & 9 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D & D \\ 2 & 0 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 & 0 & 0 \end{array} \begin{array}{c} Y \\ 2 & 0 & 0 \end{array} \begin{array}{c} Y \\ Y \end{array} $		
		State Zip Code		Amount of Each Disbursement this Period		
	Johnstown Purpose of Disbursement	PA 15904		636.00		
	Campaign Office Exp			Refund or Disposal of Excess		
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse	mont For:	Туре	[MEMO ITEM]		
	Senate	Primary General				
	President	Other (specify)				
	State: District:					
В.	Full Name (Last, First, Middle Initial) Capri Pizza			Transaction ID: SB17.28740.44 Date of Disbursement		
	Mailing Address Main Street			$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} V \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ V \\ 2 \\ 0 \\ \end{array} \begin{array}{c} V \\ V \\ 0 \\ \end{array} $		
		State Zip Code PA 15901		Amount of Each Disbursement this Period		
	Purpose of Disbursement	FA 15901		29.25		
	Volunteer Exp			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		
	Office Sought: House Disburse Senate	ment For: Primary General		[]		
	President	Other (specify)				
	State: District:					
c	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.45		
0.	Capri Pizza			Date of Disbursement		
	Mailing Address Main Street			$\begin{array}{c} \begin{array}{c} M & M \\ 0 & 9 \end{array} \\ \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D & 2 \\ 2 \\ 0 \end{array} \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \end{array}$		
		State Zip Code PA 15901		Amount of Each Disbursement this Period		
	Purpose of Disbursement Volunteer Exp			5.98 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]		
_	State: District:					
s	SUBTOTAL of Disbursements This Page (optional)					
т	TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3)				NUMBER: PAGE 117/211		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	√one) ▼ 17		
				20a 20b 20c 21		
	Information copied from such Reports and Statem or commercial purposes, other than using the name					
\square	NAME OF COMMITTEE (In Full)					
\mathbb{Z}	MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.46		
	Capri Pizza			Date of Disbursement		
	Mailing Address Main Street			$ \begin{array}{c} M & 9 \\ \hline 0 & 9 \\ \hline \end{array} \ \ ' \ \ \ \ \ \ \ \ \ \ \$		
		State Zip Code PA 15901		Amount of Each Disbursement this Period		
	Purpose of Disbursement			33.28		
	Volunteer Exp			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse	ment For:		[MEMO ITEM]		
	Senate President	Primary General				
	State: District:	Other (specify)				
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.48		
В.	BP Oil			Date of Disbursement		
	Mailing Address Bedford Street			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} $		
		State Zip Code PA 15901		Amount of Each Disbursement this Period		
	Purpose of Disbursement			12.95		
	Travel Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse	ment For:	Туре	[MEMO ITEM]		
	Senate	Primary General				
	President	Other (specify)				
	State: District: Full Name (Last, First, Middle Initial)					
C.	Johnstown Szechuan Rest.			Transaction ID: SB17.28740.49 Date of Disbursement		
	Mailing Address Main Street			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} $ $ \begin{pmatrix} D & D \\ 2 & 0 \end{pmatrix} $ $ \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $		
		State Zip Code PA 15901		Amount of Each Disbursement this Period		
	Purpose of Disbursement Meeting Exp			60.00 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse Senate	ment For: Primary General		[MEMO ITEM]		
	State: District:	Other (specify)				
SI	SUBTOTAL of Disbursements This Page (optional)					
т	TOTAL This Period (last page this line number only)					

S	CHEDULE B (FEC Form 3)			NUMBER: PAGE 118/211			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	√one)			
_		, , ,		20a 20b 20c 21			
	y Information copied from such Reports and Statem or commercial purposes, other than using the name						
K	NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·					
\mathbb{Z}	MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) Holiday Inn			Transaction ID: SB17.28740.51 Date of Disbursement			
	Mailing Address P.O. Box 1487			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} $			
		State Zip Code PA 15907-1487		Amount of Each Disbursement this Period			
	Purpose of Disbursement Lodging			119.89 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
	State: District: Full Name (Last, First, Middle Initial)						
В.	Holiday Inn			Transaction ID: SB17.28740.52 Date of Disbursement			
	Mailing Address P.O. Box 1487						
		State Zip Code PA 15907-1487		Amount of Each Disbursement this Period			
	Purpose of Disbursement Lodging			119.89 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼					
	State: District:						
C.	Full Name (Last, First, Middle Initial) Holiday Inn			Transaction ID: SB17.28740.53 Date of Disbursement			
	Mailing Address P.O. Box 1487			$ \begin{array}{c} M & M \\ 0 & 9 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D & D \\ 2 & 0 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 & 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y $			
		State Zip Code PA 15907-1487		Amount of Each Disbursement this Period			
	Purpose of Disbursement Lodging			Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼					
	0.00						
L_'	TOTAL This Period (last page this line number only)						

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 119/211		
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	y one) X 17 18 19a 19b		
		Detailed Summary Page		20a 20b 20c 21		
	y Information copied from such Reports and Statem					
or	for commercial purposes, other than using the name	e and address of any political	committee to so	licit contributions from such committee		
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE					
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.54		
А.	Holiday Inn			Date of Disbursement		
	Mailing Address P.O. Box 1487			M 9 / D 2 D / Y Y 0 Y 0 Y 0 9 / / D 2 0 / Y Y 0 Y 0 Y		
		State Zip Code		Amount of Each Disbursement this Period		
	Johnstown Purpose of Disbursement	PA 15907-1487		133.54		
	Lodging			Refund or Disposal of Excess		
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse	ement For:	Туре	[MEMO ITEM]		
	Senate	Primary General				
	President	Other (specify)				
	State: District:					
В.	Full Name (Last, First, Middle Initial) Holiday Inn			Transaction ID: SB17.28740.55 Date of Disbursement		
	Mailing Address P.O. Box 1487			$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} I \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y $		
		State Zip Code PA 15907-1487		Amount of Each Disbursement this Period		
	Purpose of Disbursement	13907-1407		119.89		
	Lodging			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		
	Office Sought: House Disburse	ement For: Primary General				
	President	Other (specify)				
	State: District:					
C.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.56		
0.	Holiday Inn			Date of Disbursement		
	Mailing Address P.O. Box 1487			$ \begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \begin{array}{c} 9 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} 2 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} D \\ 2 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} 2 \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 \end{array} \begin{array}{c} 2 \end{array} \begin{array}{c} 0 \\ 0 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} Y \end{array} $		
		State Zip Code PA 15907-1487		Amount of Each Disbursement this Period		
	Purpose of Disbursement Lodging	FA 13907-1487		119.89		
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse	ement For:	- 760	[MEMO ITEM]		
	Senate	Primary General				
	State: District:	Other (specify)				
Г						
s	SUBTOTAL of Disbursements This Page (optional)					
Т	OTAL This Period (last page this line number only)		►			
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S	SCHEDULE B (FEC Form 3) Use seperate schedule(s			NUMBER: PAGE 120/211		
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	yone) X 17 □ 18 □ 19a □ 19b		
		Detailed Summary Page		20a 20b 20c 21		
	y Information copied from such Reports and Statem					
or	for commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee		
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE					
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.57		
А.	Holiday Inn			Date of Disbursement		
	Mailing Address P.O. Box 1487			$ \begin{array}{c} M & M \\ 0 & 9 \end{array} \begin{array}{c} P \\ 2 & 0 \end{array} \begin{array}{c} D \\ 2 & 0 \end{array} \begin{array}{c} P \\ 2 & 0 \end{array} \begin{array}{c} Y \\ 2 & 0 & 0 \end{array} \begin{array}{c} Y \\ 2 & 0 & 0 \end{array} \begin{array}{c} Y \\ Y \end{array} $		
		State Zip Code		Amount of Each Disbursement this Period		
	Johnstown Purpose of Disbursement	PA 15907-1487		119.89		
	Lodging			Refund or Disposal of Excess		
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53		
	Office Courset		Туре	[MEMO ITEM]		
	Office Sought: House Disburse	Primary General				
	President	Other (specify)				
	State: District:					
В.	Full Name (Last, First, Middle Initial) Holiday Inn			Transaction ID: SB17.28740.58		
			Date of Disbursement			
	Mailing Address P.O. Box 1487			$ \begin{array}{c} M & M \\ 0 & 9 \end{array} \begin{array}{c} P \\ 2 & 0 \end{array} \begin{array}{c} P \\ 2 & 0 \end{array} \begin{array}{c} P \\ 2 & 0 \end{array} \begin{array}{c} Y \\ Y \\ 2 & 0 \\ 0 & 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 0 \end{array} \begin{array}{c} Y \\ Y $		
		State Zip Code PA 15907-1487		Amount of Each Disbursement this Period		
	Purpose of Disbursement	FA 15907-1407		45.19		
	Meeting Exp			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		
	Office Sought: House Disbursed	ment For: Primary General				
	President	Other (specify)				
	State: District:					
C.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.59		
0.	Sheetz			Date of Disbursement		
	Mailing Address 5700 Sixth Avenue			$ \begin{array}{c} M & M \\ 0 & 9 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \end{array} \begin{array}{c} D \\ 2 \\ 0 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} T \\ T \\ T \\ T \end{array} \begin{array}{c} Y \\ T \\ T \\ T \\ T \\ T \end{array} \begin{array}{c} Y \\ T \\$		
		State Zip Code PA 16602		Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel			32.50 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse	Primary General		[MEMO ITEM]		
	State: District:	Other (specify)				
_	0.00					
	UBTOTAL of Disbursements This Page (optional)					
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S	CHEDULE B (FEC Form 3)		NUMBER: PAGE 121/211				
IT	EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	(check only	y one) X 17 18 19a 19b			
		Detailed Summary Page		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	y Information copied from such Reports and Statem						
or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political	committee to so	licit contributions from such committee			
\rangle	MURTHA FOR CONGRESS COMMITTEE						
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.60			
Α.	Sheetz			Date of Disbursement			
	Mailing Address 5700 Sixth Avenue			$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} V \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ V \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ V \\ 0 \\ \end{array} $			
		State Zip Code		Amount of Each Disbursement this Period			
	Altoona Purpose of Disbursement	PA 16602		29.50			
	Travel			Refund or Disposal of Excess			
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser	ment For:	Туре	[MEMO ITEM]			
	Senate President	Primary General Other (specify)					
	State: District:						
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.61			
В.	Sheetz			Date of Disbursement			
	Mailing Address 5700 Sixth Avenue			$ \begin{array}{c} M & M \\ 0 & 9 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D & D \\ 2 & 0 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 & 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $			
		State Zip Code PA 16602		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel		· · · · · · · · · · · · · · · · · · ·	37.56 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
	State: District:						
C.	Full Name (Last, First, Middle Initial) Capri Pizza			Transaction ID: SB17.28740.62 Date of Disbursement			
	Mailing Address Main Street			$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ 2 \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ 2 \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} V \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ 0 \\ \end{array} \begin{array}{c} Y \\ 0 \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $			
		State Zip Code PA 15901		Amount of Each Disbursement this Period			
	Purpose of Disbursement Volunteer Exp			24.10 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼					
Г							
s	UBTOTAL of Disbursements This Page (optional)		Þ	0.00			
Т	TOTAL This Period (last page this line number only)						

ITEMIZED DISBORSEMENTS	SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE NI (check only or	
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 CONCRESS COMMITTEE Full Name (Last, First, Middle Initial) A. Sheetz Mailing Address 5700 Sixth Avenue City State Purpose of Disbursement Transaction ID: SB17.28740.63 Date of Disbursement Travel Candidate Name Office Sought: House Disbursement Disbursement For: President Disbursement For: Office Sought: House Disbursement Category Transaction ID: SB17.28740.64 Date of Disbursement Disbursement For: Office Sought: House Disbursement Category City State Office Sought: House Disbursement Category City State Disbursement Category Category Transaction ID: SB17.28740.65 Category Transaction ID: SB17.28740.64		for each category of the Detailed Summary Page		17 🗌 18 🗌 19a 🗌 19b
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B. Giant Eagle Mailing Address Scalp Avenue Mailing Address Scalp Avenue X 2 0 0 6 Y City State Zip Code Johnstown PA 15904 Purpose of Disbursement Category/ Candidate Name Disbursement For: Candidate Name Disbursement For: President Disbursement For: President Disbursement For: President District: Transaction ID: SB17.28740.65 Date of Disbursement Mailing Address Scalp Avenue City State Zip Code Johnstown PA President Other (specify) ▼ State: District: Transaction ID: SB17.28740.65 Date of Disbursement Mailing Address Calp Avenue Other (specify) ▼ City State Zip Code Amount of Each Disbursement this Per Johnstown PA Purpose of Disbursement Category/ Candidate Name Disbursement For: Office Sought: House <	Senate President	Primary General	[MEMO ITEM]
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C. Full Name (Last, First, Middle Initial) Bilo Foods Mailing Address Scalp Avenue City State Zip Code Johnstown PA 15904 Purpose of Disbursement Category/ Candidate Name Category/ Office Sought: House President Disbursement For: Senate Primary President Other (specify) ▼	Senate President	Primary General	[MEMO ITEM]
Mailing Address Scalp Avenue 0 9 2 0 2 0 0 6 City State Zip Code Amount of Each Disbursement this Per Johnstown PA 15904 6.58 Purpose of Disbursement Category/ Refund or Disposal of Excess Candidate Name Category/ Type 11 C.F.R. 400.53 Office Sought: House Disbursement For: General Office Sought: President Other (specify) Image: Control of Control o	Full Name (Last, First, Middle Initial)			Date of Disbursement
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Campaign Office Exp Category/ Type Candidate Name Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) State: District:				Amount of Each Disbursement this Period
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St				· · · · ·		
	. Dalton					Transaction ID: SB17.28740.68 Date of Disbursement
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	ohnstown	_	State PA	Zip Code 15904		Amount of Each Disbursement this Period 355.65
Gi	urpose of Disbursem ifts andidate Name	lent			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	ffice Sought:	Senate President	bursement For: Primary Other (spe	General ecify) ▼		- [MEMO ITEM]
Fu	ate: Dis ull Name (Last, First, apri Pizza	trict: Middle Initial)				Transaction ID: SB17.28740.69 Date of Disbursement
Ma	ailing Address	lain Street				09 ^M / 20 / Y Y Y Y Y Y
Ci Jo	ity ohnstown		State PA	Zip Code 15901		Amount of Each Disbursement this Period
	urpose of Disbursem olunteer Exp	ient				11.94
Ca	andidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	ffice Sought:	House Dis Senate President trict:	bursement For: Primary Other (spe	General ecify)		- [MEMO ITEM]
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	CHEDULE B (FEC Form 3)			NUMBER: PAGE 124/211
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page	(check only	y one) X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
<u>к</u> .	Full Name (Last, First, Middle Initial) Capri Pizza			Transaction ID: SB17.28740.70 Date of Disbursement 09 / 20 / 2006
	Mailing Address Main Street			09 20 2006
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Volunteer Exp Candidate Name		Category/ Type	25.60 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	, she	[MEMO ITEM]
в.	Full Name (Last, First, Middle Initial) Capri Pizza			Transaction ID: SB17.28740.71 Date of Disbursement
	Mailing Address Main Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Johnstown	State Zip Code PA 15901		Amount of Each Disbursement this Period 29.68
	Purpose of Disbursement Volunteer Exp Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
C.	State: District: Full Name (Last, First, Middle Initial) EM's Sub Shop			Transaction ID: SB17.28740.72 Date of Disbursement
	Mailing Address 1111 Scalp Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		State Zip Code PA 15904-3036		Amount of Each Disbursement this Period
	Purpose of Disbursement Volunteer Exp			7.62 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
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SCHEDULE B (FEC Form 3) Use seperate schedul				NUMBER: PAGE 125/211
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page	(check only	√one)
		Detailed Summary Page	-	20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)	and address of any political		
\rangle	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.73
	EM's Sub Shop			Date of Disbursement
	Mailing Address 1111 Scalp Avenue			$ \begin{array}{c} M & M \\ 0 & 9 \end{array} \begin{array}{c} P \\ 2 & 0 \end{array} \begin{array}{c} D \\ 2 & 0 \end{array} \begin{array}{c} P \\ 2 & 0 \end{array} \begin{array}{c} V \\ 2 & 0 & 0 \end{array} \begin{array}{c} V \\ 2 & 0 & 0 \end{array} \begin{array}{c} V \\ 2 & 0 & 0 \end{array} $
		State Zip Code PA 15904-3036		Amount of Each Disbursement this Period
	Purpose of Disbursement	FA 15904-5050		30.76
	Meeting Exp			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse	ment For:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[MEMO ITEM]
	Senate	Primary General		
	State: District:	Other (specify)		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.74
В.	Sheetz			Date of Disbursement
	Mailing Address 5700 Sixth Avenue			M 9 M / D 2 0 / Y Y 0 0 6 Y
		State Zip Code		Amount of Each Disbursement this Period
	Altoona Purpose of Disbursement	PA 16602		31.01
	Travel			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate	ment For: Primary General		
	President	Other (specify)		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Giant Eagle			Transaction ID: SB17.28740.75
				Date of Disbursement
	Mailing Address Scalp Avenue			$\begin{array}{c} \begin{array}{c} M & M \\ 0 & 9 \end{array} & \begin{array}{c} \prime \\ \end{array} & \begin{array}{c} D & 2 \\ 2 & 0 \end{array} & \begin{array}{c} \prime \\ \end{array} & \begin{array}{c} Y & Y \\ 2 & 0 \\ 0 & 6 \end{array} & \begin{array}{c} Y \\ \end{array} \\ \end{array}$
		State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement			5.90
	Campaign Office Exp Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
	Candidate Marine		Type	11 C.F.R. 400.53
		ment For:		[MEMO ITEM]
	Senate President	Primary General Other (specify)		
	State: District:			
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S	CHEDULE B (FEC Form 3)		NUMBER: PAGE 126/211				
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		Detailed Summary Page	-	120a 20b 20c 21			
	y Information copied from such Reports and Statem						
or	for commercial purposes, other than using the name	e and address of any political	committee to so	licit contributions from such committee			
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE						
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.76			
Α.	Holiday Inn			Date of Disbursement			
	Mailing Address P.O. Box 1487			$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} V \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ V \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ V \\ 0 \\ \end{array} $			
		State Zip Code		Amount of Each Disbursement this Period			
	Johnstown Purpose of Disbursement	PA 15907-1487		119.89			
	Lodging			Refund or Disposal of Excess			
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53			
			Туре	[MEMO ITEM]			
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼					
	State: District:	· · · · · · · · · · · · · · · · · · ·					
в.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.77			
Ъ.	Sheetz			Date of Disbursement			
	Mailing Address 5700 Sixth Avenue			$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} $			
		State Zip Code PA 16602		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel			25.00 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
	State: District:						
C.	Full Name (Last, First, Middle Initial) Giant Eagle			Transaction ID: SB17.28740.78 Date of Disbursement			
	Mailing Address Scalp Avenue			$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} V \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ V \\ 2 \\ 0 \\ \end{array} \begin{array}{c} V \\ V \\ 0 \\ \end{array} \begin{array}{c} V \\ V \\ V \\ \end{array} $			
		State Zip Code PA 15904		Amount of Each Disbursement this Period			
	Purpose of Disbursement Campaign Office Exp			446.85			
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Senate President	ment For: Primary General Other (specify) V		[MEMO ITEM]			
_	State: District:						
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	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b 20a 20b 20c 21			
	y Information copied from such Reports and Statem			or the purpose of solicating contributions			
or	or commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political of	committee to so	licit contributions from such committee			
\rangle	MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) B Dalton			Transaction ID: SB17.28740.79 Date of Disbursement			
	Mailing Address Galleria Drive			M 9 M / D 2 0 / Y Y 0 0 Y Q 9 M / D 2 0 / Y Y 0 0 Y			
		State Zip Code PA 15904		Amount of Each Disbursement this Period			
	Purpose of Disbursement Gifts		· · ·	528.94 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
	State: District: Full Name (Last, First, Middle Initial)						
В.	Sheetz			Transaction ID: SB17.28740.80 Date of Disbursement			
	Mailing Address 5700 Sixth Avenue						
		State Zip Code PA 16602		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel			39.50 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
	State: District:						
C.	Full Name (Last, First, Middle Initial) Giant Eagle			Transaction ID: SB17.28740.81 Date of Disbursement			
	Mailing Address Scalp Avenue			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 0 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{pmatrix} $			
		State Zip Code PA 15904		Amount of Each Disbursement this Period			
	Purpose of Disbursement Campaign Office Exp			47.25 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
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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 solicating contributions for or commercial purpose, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE Full Name (Last, First, Middle Initial) A. Easy Grade Car Wash Mailing Address 925 Menoher Boulevard City State Zip Code Johnstown PA 15905 Purpose of Disbursement President Travel Category/ Office Sought: House State: Distright (the period) Office Sought: House City State Johnstown PA President Disbursement For: President Disbursement For: President Disbursement For: President State State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB17.28740.83 Date of Disbursement Category/ Travel Category/ Office Sought: House Disbursement Category/ Transaction I
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✓ Full Name (Last, First, Middle Initial) A. Easy Grade Car Wash Mailing Address 925 Menoher Boulevard City State Zip Code Johnstown PA 15905 Purpose of Disbursement Category/ Travel Amount of Each Disbursement this Period Candidate Name Category/ Travel Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: General President Other (specify) ▼ Image: Contributions Required Under 11 C.F.R. 400.53 Mailing Address 925 Menoher Boulevard Image: Contributions Required Under 11 C.F.R. 400.53 B. Easy Grade Car Wash Image: Contributions Required Under 11 C.F.R. 400.53 Mailing Address 925 Menoher Boulevard Image: Contributions Required Under 11 C.F.R. 400.53 Mailing Address 925 Menoher Boulevard Image: Contributions Required Under 11 C.F.R. 400.53 Mailing Address 925 Menoher Boulevard Image: Contributions Required Under 11 C.F.R. 400.53 General Office Sought: House Disbursement For: Office Sought: House Disbursement For: Contributions Required Under 11 C.F.R. 4
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Travel Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate Primary General Other (specify) Transaction ID: SB17.28740.83 Date of Disbursement Disbursement For: Full Name (Last, First, Middle Initial) Transaction ID: SB17.28740.83 B. Easy Grade Car Wash Transaction ID: SB17.28740.83 Mailing Address 925 Menoher Boulevard City State Johnstown PA Purpose of Disbursement Category/ Travel Candidate Name Disbursement For: President Disbursement For: President Disbursement For: President Other (specify) State: District: Disbursement For: Senate President Other (specify) State: District: President Other (specify) State: District: Primary General Other (specify) Transaction ID: SB17.28740.85 Date of Disbursement Dia of Disbursement </th
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Candidate Name Category/ Type Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate Primary General President Other (specify) Transaction ID: SB17.28740.85 Sheetz Disbursement
Office Sought: House Disbursement For: [MEMO ITEM] Senate Primary General [MEMO ITEM] State: District: Other (specify) ▼ Full Name (Last, First, Middle Initial) Transaction ID: SB17.28740.85 Date of Disbursement C. Sheetz Mo M / Pop / Y 40000 Y
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) C. Sheetz Transaction ID: SB17.28740.85 Date of Disbursement
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C. Sheetz
Mailing Address 5700 Sixth Avenue 09 20 2006
CityStateZip CodeAmount of Each Disbursement this PeriodAltoonaPA16602
Purpose of Disbursement 59.20
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Candidate Name Category/ Contributions Required Under
Office Sought: House Disbursement For: [MEMO ITEM]
Senate Primary General
President Other (specify)
State: District:
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	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
<u>к</u> .	Full Name (Last, First, Middle Initial) Capri Pizza			Transaction ID: SB17.28740.86 Date of Disbursement
	Mailing Address Main Street			09 ^M /20 ^D /2006 ^Y
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Volunteer Exp Candidate Name		Category/	26.23 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	[MEMO ITEM]
В.	Full Name (Last, First, Middle Initial) U.S. Newswire Corp			Transaction ID: SB17.28740.87 Date of Disbursement
	Mailing Address Natl PRess Bldg Sutie 1230			
	,	StateZip CodeDC20045		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Office Exp		0	280.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Senate President	ment For: Primary General Other (specify) ▼		
с.	State: District: Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.28740.88 Date of Disbursement
	Mailing Address 5700 Sixth Avenue			$\begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 0 \end{bmatrix} / \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
		State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			37.50 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
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		Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
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\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17,28740.89
Α.	U.S. Newswire Corp			Date of Disbursement
	Mailing Address Natl PRess Bldg Sutie 1230			
	,	State Zip Code DC 20045		Amount of Each Disbursement this Period
	Purpose of Disbursement			230.00
	Campaign Office Exp			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
		ment For:		
	Senate President	Primary General Other (specify)		
	State: District:			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.91
В.	Capri Pizza			Date of Disbursement
	Mailing Address Main Street			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 0 \end{pmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix} $
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement	FA 13901		26.94
	Volunteer Exp			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		ment For:		[MEMO ITEM]
	Senate President	Primary General		
	State: District:	Other (specify)		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28740.93
C.	U.S. Newswire Corp			Date of Disbursement
	Mailing Address Natl PRess Bldg Sutie 1230			
	City	State Zip Code DC 20045		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Office Exp			230.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse	ment For:		[MEMO ITEM]
	Senate	Primary General		
	President	Other (specify)		
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NAME OF COMMITTEE (In Full)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
MURTHA FOR CONGRESS COMMITTEE			
Full Name (Last, First, Middle Initial) A. The Fish Boat			Transaction ID: SB17.28740.94 Date of Disbursement
Mailing Address Main Street			^M 9 ^M / ^D 2 ^D / ^Y 2 ^Y 0 ^Y 0 ^Y
	State Zip Code PA 15901		Amount of Each Disbursement this Period
Purpose of Disbursement Meeting Exp			45.29 Refund or Disposal of Excess
		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
President	Primary General Other (specify)		-
State: District: Full Name (Last, First, Middle Initial)			
B. Sheetz			Transaction ID: SB17.28740.95 Date of Disbursement
Mailing Address 5700 Sixth Avenue			
Altoona	State Zip Code PA 16602		Amount of Each Disbursement this Period 31.00
Purpose of Disbursement Travel			Refund or Disposal of Excess
Candidate Name	C	Category/	Contributions Required Under 11 C.F.R. 400.53
	nent For: Primary General Other (specify) ▼		NEMO ITEM]
State: District:			
Full Name (Last, First, Middle Initial) C. Delta			Transaction ID: SB17.28740.96 Date of Disbursement
Mailing Address 1030 Delta Blvd			$ \stackrel{\text{M}}{0} \stackrel{\text{M}}{9} \stackrel{\text{M}}{} / \stackrel{\text{D}}{2} \stackrel{\text{D}}{0} / \stackrel{\text{Y}}{2} \stackrel{\text{Y}}{2} \stackrel{\text{Y}}{0} \stackrel{\text{Y}}{0} \stackrel{\text{Y}}{6} $
	StateZip CodeGA30320-6001	4	Amount of Each Disbursement this Period
Purpose of Disbursement Travel			-814.30 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	nent For: Primary General Other (specify) ▼		
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name						
<u> </u>	NAME OF COMMITTEE (In Full)						
\langle	MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) U S Airways			Transaction ID: SB17.28740.99 Date of Disbursement			
	Mailing Address P.O. Box 12346			$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ \end{array} \begin{array}{c} V \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ V \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ V \\ \end{array} $			
	,	State Zip Code PA 15231		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel			-1129.30 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼					
	Full Name (Last, First, Middle Initial)						
В.	U S Airways			Transaction ID: SB17.28740.100 Date of Disbursement			
	Mailing Address P.O. Box 12346			M 9 M / D 2 0 / Y Y 0 0 6 Y			
		State Zip Code PA 15231		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel			-1129.30 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Senate President	ment For: Primary General Other (specify) V					
	State: District:						
C.	Full Name (Last, First, Middle Initial) On Star			Transaction ID: SB17.28740.101 Date of Disbursement			
	Mailing Address P.O. Box 278			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 0 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $			
		State Zip Code IA 51201		Amount of Each Disbursement this Period			
	Purpose of Disbursement Telephone			-5.83 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼					
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		Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) First Commonweath Bank Mailing Address 1047 Franklin Street			Transaction ID: SB17.27798 Date of Disbursement 0 7 ^M / ^D 0 5 / ^Y 2 0 0 6
	8th Ward Office	State Zip Code		Amount of Each Disbursement this Period
	Johnstown Purpose of Disbursement	PA 15905		821.07
	Payroll Taxes Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
В.	Full Name (Last, First, Middle Initial) First Commonweath Bank			Transaction ID: SB17.27928 Date of Disbursement
	Mailing Address 1047 Franklin Street 8th Ward Office			08 ^M /02 ^J /2006 ^Y
	Johnstown	State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) First Commonweath Bank			Transaction ID: SB17.28406 Date of Disbursement
	Mailing Address 1047 Franklin Street 8th Ward Office			$\begin{array}{c} \stackrel{M}{\overset{D}{}}} \stackrel{M}{\overset{M}{}}} & \stackrel{M}{\overset{M}} & M$
		State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Office Exp			52.93 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
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\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28963
А.	First Commonweath Bank Mailing Address 1047 Franklin Street			Date of Disbursement 0 9 / 0 5 / Y Y Y Y 0 0 6
	8th Ward Office			
	,	State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement			14.48
	Bank Charges Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
			Туре	11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) V		
	State: District:			
В.	Full Name (Last, First, Middle Initial) First Commonweath Bank			Transaction ID: SB17.28964 Date of Disbursement
	Mailing Address 1047 Franklin Street 8th Ward Office			M M M M M D D D D D D D D D D
		State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Charges			0.88
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) First Commonweath Bank			Transaction ID: SB17.28644 Date of Disbursement
	Mailing Address 1047 Franklin Street 8th Ward Office			$ \begin{array}{c} \stackrel{M}{\overset{O}} 9 \stackrel{M}{\overset{M}} \\ \end{array} \begin{array}{c} & \stackrel{D}{\overset{D}} 0 \stackrel{D}{\overset{D}} \\ \end{array} \begin{array}{c} & \stackrel{D}{\overset{D}} \\ \end{array} \begin{array}{c} & \stackrel{D}{\overset{D}} \\ \end{array} \begin{array}{c} & \stackrel{D}{\overset{O}} \\ \end{array} \begin{array}{c} & \stackrel{V}{\overset{V}} \\ \end{array} \end{array} $
		State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes		U U	2157.95 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		
<u> </u>	State: District:			
s	JBTOTAL of Disbursements This Page (optional)		>	2173.31
Т	DTAL This Period (last page this line number only)		►	

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 135/211
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	yone) X 17 18 19a 19b
		Detailed Summary Page		$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	/ Information copied from such Reports and Statem			
	or commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political	committee to so	licit contributions from such committee
\rangle	MURTHA FOR CONGRESS COMMITTEE			
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28965
Α.	First Commonweath Bank			Date of Disbursement
	Mailing Address 1047 Franklin Street 8th Ward Office			M 9 / D D / Y
		State Zip Code		Amount of Each Disbursement this Period
		PA 15905		28.40
	Purpose of Disbursement Bank Charges			Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under 11 C.F.B. 400.53
			Туре	11 C.F.R. 400.33
	Office Sought: House Disburser Senate	Primary General		
	President	Other (specify)		
	State: District:			
В.	Full Name (Last, First, Middle Initial) First Commonweath Bank			Transaction ID: SB17.28966 Date of Disbursement
				M M / D D / Y Y Y Y
	Mailing Address 1047 Franklin Street 8th Ward Office			
		State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement			89.75
	Bank Charges			Refund or Disposal of Excess Contributions Required Under
	Candidate Name		Category/ Type	11 C.F.R. 400.53
	Office Sought: House Disburser Senate	nent For: Primary General		
	President	Other (specify)		
	State: District:			
C.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28967
0.	First Commonweath Bank			Date of Disbursement
	Mailing Address 1047 Franklin Street 8th Ward Office			$ \begin{array}{c} \stackrel{M}{\overset{O}{}}} \stackrel{M}{\overset{M}{}}} & \stackrel{f}{\overset{D}{}}} \stackrel{D}{\overset{D}{}}} & \stackrel{f}{\overset{V}{}}} & \stackrel{Y}{\overset{Y}{}}} \stackrel{Y}{\overset{Y}{}}} \stackrel{Y}{\overset{Y}{}}} \stackrel{Y}{\overset{Y}{}}} \stackrel{Y}{\overset{Y}{}}} \\ \end{array} $
		State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement	1300		77.75
	Campaign Office Exp			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate	nent For: Primary General		
	President	Other (specify)		
_	State: District:			
s	JBTOTAL of Disbursements This Page (optional)		►	195.90
Т	OTAL This Period (last page this line number only)		►	

SCHEDULE B (FEC Form 3)		Use seperate schedule(s)		NUMBER: PAGE 136/211
IT	EMIZED DISBURSEMENTS	for each category of the	(Check only	y one) X 17 18 19a 19b
		Detailed Summary Page	-	20a 20b 20c 21
	y Information copied from such Reports and Statemo			
or	for commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
-	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.27809
Α.	Flower Barn			Date of Disbursement
	Mailing Address Millcreek at Bucknell			07 ^M /05 ^J /2006 ^Y
		State Zip Code		Amount of Each Disbursement this Period
		PA 15905		63.60
	Purpose of Disbursement Floral Arrangements			Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under
			Туре	11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		
	State: District:			
в.	Full Name (Last, First, Middle Initial) Flower Barn			Transaction ID: SB17.27833
Ъ.			Date of Disbursement	
	Mailing Address Millcreek at Bucknell			$ \begin{array}{c} \stackrel{\text{M}}{0}7 \stackrel{\text{M}}{} \end{array} \left(\begin{array}{c} \stackrel{\text{D}}{1}9 \\ 1 \end{array} \right) \left(\begin{array}{c} \stackrel{\text{V}}{2} \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} \stackrel{\text{V}}{2} \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) $
		State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement			63.60
	Floral Arrangements			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		
	State: District:) / \		
~	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28702
C.	Flower Barn			Date of Disbursement
	Mailing Address Millcreek at Bucknell			$ \begin{array}{c} \stackrel{M}{0}9 \stackrel{M}{9} \stackrel{I}{1} \stackrel{D}{3} \stackrel{D}{1} \stackrel{I}{2} \stackrel{V}{2} \stackrel{V}{0} \stackrel{V}{0} \stackrel{V}{6} \stackrel{V}{1} \end{array} $
		State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement			63.60
	Floral Arrangements Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
			Type	11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		
_	State: District:			
s	UBTOTAL of Disbursements This Page (optional)		>	190.80
Т	OTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3)				NE NUMBER: PAGE 137/211			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) X 17 18 19a 19b 20a 20b 20c 21			
An	/ Information copied from such Reports and Stateme	ents may not be sold or used	by any person f				
	or commercial purposes, other than using the name						
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE						
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28041			
А.	Friends of NRA - Johnstown Mailing Address 496 Linkville Road			Date of Disbursement 0 8 / 1 6 / Y Y Y Y 2 0 0 6			
	C/O Jack Slifko						
	Johnstown	State Zip Code PA 15906		Amount of Each Disbursement this Period			
	Purpose of Disbursement Tickets & Advertising						
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼					
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17,27816			
В.	GMAC			Date of Disbursement			
	Mailing Address GMAC Payment Processing Center P.O. Box 70309			$ \begin{array}{c} \stackrel{M}{\overset{O}{}}} \stackrel{M}{\overset{M}{}}} & \stackrel{I}{\overset{D}{}}} \stackrel{D}{\overset{D}{}}} & \stackrel{D}{\overset{I}{}}} & \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \\ \end{array} \right) $			
		State Zip Code NC 28272-0309		Amount of Each Disbursement this Period			
	Purpose of Disbursement Vehicle Rental			839.21 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼					
	State: District:						
C.	Full Name (Last, First, Middle Initial) GMAC			Transaction ID: SB17.27938 Date of Disbursement			
	Mailing Address GMAC Payment Processing Center P.O. Box 70309			$\begin{array}{c} \begin{array}{c} M & M \\ 0 & 8 \end{array} \end{array} / \begin{array}{c} D & D \\ 0 & 2 \end{array} / \begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{array}$			
		State Zip Code NC 28272-0309		Amount of Each Disbursement this Period			
	Purpose of Disbursement Vehicle Rental			564.55 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼					
	State: District:						
	JBTOTAL of Disbursements This Page (optional)			2503.76			
Ľ	TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3)		Use seperate schedule(s)		FOR LINE NUMBER: PAGE 138 / 211 (check only one)	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		x 17 18 19a 19b 20a 20b 20c 21	
	/ Information copied from such Reports and Stateme or commercial purposes, other than using the name NAME OF COMMITTEE (In Full)				
Ľ	MURTHA FOR CONGRESS COMMITTEE				
Α.	Full Name (Last, First, Middle Initial) GMAC Mailing Address GMAC Payment Processi	ng Center		Transaction ID: SB17.27989Date of Disbursement008/09/206	
	P.O. Box 70309	State Zip Code		Amount of Each Disbursement this Period	
		NC 28272-0309			
	Purpose of Disbursement Vehicle Rental Candidate Name		Category/	19185.34 Refund or Disposal of Excess Contributions Required Under	
		nent For: Primary General Other (specify) ▼	Туре	11 C.F.R. 400.53	
В.	Full Name (Last, First, Middle Initial) GMAC			Transaction ID: SB17.28050 Date of Disbursement	
	Mailing Address GMAC Payment Processing Center P.O. Box 70309			08 23 2006	
	Charlotte I	State Zip Code NC 28272-0309		Amount of Each Disbursement this Period 539.35	
	Purpose of Disbursement Vehicle Rental Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
		nent For: Primary General Other (specify) ▼			
C.	Full Name (Last, First, Middle Initial) GMAC			Transaction ID: SB17.28077 Date of Disbursement	
	Mailing Address GMAC Payment Processi P.O. Box 70309	ng Center			
	Charlotte I	State Zip Code NC 28272-0309		Amount of Each Disbursement this Period	
	Purpose of Disbursement Vehicle Rental			632.45 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
		nent For: Primary General Other (specify) ▼			
s	JBTOTAL of Disbursements This Page (optional)		>	20357.14	
т	OTAL This Period (last page this line number only) .		►		
FEC	Schedule B (Form 3) Rev. 02/2003				

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 139/211
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	yone) ▼ 17
		Detailed Summary Page	- F	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	y Information copied from such Reports and Statem			
or	for commercial purposes, other than using the name	and address of any political (committee to so	licit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28820
Α.	Greene County Assoc Twp. Officials			Date of Disbursement
	Mailing Address P.O. Box 35			$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} $
	,	State Zip Code		Amount of Each Disbursement this Period
	1 00	PA 15362		140.00
	Purpose of Disbursement Advertising			Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under
			Туре	11 G.F.N. 400.55
	Office Sought: House Disburse Senate President	ment For: Primary		
	State: District:			
В.	Full Name (Last, First, Middle Initial) Greene County F.N.R.A.			Transaction ID: SB17.28089 Date of Disbursement
	Mailing Address 166 Hanes Road C/O Mark Lesner			$\begin{array}{c} \begin{array}{c} M & M \\ \hline 0 & 8 \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} D & D \\ \hline 3 & 0 \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} Y \\ \hline Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y $
		State Zip Code PA 15360		Amount of Each Disbursement this Period
	Purpose of Disbursement Tickets & Adv.	· · ·]	1400.00 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Greene County F.N.R.A.			Transaction ID: SB17.28791 Date of Disbursement
	Mailing Address 166 Hanes Road C/O Mark Lesner			$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} P \\ 2 \\ 2 \\ \end{array} \begin{array}{c} D \\ 2 \\ 2 \\ \end{array} \begin{array}{c} D \\ 2 \\ 2 \\ \end{array} \begin{array}{c} P \\ 2 \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y $
		State Zip Code PA 15360		Amount of Each Disbursement this Period
	Purpose of Disbursement Tickets			400.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
s	UBTOTAL of Disbursements This Page (optional) .		►	1940.00
Т	OTAL This Period (last page this line number only)		►	

ITEMIZED DISBURSEMENTS Use seperate schedule for each category of the Detailed Summary Page Any Information copied from such Reports and Statements may not be sold or u or for commercial purposes, other than using the name and address of any politi NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) A. Gtr Washington Co Food Bank To20 Route 519 City State Zip Code Eighty Four PA 15330 Purpose of Disbursement Adv & Tickets	e (check on e sed by any person cal committee to so Category/ Type	X 17 18 19a 19b 20a 20b 20c 21 for the purpose of solicating contributions	
Any Information copied from such Reports and Statements may not be sold or u or for commercial purposes, other than using the name and address of any politi NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) A. Gtr Washington Co Food Bank Mailing Address 1020 Route 519 City Eighty Four PA 15330 Purpose of Disbursement	sed by any person cal committee to so Category/ Type	20a 20b 20c 21 for the purpose of solicating contributions olicit contributions from such committee Transaction ID: SB17.28778 Date of Disbursement M 9 M / D 9 / Y 2 0 0 6 Amount of Each Disbursement this Period 575.00 Refund or Disposal of Excess Contributions Required Under	
or for commercial purposes, other than using the name and address of any politi NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) A. Gtr Washington Co Food Bank Mailing Address 1020 Route 519 City State Zip Code Eighty Four PA 15330 Purpose of Disbursement	cal committee to so Category/ Type	Transaction ID: SB17.28778 Date of Disbursement 0 9 M 1 9 2 0 0 6 Amount of Each Disbursement this Period 575.00 Refund or Disposal of Excess Contributions Required Under	
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) A. Gtr Washington Co Food Bank Mailing Address 1020 Route 519 City State Zip Code Eighty Four PA 15330 Purpose of Disbursement Full State State	Category/ Type	Transaction ID: SB17.28778 Date of Disbursement M 9 M / D 9 / 2 0 0 6 Amount of Each Disbursement this Period 575.00 Refund or Disposal of Excess Contributions Required Under	
MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) A. Gtr Washington Co Food Bank Mailing Address 1020 Route 519 City Eighty Four PA 15330 Purpose of Disbursement	Туре	Date of Disbursement M / D D / Y	
 A. Gtr Washington Co Food Bank Mailing Address 1020 Route 519 City Eighty Four PA 15330 Purpose of Disbursement 	Туре	Date of Disbursement M / D D / Y	
Mailing Address 1020 Route 519 City State Zip Code Eighty Four PA 15330 Purpose of Disbursement Eighty Four Eighty Four	Туре	M M M	
CityStateZip CodeEighty FourPA15330Purpose of Disbursement	Туре	Amount of Each Disbursement this Period 575.00 Refund or Disposal of Excess Contributions Required Under	
Eighty Four PA 15330 Purpose of Disbursement	Туре	575.00 Refund or Disposal of Excess Contributions Required Under	
Purpose of Disbursement	Туре	Refund or Disposal of Excess Contributions Required Under	
	Туре	Refund or Disposal of Excess Contributions Required Under	
	Туре	Contributions Required Under	
Candidate Name		- -	
	al		
Office Sought: House Disbursement For: Senate President Other (specify) ▼			
State: District:			
Full Name (Last, First, Middle Initial) B. Will Hawkins		Transaction ID: SB17.28968 Date of Disbursement 0 9 ^M / ^D 3 0 / ^Y 2 0 0 6 ^Y	
Mailing Address 97 St Marks Place, #8			
CityStateZip CodeNew YorkNY10009		Amount of Each Disbursement this Period	
Purpose of Disbursement Rally Expense	· · · ·	800.00 Refund or Disposal of Excess	
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disbursement For: Senate Primary Gener President Other (specify) ▼	al		
State: District:			
Full Name (Last, First, Middle Initial) C. David Howard		Transaction ID: SB17.28747 Date of Disbursement	
Mailing Address 399 Liberty Avenue		09 ^M / 20 ^D / 2006 ^Y	
CityStateZip CodeJohnstownPA15905		Amount of Each Disbursement this Period	
Purpose of Disbursement Tickets & Entertainment		190.50	
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disbursement For: Senate Primary Gener President Other (specify) ▼	al		
State: District:			
SUBTOTAL of Disbursements This Page (optional)	····· •	1565.50	
TOTAL This Period (last page this line number only)	>		

SCHEDULE B (FEC Form 3)		Use seperate schedule(s)		NUMBER: PAGE 141/211
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	y one) X 17 18 19a 19b
		Detailed Summary Page		20a 20b 20c 21
	y Information copied from such Reports and Statem			
or	or commercial purposes, other than using the name	and address of any political	committee to so	nicit contributions from such committee
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB17,28800
Α.	David Howard			Date of Disbursement
	Mailing Address 399 Liberty Avenue			M M M M M D D D D D D D D D D
	,	State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement			584.99
	See Detail			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse	ment For:	<u>, , , , , , , , , , , , , , , , , , , </u>	
	Senate	Primary General		
	State: District:	Other (specify)		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28800.0
В.	David Howard			Date of Disbursement
	Mailing Address 399 Liberty Avenue			$\begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 5 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y & Y \\ 2 & 0 & 0 \end{bmatrix}$
		State Zip Code		Amount of Each Disbursement this Period
	Johnstown Purpose of Disbursement	PA 15905		200.00
	Tickets			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disbursed Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) David Howard			Transaction ID: SB17.28800.1 Date of Disbursement
	Mailing Address 399 Liberty Avenue			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} $
		State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement Meeting Exp			64.99 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse	ment For:	туре	[MEMO ITEM]
	Senate President	Primary General Other (specify)		
_	State: District:	(
s	UBTOTAL of Disbursements This Page (optional)		····· Þ	584.99
Т	OTAL This Period (last page this line number only)			
I	• • • • • • • • • • • • • • • • • • • •			

SCHEDULE B (FEC Form 3)		Use seperate schedule(s)		NUMBER: PAGE 142/211			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b			
			ļ				
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name						
	NAME OF COMMITTEE (In Full)						
Ľ	MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) David Howard			Transaction ID: SB17.28800.2 Date of Disbursement			
				09 / 25 / 2006			
	Mailing Address 399 Liberty Avenue						
		State Zip Code PA 15905		Amount of Each Disbursement this Period			
	Purpose of Disbursement			50.00			
	Tickets			Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser			[MEMO ITEM]			
	Senate President	Primary General Other (specify) ▼					
	State: District:						
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28800.3			
В.	David Howard			Date of Disbursement			
	Mailing Address 399 Liberty Avenue			M 9 M / D 2 5 / Y Y 0 0 6 Y			
		State Zip Code PA 15905		Amount of Each Disbursement this Period			
	Purpose of Disbursement			270.00			
	Tickets Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under			
			Туре	11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburser Senate	ment For: Primary General		[]			
	President	Other (specify)					
	State: District: Full Name (Last, First, Middle Initial)						
C.	IKON Office Solutions			Transaction ID: SB17.27823 Date of Disbursement			
	Mailing Address P.O. Box 827468			$\begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$			
		State Zip Code PA 19182-7468		Amount of Each Disbursement this Period			
	Purpose of Disbursement		· · ·]	134.08			
	Campaign Office Exp Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under			
			Туре	11 C.F.R. 400.53			
	Office Sought: House Disburser Senate	ment For: Primary General					
	President	Other (specify)					
Г	State: District:						
s	UBTOTAL of Disbursements This Page (optional)		····· Þ	134.08			
Т	TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 143/211	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) X 17 18 19a 19b 20a 20b 20c 21	
		y any person for the purpose of solicating contributions ommittee to solicit contributions from such committee	
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMIT			
Full Name (Last, First, Middle Initial) A. Indiana Co. Friends of NRA		Transaction ID: SB17.28765 Date of Disbursement	
Mailing Address 13519 Lincoln Way		09 ^M / ^D 20 ^D / ^Y 2006 ^Y	
City North Huntingdon	State Zip Code PA 15642	Amount of Each Disbursement this Period	
Purpose of Disbursement Tickets		650.00 Refund or Disposal of Excess	
Candidate Name		Category/ Contributions Required Under Type 11 C.F.R. 400.53	
Office Sought: House Dist Senate President State: District:	Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) B. Indiana Co. Friends of NRA		Transaction ID: SB17.28782 Date of Disbursement	
Mailing Address 13519 Lincoln Way	Mailing Address 13519 Lincoln Way		
City North Huntingdon	State Zip Code PA 15642	Amount of Each Disbursement this Period	
Purpose of Disbursement Advertising Candidate Name	[Category/ 1000.00 Refund or Disposal of Excess Contributions Required Under	
		Category/ Type Contributions Required Under 11 C.F.R. 400.53	
Senate President	Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)		Transaction ID: SB17.28039	
Indiana County FOP #33		Date of Disbursement	
Mailing Address P.O. Box 142		$\begin{array}{c} \begin{array}{c} M & M \\ 0 & 8 \end{array} & \begin{array}{c} I & D \\ 1 & 6 \end{array} & \begin{array}{c} Y & Y \\ 2 & 0 & 0 & 6 \end{array} \end{array}$	
City Indiana	State Zip Code PA 15701	Amount of Each Disbursement this Period	
Purpose of Disbursement Advertising		Refund or Disposal of Excess	
Candidate Name		Category/ Type Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disk Senate President State: District:	Primary General Other (specify) ▼		
	Ň	1757.50	
SUBTOTAL of Disbursements This Page (option	nal)		
TOTAL This Period (last page this line number of	only)		

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 144/211		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Check only	yone) X 17 18 19a 19b		
				20a 20b 20c 21		
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name					
\square	NAME OF COMMITTEE (In Full)					
\mathbb{Z}	MURTHA FOR CONGRESS COMMITTEE					
Δ	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28021		
	J. Joseph Cullen, Esq.			Date of Disbursement		
	Mailing Address 6337 Executive Boulevard	1		M M / D D / Y Y O Y O Y Y O Y O Y Y O <thy< td=""></thy<>		
	,	State Zip Code MD 20852		Amount of Each Disbursement this Period		
	Purpose of Disbursement	VID 20652		5000.00		
	Consulting Fees			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser					
	Senate President	Primary General Other (specify)				
	State: District:					
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28072		
В.	J. Joseph Cullen, Esq.			Date of Disbursement		
	Mailing Address 6337 Executive Boulevard	1		M M / D D / Y Y Y Y Y 0 8 / 3 0 / Y Y Y Y Y		
	,	StateZip CodeVD20852		Amount of Each Disbursement this Period		
	Purpose of Disbursement			5000.00		
	Consulting Fees Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼				
	State: District:					
C.	Full Name (Last, First, Middle Initial) James Oswald			Transaction ID: SB17.27835 Date of Disbursement		
	Mailing Address 445 Orchard Street			$ \begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 9 \end{pmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix} $		
		State Zip Code PA 15905		Amount of Each Disbursement this Period		
	Purpose of Disbursement Campaign Office Exp		· · ·	44.00		
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼				
	State: District:					
s	JBTOTAL of Disbursements This Page (optional))	10044.00		
т	TOTAL This Period (last page this line number only)					
S	CHEDULE B (FEC Form 3)		NUMBER: PAGE 145/211			
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IT	EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	(check only	√one) ▼ 17		
		Detailed Summary Fage		20a 20b 20c 21		
	y Information copied from such Reports and Statem or commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full)	and address of any pointear				
\rangle	MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) James Oswald			Transaction ID: SB17.28040 Date of Disbursement		
	Mailing Address 445 Orchard Street			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 6 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$		
	,	State Zip Code PA 15905		Amount of Each Disbursement this Period		
	Purpose of Disbursement Campaign Office Exp			44.00 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼				
	State: District:					
В.	Full Name (Last, First, Middle Initial) James Oswald			Transaction ID: SB17.28749 Date of Disbursement		
	Mailing Address 445 Orchard Street			M 9 M / D 2 0 / Y Y 0 0 6 Y		
		State Zip Code PA 15905		Amount of Each Disbursement this Period		
	Purpose of Disbursement Campaign Office Exp			44.00 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼				
	State: District:					
C.	Full Name (Last, First, Middle Initial) Joey Dels 2001 Caterers			Transaction ID: SB17.28799 Date of Disbursement		
	Mailing Address 2001 Bedford Street			$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} $		
		State Zip Code PA 15902		Amount of Each Disbursement this Period		
	Purpose of Disbursement Rally Expense			3000.00 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disbursed Senate President State: District:	ment For: Primary General Other (specify) ▼				
				3088.00		
⊢ ^s	UBTOTAL of Disbursements This Page (optional)		Þ			
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 146/211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	yone) X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Johnston the Florist Mailing Address P.O. Box 100			Transaction ID: SB17.27822 Date of Disbursement 07 / 12 / 2006
		7.0.1		
	, , , , , , , , , , , , , , , , , , ,	State Zip Code PA 15134		Amount of Each Disbursement this Period
	Purpose of Disbursement Floral Arrangements			63.60 Refund or Disposal of Excess
	Candidate Name Office Sought: House Disburse	ment For:	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President State: District:	Primary General Other (specify)		
в.	Full Name (Last, First, Middle Initial) Johnstown Branch NAACP			Transaction ID: SB17.28825 Date of Disbursement
	Mailing Address P.O. Box 1064			0 9 1 2 7 2 0 0 6 1
	Johnstown	State Zip Code PA 15907		Amount of Each Disbursement this Period 290.00
	Purpose of Disbursement Adv. & Tickets Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) Johnstown Symphony			Transaction ID: SB17.27956 Date of Disbursement
	Mailing Address 227 Franklin Street Suite 302			$ \begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} $ $ \begin{pmatrix} D & D \\ 0 & 2 \end{bmatrix} $ $ \begin{pmatrix} Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Tickets		· · ·	1600.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
s	UBTOTAL of Disbursements This Page (optional) .		······ Þ	1953.60
т	OTAL This Period (last page this line number only)		►	
FEC	Schedule B (Form 3) Rev. 02/2003			

S	CHEDULE B (FEC Form 3)		NUMBER: PAGE 147/211			
IT	EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b		
				20a 20b 20c 21		
	Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee					
\square	NAME OF COMMITTEE (In Full)					
Ż	MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.27834		
А.	Leader Times			Date of Disbursement		
	Mailing Address P.O. Box 978			$ \begin{bmatrix} M & T \\ 0 & T \end{bmatrix} \begin{bmatrix} T & D \\ 0 & 1 \end{bmatrix} \begin{bmatrix} T & D \\ 0 & 1 \end{bmatrix} \begin{bmatrix} T & T \\ 0 & 1 \end{bmatrix} \begin{bmatrix} T & T \\ 0 & 1 \end{bmatrix} \begin{bmatrix} T & T \\ 0 & 1 \end{bmatrix} \begin{bmatrix} T$		
	5	State Zip Code		Amount of Each Disbursement this Period		
		PA 16201		138.00		
	Purpose of Disbursement Subscriptons			Refund or Disposal of Excess		
	Candidate Name		Category/	Contributions Required Under		
			Туре	11 C.F.R. 400.53		
	Office Sought: House Disburser					
	Senate President	Primary General Other (specify) ▼				
	State: District:					
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.27799		
В.	Theresa Lehman			Date of Disbursement		
	Mailing Address 1258 Frances Street			$ \begin{smallmatrix} M & M \\ O & 7 \end{smallmatrix} \Big/ \Big \begin{smallmatrix} D & O & D \\ O & 5 \end{smallmatrix} \Big/ \Big \stackrel{Y}{\overset{Y}{\overset{Y}{}}} \stackrel{Y}{\overset{Y}{}}} \stackrel{Y}{\overset{Y}{}} \stackrel{Y}{\overset{Y}{}}} \stackrel{Y}{\overset{Y}{}} \stackrel{Y}{\overset{Y}{}}} \stackrel{Y}{\overset{Y}{}} \stackrel{Y}{\overset{Y}{}} \stackrel{Y}{\overset{Y}{}}} \stackrel{Y}{\overset{Y}{}} \stackrel{Y}{\overset{Y}{}}} \stackrel{Y}{\overset{Y}{}}} \stackrel{Y}{\overset{Y}{}} \stackrel{Y}{\overset{Y}{}}} \stackrel{Y}{\overset{Y}}} \stackrel{Y}{\overset{Y}{}}} \stackrel{Y}{\overset{Y}}} \stackrel{Y}{\overset{Y}{}}} \stackrel{Y}{\overset{Y}}} \stackrel{Y}{\overset{Y}} \stackrel{Y}{\overset{Y}}} \stackrel{Y}{\overset{Y}}} \stackrel{Y}{\overset{Y}} \stackrel{Y}{\overset{Y}}} \stackrel{Y}{\overset{Y}}} \stackrel{Y}{\overset{Y}} \stackrel{Y}{\overset{Y}} \stackrel{Y}{\overset{Y}} \stackrel{Y}{\overset{Y}}} \stackrel{Y}{\overset{Y}} \stackrel{Y}{\overset{Y}} \stackrel{Y}{\overset{Y}}} \stackrel{Y}{\overset{Y}} \stackrel{Y}{\overset{Y}}} \stackrel{Y}{\overset{Y}} \stackrel{Y}{\overset{Y}} \stackrel{Y}{\overset{Y}} \stackrel{Y}{\overset{Y}} \stackrel{Y}{\overset{Y}} \stackrel{Y}{\overset{Y}} \stackrel{Y}{\overset{Y}} \stackrel{Y}{\overset{Y}} \stackrel{Y}}{\overset{Y}} \stackrel{Y}{\overset{Y}} \stackrel{Y}{\overset{Y}} \stackrel{Y}}{\overset{Y}} \stackrel{Y}{\overset{Y}} \stackrel{Y}{\overset{Y}} \stackrel{Y}}{\overset{Y}} \stackrel{Y}} \stackrel{Y}} \stackrel{Y}{\overset{Y}} \stackrel{Y}} \stackrel{Y}} \stackrel{Y}} \stackrel{Y}} \stackrel{Y}}{\overset{Y}} \stackrel{Y}} \stackrel{Y}} \stackrel{Y}} \stackrel{Y}} \stackrel{Y}} \stackrel{Y}} \stackrel{Y} \stackrel{Y}} \stackrel{Y} \stackrel{Y}} \stackrel{Y} \stackrel{Y}} \stackrel{Y} \stackrel{Y} \stackrel{Y} \stackrel{Y}} \stackrel{Y} \stackrel{Y} \stackrel$		
	City	State Zip Code		Amount of Each Disbursement this Period		
		PA 15904		Amount of Lach Disbursement this renou		
	Purpose of Disbursement			1201.78		
	Wages Candidate Name			Refund or Disposal of Excess Contributions Required Under		
			Category/ Type	11 C.F.R. 400.53		
	Office Sought: House Disburser Senate	nent For: Primary General				
	President	Other (specify)				
	State: District:	····				
~	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.27829		
C.	Theresa Lehman			Date of Disbursement		
	Mailing Address 1258 Frances Street			$ \begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 9 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $		
		State Zip Code		Amount of Each Disbursement this Period		
		PA 15904		1001 70		
	Purpose of Disbursement Wages			1201.78		
			Category/	Refund or Disposal of Excess Contributions Required Under		
			Type	11 C.F.R. 400.53		
	Office Sought: House Disburser					
	Senate	Primary General				
	State: District:	Other (specify)				
Г						
s	SUBTOTAL of Disbursements This Page (optional)					
	TOTAL This Period (last page this line number only)					

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 148/211
IT	EMIZED DISBURSEMENTS	for each category of the	(Check only	y one) X 17 18 19a 19b
		Detailed Summary Page		20a 20b 20c 21
	y Information copied from such Reports and Statem			
	or commercial purposes, other than using the name NAME OF COMMITTEE (In Full)			
\rangle	MURTHA FOR CONGRESS COMMITTEE			
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.27930
Α.	Theresa Lehman			Date of Disbursement
	Mailing Address 1258 Frances Street			08 ^M /02 [/] 2006 ^Y
	,	State Zip Code		Amount of Each Disbursement this Period
		PA 15904		1201.78
	Purpose of Disbursement Wages			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser	ment For:	71	
	Senate	Primary General		
	State: District:	Other (specify)		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.27949
В.	Theresa Lehman			Date of Disbursement
	Mailing Address 1258 Frances Street			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 2 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
		State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement			59.97
	Reimb. Campaign Off Exp			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate	nent For: Primary General		
	President	Other (specify)		
	State: District:	· · · · · · · · · · · · · · · · · · ·		
C.	Full Name (Last, First, Middle Initial) Theresa Lehman			Transaction ID: SB17.28016 Date of Disbursement
	Mailing Address 1258 Frances Street			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 6 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$
		State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Wages			1201.78 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		
Г	State: District:			
s	UBTOTAL of Disbursements This Page (optional)			2463.53
Т	OTAL This Period (last page this line number only)		••••••	

SCHEDULE B (FEC Form 3) Use seperate schedule(s)				NUMBER: PAGE 149/211		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	x 17 18 19a 19b		
		Detailed Summary Fage		20a 20b 20c 21		
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name					
$\overline{}$	NAME OF COMMITTEE (In Full)					
\rangle	MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) Theresa Lehman			Transaction ID: SB17.28070 Date of Disbursement		
	Mailing Address 1258 Frances Street			M M / D D / Y Y O Y <thy< t<="" td=""></thy<>		
	,	State Zip Code PA 15904		Amount of Each Disbursement this Period		
	Purpose of Disbursement Wages			1201.78 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼				
	State: District: Full Name (Last, First, Middle Initial)					
В.	Theresa Lehman			Transaction ID: SB17.28697 Date of Disbursement		
	Mailing Address 1258 Frances Street			$ \begin{array}{c} \stackrel{M}{\overset{O}} 9 \stackrel{M}{\overset{M}} & \stackrel{f}{\overset{D}} 1 \stackrel{D}{\overset{D}} & \stackrel{f}{\overset{V}} \stackrel{Y}{\overset{Y}} \stackrel{Y}{\overset{Y}} 0 \stackrel{Y}{\overset{V}} \stackrel{Y}{\overset{Y}} \\ \end{array} $		
		State Zip Code PA 15904		Amount of Each Disbursement this Period		
	Purpose of Disbursement Wages			1201.78 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼				
	State: District:					
C.	Full Name (Last, First, Middle Initial) Theresa Lehman			Transaction ID: SB17.28802 Date of Disbursement		
	Mailing Address 1258 Frances Street			M 9 / D 2 D / Y Y 0 Y 0 Y 0 9 / D Z O Y		
		State Zip Code PA 15904		Amount of Each Disbursement this Period		
	Purpose of Disbursement Wages			1201.78 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) V				
-	3605.24					
	UBTOTAL of Disbursements This Page (optional)			5003.34		
\Box	OTAL This Period (last page this line number only)		····· P			

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1` É	17 18 19a 19b 20a 20b 20c 21			
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE						
A. Full Name (Last, First, Middle Initial) Mack Crounse Group LLC Mailing Address 4900 Seminary Road Suite 1020	State Zip Code		Transaction ID: SB17.27947 Date of Disbursement 0 8 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period			
	VA 22311	Category/ Type	23030.35 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	nent For: Primary General Other (specify) ▼	Туре				
Full Name (Last, First, Middle Initial) B. Mack Crounse Group LLC			Transaction ID: SB17.28069 Date of Disbursement			
Mailing Address 4900 Seminary Road Suite 1020			$\begin{array}{c} M & M \\ 0 & 8 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D & 2 & 0 \\ 2 & 9 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 & 0 & 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y $			
Alexandria	State Zip Code VA 22311		Amount of Each Disbursement this Period 48458.46			
Purpose of Disbursement Mass Mailing Expense Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	nent For: Primary General Other (specify) ▼					
Full Name (Last, First, Middle Initial) C. Mack Crounse Group LLC			Transaction ID: SB17.28792 Date of Disbursement			
Mailing Address 4900 Seminary Road Suite 1020			$ \begin{array}{c} \stackrel{M}{\overset{M}{\overset{M}{}}}} & \stackrel{M}{\overset{D}{}}} & \stackrel{D}{\overset{D}{}}} & \stackrel{D}{\overset{V}{}}} & \stackrel{Y}{\overset{Y}{}}} & \stackrel{Y}{\overset{Y}} & \stackrel{Y}{\overset{Y}} & \stackrel{Y}{}} & \stackrel{Y}{\overset{Y}} & \stackrel{Y}} & \stackrel{Y}{\overset{Y}} & \stackrel{Y}} & \stackrel{Y}$			
Alexandria	State Zip Code VA 22311		Amount of Each Disbursement this Period 47008.69			
Purpose of Disbursement Mass Mailing Exp Candidate Name		001 Category/	Refund or Disposal of Excess Contributions Required Under			
Office Sought: House Disburser	ment For:	Туре	11 C.F.R. 400.53			
Senate	Primary General Other (specify) ▼					
	110407.50					
SUBTOTAL of Disbursements This Page (optional) III0497.50 TOTAL This Period (last page this line number only) III0497.50						

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 151/211		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	√one)		
		Detailed Summary Fage		20a 20b 20c 21		
	y Information copied from such Reports and Stateme for commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full)					
\rangle	MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) Mark Critz			Transaction ID: SB17.28801 Date of Disbursement		
	Mailing Address 825 Highland Avenue			M 9 M / D 2 D / Y Y 0 Y 0 Y Q 9 / Z 2 Q Q Q Y Y Y 0 Y		
		State Zip Code PA 15902		Amount of Each Disbursement this Period		
	Purpose of Disbursement Wages			4180.32 Refund or Disposal of Excess		
	Candidate Name Office Sought: House Disburser	ment For	Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Senate President	Primary General Other (specify)				
	State: District: Full Name (Last, First, Middle Initial)					
В.	Martinair Inc			Transaction ID: SB17.27935 Date of Disbursement		
	Mailing Address P. O. Box 485					
		State Zip Code VA 23150		Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel			10096.63 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) V				
	State: District:					
C.	Full Name (Last, First, Middle Initial) Mary Catherine Voytko			Transaction ID: SB17.27801 Date of Disbursement		
	Mailing Address 920 Fronheiser Street			$ \begin{array}{c} \stackrel{M}{}} 7 \stackrel{M}{}} \ ' \begin{array}{c} \stackrel{D}{}} 0 \stackrel{D}{}} \ ' \begin{array}{c} \stackrel{Y}{}} \stackrel{Y}{}} \stackrel{Y}{}} 0 \stackrel{Y}{}} \stackrel{Y}{}} \end{array} $		
	Johnstown	State Zip Code PA 15902		Amount of Each Disbursement this Period		
	Purpose of Disbursement Wages		0 0 0 0	62.99 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼				
	State: District:					
s	SUBTOTAL of Disbursements This Page (optional)					
Т	TOTAL This Period (last page this line number only)					

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 152/211		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	yone) X 17 18 19a 19b		
		Detailed Summary Fage		20a 20b 20c 21		
	Information copied from such Reports and Stateme or commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full)					
\rangle	MURTHA FOR CONGRESS COMMITTEE					
~	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.27929		
А.	Mary Catherine Voytko			Date of Disbursement		
	Mailing Address 920 Fronheiser Street			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} P & D \\ 0 & 2 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix}$		
		State Zip Code		Amount of Each Disbursement this Period		
		PA 15902		62.99		
	Purpose of Disbursement Wages			Refund or Disposal of Excess		
	Candidate Name		Category/	Contributions Required Under		
			Туре	11 C.F.R. 400.53		
	Office Sought: House Disburser Senate	nent For: Primary General				
	President	Other (specify)				
	State: District:					
в.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28643		
Б.	Mary Catherine Voytko			Date of Disbursement		
	Mailing Address 920 Fronheiser Street			$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ 0 \\ \end{array} \begin{array}{c} 0 \\ 0 \\ \end{array} \begin{array}{c} D \\ 0 \\ 0 \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $		
		State Zip Code PA 15902		Amount of Each Disbursement this Period		
	Purpose of Disbursement Wages			62.99		
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼				
	State: District:					
C.	Full Name (Last, First, Middle Initial) Matthew Mazonkey			Transaction ID: SB17.28031 Date of Disbursement		
	Mailing Address 3405 Waugaman Drive			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} P & D \\ 1 & 6 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$		
		State Zip Code PA 15068		Amount of Each Disbursement this Period		
	Purpose of Disbursement Reimb Travel & Meals			54.38 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼				
Г	State: District:					
s	SUBTOTAL of Disbursements This Page (optional)					
Т	TOTAL This Period (last page this line number only)					

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions from such committee to solicit contributions from such contributions from such contributions from such committee to solic	SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	(check only	NUMBER: PAGE 153 / 211 y one) X 17 18 19a 19b 20a 20b 20c 21
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initia) Mon Valley Friends of NRA Maiing Address 504 10 St City State Zip Code Donora PA 15033 Purpose of Disbursement Category/ Type 1400.00 Textest & Adv. Category/ Type 1400.00 Candidate Name Disbursement For: President Disbursement For: Primary General Office Sought: House Disbursement For: President Category/ Type Transaction ID: SB17.28742 Maing Address 914 Evarts St NE Disbursement For: President Category/ Type Transaction ID: SB17.28742 Maing Address 914 Evarts St NE City Transaction ID: SB17.28742 Maing Address 914 Evarts St NE City Transaction ID: SB17.28742 Office Sought: House Disbursement For: Primary General Other (specify) ▼ Office Sought: House Disbursement For: Primary General Other (specify) ▼ Transaction ID: SB17.28837 Purpose of Disbursement Disbursement Category/ Type Transaction				for the purpose of solicating contributions
	NAME OF COMMITTEE (In Full)			
City State Zip Code Donora PA 15033 Purpose of Disbursement Iduation of Each Disbursement this Per Candidate Name Category/ Type Office Sought: House Disbursement For: President Disbursement For: Category/ Type Office Sought: House Disbursement For: Purpose of Disbursement President Other (specify) ▼ Mailing Address 914 Evarts St NE Transaction ID: SB17.28742 City State Zip Code Purpose of Disbursement Disbursement For: Category/ Type Office Sought: House Disbursement For: Category: Y Y 2 0 0 6 Y Office Sought: House Disbursement For: General Office Sought: House Disbursement For: Category' Full Name (Last, First, Middle Initial) Disburse				Date of Disbursement
Donora PA 15033 Purpose of Disbursement Tickets & Adv. Candidate Name Disbursement For: Office Sought: House District: President Full Name (Last, First, Middle Initial) Very Strategies LLC Mailing Address 914 Evarts St NE City State Purpose of Disbursement For: Disbursement For: Purpose of Disbursement Disbursement For: Candidate Name DC City State Purpose of Disbursement Disbursement For: Purpose of Disbursement Disbursement For: Purpose of Disbursement Disbursement For: Office Sought: House Disbursement For: Office Sought: House Disbursement For: President Disbursement For: Category/ President Disbursement For: Category/ President Disbursement For: Other (specify) ▼ Mailing Address 914 Evarts St NE Amount of Each Disbursement this Per City State Zip Code Amount of Each Disbursement this Per <	Mailing Address 504 10 St			$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} M \\ 0 \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $
Trickets & Adv. Category/ Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House President Disbursement For: Primary General Other (specify) ▼ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 State: District: Disbursement For: President Transaction ID: SB17.28742 Date of Disbursement Mailing Address 914 Evarts St NE Mailing Address 914 Evarts St NE City State Zip Code DC 20018 Amount of Each Disbursement this Per Category/ Type Office Sought: House President Disbursement For: Primary General Primary General Other (specify) Office Sought: House President Disbursement For: Primary General Other (specify) Transaction ID: SB17.28837 Date of Disbursement Mailing Address 914 Evarts St NE Disbursement For: Primary General Other (specify) Transaction ID: SB17.28837 Date of Disbursement Mailing Address 914 Evarts St NE Amount of Each Disbursement this Per Primary Amount of Each Disbursement this Per Primary Purpose of Disbursement Rally Expense Candidate Name Disbursement For: Primary General Other (specify) Amount of Each Disbursement this Per Primary Office Sought: House </td <td></td> <td></td> <td></td> <td>Amount of Each Disbursement this Period</td>				Amount of Each Disbursement this Period
Office Sought: House Disbursement For: Primary General State: District: President Other (specify) Image: Control (Specify) Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Image: Control (Specify) Image: Control (Specify) Mailing Address 914 Evarts St NE Image: Control (Specify) Image: Control (Specify) Amount of Each Disbursement this Per Control (Specify) City State Zip Code Amount of Each Disbursement this Per Control (Specify) Washington DC 20018 Purpose of Disbursement For: Senate President Disbursement For: Other (specify) Image: Control (Specify) Image: Control (Specify) Full Name (Last, First, Middle Initial) Disbursement For: Other (specify) Image: Control (Specify) Full Name (Last, First, Middle Initial) Myers Strategies LLC Image: Control (Specify) Image: Control (Specify) Mailing Address 914 Evarts St NE Disbursement Control (Specify) Image: Control (Specify) City Mailing Address 914 Evarts St NE Image: Control (Specify) Image: Control (Specify) City State	Tickets & Adv.			Refund or Disposal of Excess Contributions Required Under
Myers Strategies LLC Initiation Of 1/20142 Mailing Address 914 Evarts St NE City State Zip Code Washington DC 20018 Purpose of Disbursement General Office Sought: House Disbursement For: State: District: President State: District: President Mailing Address 914 Evarts St NE City State Disbursement For: President Disbursement For: Candidate Name President District: President Mailing Address 914 Evarts St NE Transaction ID: SB17.28837 Mailing Address 914 Evarts St NE Mailing Address City State Zip Code Washington DC 20018 Purpose of Disbursement Gategory/ Type Y 2 0 0 6 City State Zip Code Washington DC 20018 Purpose of Disbursement Gategory/ Type Senate Office Sought: House Disbursement For: Senate Disbursem	Senate President	Primary General		
Mailing Address 914 Evarts St NE City State Zip Code Washington DC 20018 Purpose of Disbursement DC 20018 Rally Expense Category/ 3000.00 Cardidate Name Disbursement For: Senate President Disbursement For: Category/ Office Sought: House Disbursement For: President Disbursement For: Primary Other (specify) V State Full Name (Last, First, Middle Initial) Viter (specify) Transaction ID: SB17.28837 Mailing Address 914 Evarts St NE Mailing Address 914 Evarts St NE City State Zip Code Amount of Each Disbursement this Per Mailing Address 914 Evarts St NE Maunut of Each Disbursement this Per City State Zip Code Amount of Each Disbursement this Per Mailing Address 914 Evarts St NE Amount of Each Disbursement this Per Office Sought: House Disbursement For: Senate Purpose of Disbursement Disbursement For: Senate Transaction ID: Sal Cot				
Washington DC 20018 Purpose of Disbursement Rally Expense 3000.00 Cardidate Name Category/ Type Office Sought: House Senate Disbursement For: Senate President Disbursement For: Other (specify) Transaction ID: SB17.28837 Date of Disbursement Full Name (Last, First, Middle Initial) Myers Strategies LLC Mailing Address 914 Evarts St NE City State Zip Code DC Washington DC Purpose of Disbursement Rally Expense Disbursement For: Category/ Type City State Zip Code DC Washington DC 20018 Purpose of Disbursement Rally Expense Category/ Type Office Sought: House Disbursement For: Other (specify) Office Sought: House Disbursement For: Other (specify) Office Sought: House Disbursement For: Other (specify)	Mailing Address 914 Evarts St NE			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 9 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix} $
Rally Expense Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate Primary General President Other (specify) Image: Contribution required Under 11 C.F.R. 400.53 State: District: Image: Contribution required Under 11 C.F.R. 400.53 Full Name (Last, First, Middle Initial) Image: Contribution required Under Image: Contribution required Under Mailing Address 914 Evarts St NE Image: Contribution required Under Image: Contribution required Under City State Zip Code Amount of Each Disbursement Washington DC 20018 Amount of Each Disbursement this Per Washington DC 20018 Amount of Each Disbursement this Per Gardidate Name Category/ Type Transaction ID: SB17.28837 State Office Sought: House Disbursement For: Other (specify) Category/ Type 11 C.F.R. 400.53	Washington			Amount of Each Disbursement this Period
Senate Primary General President Other (specify) ✓ State: District: ✓ Full Name (Last, First, Middle Initial) Myers Strategies LLC Transaction ID: SB17.28837 Mailing Address 914 Evarts St NE ✓ ✓ Mailing Address 914 Evarts St NE ✓ ✓ City State Zip Code Amount of Each Disbursement this Per Washington DC 20018 ✓ ✓ Purpose of Disbursement General ✓ 3000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: General Office Sought: House Disbursement For: General Other (specify) ✓ ✓ 11 C.F.R. 400.53	Rally Expense			Refund or Disposal of Excess Contributions Required Under
Full Name (Last, First, Middle Initial) Transaction ID: SB17.28837 Myers Strategies LLC Date of Disbursement Mailing Address 914 Evarts St NE City State Zip Code Washington DC 20018 Purpose of Disbursement 3000.00 Rally Expense Category/ Type Office Sought: House Disbursement For: Senate President Disbursement For: Other (specify) Other (specify)	Senate President	Primary General		
Mailing Address 914 Evarts St NE City State Zip Code Washington DC 20018 Purpose of Disbursement Amount of Each Disbursement this Per Rally Expense Category/ Candidate Name Disbursement For: Senate Primary General President Other (specify) ▼	Full Name (Last, First, Middle Initial)			Date of Disbursement
Washington DC 20018 Purpose of Disbursement Rally Expense 3000.00 Candidate Name Category/ Type Office Sought: House Senate Primary President Other (specify)	Mailing Address 914 Evarts St NE			
Rally Expense Category/ Type Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) V				Amount of Each Disbursement this Period
Office Sought: House Disbursement For: 11 C.F.R. 400.53 Office Sought: Primary General President Other (specify)	Rally Expense			Refund or Disposal of Excess
Senate Primary General President Other (specify)				
	Senate President	Primary General		
SUBTOTAL of Disbursements This Page (optional) 7400.00			>	7400.00

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 154/211	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b	
				20a 20b 20c 21	
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam				
	NAME OF COMMITTEE (In Full)				
\langle	MURTHA FOR CONGRESS COMMITTEE				
^	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.27856	
Α.	PA Dept. of Revenue			Date of Disbursement	
	Mailing Address Dept. 280401			$ \begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 5 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $	
	,	State Zip Code		Amount of Each Disbursement this Period	
	Harrisburg Purpose of Disbursement	PA 17128-0401		97.53	
	PA SIT W/H			Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburse	ement For:			
	Senate President	Primary General Other (specify)			
	State: District:				
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28102	
В.	PA Dept. of Revenue			Date of Disbursement	
	Mailing Address Dept. 280401			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 2 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 6 \end{bmatrix}$	
	City Harrisburg	State Zip Code PA 17128-0401		Amount of Each Disbursement this Period	
	Purpose of Disbursement		· · ·	128.23	
	PA State IT W/H Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) ▼			
	State: District:				
C.	Full Name (Last, First, Middle Initial) PA Dept. of Revenue			Transaction ID: SB17.28645 Date of Disbursement	
	Mailing Address Dept. 280401			$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} \prime \\ 0 \\ \end{array} \begin{array}{c} D \\ 0 \\ 6 \\ \end{array} \begin{array}{c} D \\ 0 \\ 6 \\ \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $	
	City Harrisburg	State Zip Code PA 17128-0401		Amount of Each Disbursement this Period	
	Purpose of Disbursement PA SIT W/H			282.91 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Senate President	ement For: Primary General Other (specify) ▼			
Г	State: District:				
s	SUBTOTAL of Disbursements This Page (optional)				
т	OTAL This Period (last page this line number only)				

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 155/211		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one) X 17 18 19a 19b		
		Detailed Summary Fage		20a 20b 20c 21		
	y Information copied from such Reports and Statem for commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full)	and address of any political				
\rangle	MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) PA UC Fund			Transaction ID: SB17.27812 Date of Disbursement		
	Mailing Address Seventh & Forster Streets P.O. Box 68568	3		07 ^M /12 ^D /2006 ^Y		
	Harrisburg	State Zip Code PA 17106-8568		Amount of Each Disbursement this Period		
	Purpose of Disbursement Payroll Taxes			15.17 Refund or Disposal of Excess		
	Candidate Name Office Sought: House Disburser	mant Fau	Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Senate President	Primary General Other (specify)				
	State: District: Full Name (Last, First, Middle Initial)					
В.	Penn Air Inc			Transaction ID: SB17.28705 Date of Disbursement		
	Mailing Address 3 Airport Drive			$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} M \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} P \\ 1 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \end{array} \\ \begin{array}{c} P \\ 1 \end{array} \\ \begin{array}{c} Y \\ \end{array} \\ \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 0 \end{array} \\ \begin{array}{c} Y \\ 0 \end{array} \\ \begin{array}{c} Y \\ Y \\ \end{array} \\ \begin{array}{c} Y \\ Y \\ \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y $		
	Martinsburg	State Zip Code PA 16862		Amount of Each Disbursement this Period 737.45		
	Purpose of Disbursement Travel			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse Senate President	nent For: Primary General Other (specify) ▼				
	State: District:					
C.	Full Name (Last, First, Middle Initial) Penn National Insurance			Transaction ID: SB17.27806 Date of Disbursement		
	Mailing Address P.O. Box 13746			$ \overset{M}{07} \overset{M}{7} \stackrel{D}{7} \overset{D}{5} \overset{D}{5} \stackrel{D}{7} \stackrel{Y}{2006} \overset{Y}{6} \overset{Y}{7} $		
	Philadelphia	State Zip Code PA 19101-3746		Amount of Each Disbursement this Period		
	Purpose of Disbursement Insurance			903.00 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse Senate President State: District:	nent For: Primary General Other (specify) ▼				
<u> </u>				1655 69		
s	SUBTOTAL of Disbursements This Page (optional)					
Т	OTAL This Period (last page this line number only)		►			

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 156/211		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	√one) ▼ 17		
		Detailed Summary Fage		20a 20b 20c 21		
	y Information copied from such Reports and Statem or commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full)	and address of any political				
\rangle	MURTHA FOR CONGRESS COMMITTEE					
Δ	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.27825		
~ .	Petty Cash			Date of Disbursement		
	Mailing Address P.O. Box 1091			$ \begin{array}{c} \stackrel{M}{\overset{O}{}}} \stackrel{M}{\overset{M}{}}} & \stackrel{I}{\overset{D}{}}} \stackrel{D}{\overset{D}{}}} & \stackrel{I}{\overset{V}{}}} & \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \\ \begin{array}{c} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \\ \end{array}{} \\ \begin{array}{c} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \\ \end{array}{} \\ \end{array}{} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \stackrel{M}{\overset{V}{}}} \stackrel{M}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}{}}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V} \mathsf$		
	,	State Zip Code PA 15907		Amount of Each Disbursement this Period		
	Purpose of Disbursement	13307		17.65		
	Vol Exp, Camp. Office Exp			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse					
	Senate President	Primary General Other (specify)				
	State: District:					
D	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.27840		
В.	Petty Cash			Date of Disbursement		
	Mailing Address P.O. Box 1091			$ \begin{bmatrix} M & T \\ 0 & T \end{bmatrix} \begin{bmatrix} T & D \\ 0 & 1 \end{bmatrix} \begin{bmatrix} T & D \\ 0 & 1 \end{bmatrix} \begin{bmatrix} T & T \\ 0 & 1 \end{bmatrix} \begin{bmatrix} T & T \\ 0 & 1 \end{bmatrix} \begin{bmatrix} T & T \\ 0 & 1 \end{bmatrix} \begin{bmatrix} T$		
		State Zip Code PA 15907		Amount of Each Disbursement this Period		
	Purpose of Disbursement	10007		50.00		
	Travel			Refund or Disposal of Excess Contributions Required Under		
	Candidate Name		Category/ Type	11 C.F.R. 400.53		
	Office Sought: House Disburse	ment For: Primary General				
	President	Other (specify)				
	State: District:					
C.	Full Name (Last, First, Middle Initial) Petty Cash			Transaction ID: SB17.27942 Date of Disbursement		
	Mailing Address P.O. Box 1091			08 / 02 / Y Y Y Y		
		State Zip Code PA 15907		Amount of Each Disbursement this Period		
	Purpose of Disbursement See Detail			96.79 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
		ment For:				
	Senate President	Primary General Other (specify)				
	State: District:					
s	SUBTOTAL of Disbursements This Page (optional)					
т	TOTAL This Period (last page this line number only)					

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 157/211			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b 20a 20b 20c 21			
	y Information copied from such Reports and Statem or commercial purposes, other than using the name						
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) Petty Cash Mailing Address P.O. Box 1091			Transaction ID: SB17.27942.0 Date of Disbursement			
	Johnstown	State Zip Code PA 15907		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel Candidate Name Office Sought	mont For	Category/ Type	9.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	State: District:	ment For: Primary General Other (specify) ▼					
В.	Full Name (Last, First, Middle Initial) Petty Cash Mailing Address P.O. Box 1091			Transaction ID: SB17.27942.1 Date of Disbursement			
	Johnstown Purpose of Disbursement Volunteer Exp Candidate Name	State Zip Code PA 15907 ment For: Primary General Other (specify) ▼	Category/ Type	Amount of Each Disbursement this Period 22.79 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
C.	State:District:Full Name (Last, First, Middle Initial)Petty Cash			Transaction ID: SB17.27942.2 Date of Disbursement			
	Mailing Address P.O. Box 1091			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 2 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$			
		State Zip Code PA 15907		Amount of Each Disbursement this Period 28.00			
	Travel Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
s	UBTOTAL of Disbursements This Page (optional) .		►	0.00			
т	TOTAL This Period (last page this line number only)						

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 158/211			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b			
_				20a 20b 20c 21			
	y Information copied from such Reports and Statem for commercial purposes, other than using the name						
	NAME OF COMMITTEE (In Full)						
Ľ	MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) Petty Cash			Transaction ID: SB17.27942.3 Date of Disbursement			
	Mailing Address P.O. Box 1091			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 2 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$			
		State Zip Code PA 15907		Amount of Each Disbursement this Period			
	Purpose of Disbursement Tickets			37.00 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
	State: District: Full Name (Last, First, Middle Initial)			T			
В.	Petty Cash			Transaction ID: SB17.27999 Date of Disbursement			
	Mailing Address P.O. Box 1091						
		State Zip Code PA 15907		Amount of Each Disbursement this Period			
	Purpose of Disbursement See Detail			Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) ▼					
	State: District:	-					
C.	Full Name (Last, First, Middle Initial) Petty Cash			Transaction ID: SB17.27999.0 Date of Disbursement			
	Mailing Address P.O. Box 1091			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 9 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$			
		State Zip Code PA 15907		Amount of Each Disbursement this Period			
	Purpose of Disbursement Rally Expense			14.88 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Senate President	ement For: Primary General Other (specify) ▼					
-				100.34			
	UBTOTAL of Disbursements This Page (optional) .			100.94			
	TOTAL This Period (last page this line number only)						

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 159/211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	check onl (y one) X 17 18 19a 19b
		Detailed Summary Page	-	20a 20b 20c 21
	y Information copied from such Reports and Stat or commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full)	ine and address of any pointed		
\rangle	MURTHA FOR CONGRESS COMMITTE	E		
^	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.27999.1
А.	Petty Cash			Date of Disbursement
	Mailing Address P.O. Box 1091			
	City	State Zip Code		Amount of Each Disbursement this Period
	Johnstown Purpose of Disbursement	PA 15907		20.00
	Travel			Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53
	Office Sought	roomont For	Туре	
	Office Sought: House Disbu	sement For: Primary General		
	President	Other (specify)		
	State: District:			
в.	Full Name (Last, First, Middle Initial) Petty Cash			Transaction ID: SB17.27999.2
				Date of Disbursement
	Mailing Address P.O. Box 1091			
	City Johnstown	State Zip Code PA 15907		Amount of Each Disbursement this Period
	Purpose of Disbursement	TA 15507		5.00
	Campaign Office Exp			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disbu	rsement For: Primary General		
	President	Other (specify)		
	State: District:			
~	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.27999.3
C.	Petty Cash			Date of Disbursement
	Mailing Address P.O. Box 1091			
	City	State Zip Code		Amount of Each Disbursement this Period
	Johnstown Purpose of Disbursement	PA 15907		63.46
	Campaign Office Exp			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		sement For:		[MEMO ITEM]
	Senate President	Primary General Other (specify) ▼		
	State: District:			
Γ	I			
s	UBTOTAL of Disbursements This Page (optional	l)	►	0.00
т	OTAL This Period (last page this line number on	lv)		
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	√one) ▼ 17			
		Detailed Summary Page		20a 20b 20c 21			
	y Information copied from such Reports and Statem for commercial purposes, other than using the name						
	NAME OF COMMITTEE (In Full)	and address of any pointeart					
\rangle	MURTHA FOR CONGRESS COMMITTEE						
^	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28033			
Α.	Petty Cash			Date of Disbursement			
	Mailing Address P.O. Box 1091			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} P & D \\ 1 & 6 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$			
		State Zip Code		Amount of Each Disbursement this Period			
	Johnstown Purpose of Disbursement	PA 15907		46.65			
	Travel, Tickets Meeting Exp			Refund or Disposal of Excess			
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53			
			Туре	11 C.I .n. 400.55			
	Office Sought: House Disburse Senate	ment For: Primary General					
	President	Other (specify)					
	State: District:						
в.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28051			
υ.	Petty Cash			Date of Disbursement			
	Mailing Address P.O. Box 1091						
		State Zip Code		Amount of Each Disbursement this Period			
	Johnstown Purpose of Disbursement	PA 15907		75.24			
	Meeting Exp			Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate	ment For: Primary General					
	State: District:	Other (specify)					
	State: District: Full Name (Last, First, Middle Initial)			T			
C.	Petty Cash			Transaction ID: SB17.28082 Date of Disbursement			
				08 / D D / Y Y Y Y 2006			
	Mailing Address P.O. Box 1091						
		State Zip Code		Amount of Each Disbursement this Period			
	Johnstown Purpose of Disbursement	PA 15907		59.13			
	Meeting Exp, Camp Office Exp			Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
		ment For:					
	Senate President	Primary General Other (specify)					
	State: District:						
s	UBTOTAL of Disbursements This Page (optional) .		>	181.02			
Т	TOTAL This Period (last page this line number only)						

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 161/211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) X 17 18 19a 19b
		Detailed Summary 1 age		20a 20b 20c 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)			
\langle	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Petty Cash			Transaction ID: SB17.28668 Date of Disbursement
	Mailing Address P.O. Box 1091			$ \begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ \begin{array}{c} 9 \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \prime \\ \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \begin{array}{c} 0 \\ \end{array} \\ \end{array} \\ \begin{array}{c} 0 \\ \end{array} \\ \end{array} \\ \begin{array}{c} Y \\ \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 0 \\ 0 \end{array} \\ \begin{array}{c} 0 \\ \end{array} \\ \end{array} \\ \begin{array}{c} Y \\ Y \\ \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 0 \\ 0 \end{array} \\ \begin{array}{c} Y \\ Y \\ \end{array} \\ \begin{array}{c} Y \\ Y $
	,	State Zip Code PA 15907		Amount of Each Disbursement this Period
	Purpose of Disbursement Tickets Meeting Exp Camp Office Exp			94.47 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	ment For: Primary General Other (specify) ▼		
	State: District: Full Name (Last, First, Middle Initial)			
В.	Petty Cash			Transaction ID: SB17.28712 Date of Disbursement
	Mailing Address P.O. Box 1091			$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ 3 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} V \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $
		State Zip Code PA 15907		Amount of Each Disbursement this Period
	Purpose of Disbursement See Detail			63.25 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Petty Cash			Transaction ID: SB17.28712.0 Date of Disbursement
	Mailing Address P.O. Box 1091			$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ 0 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} I \\ 0 \\ \end{array} \begin{array}{c} V \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $
		State Zip Code PA 15907		Amount of Each Disbursement this Period
	Purpose of Disbursement Postage			2.02 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) V		[
s	JBTOTAL of Disbursements This Page (optional) .		►	157.72
	DTAL This Period (last page this line number only)			
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	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 162/211			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b			
An	y Information copied from such Reports and Statem	ents may not be sold or used	by any person f	20a 20b 20c 21			
	or commercial purposes, other than using the name						
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) Petty Cash			Transaction ID: SB17.28712.1 Date of Disbursement 0 9 ^M / ^D 1 3 / ^Y 2 0 0 6			
	Mailing Address P.O. Box 1091						
		State Zip Code PA 15907		Amount of Each Disbursement this Period			
	Purpose of Disbursement Tickets Candidate Name		Category/	5.00 Refund or Disposal of Excess Contributions Required Under			
	Senate President	ment For: Primary General Other (specify) ▼	Туре	11 C.F.R. 400.53 [MEMO ITEM]			
	State: District: Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28712.2			
В.	Petty Cash			Date of Disbursement			
	Mailing Address P.O. Box 1091						
		State Zip Code PA 15907		Amount of Each Disbursement this Period			
	Purpose of Disbursement Volunteer Exp			29.30 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
	State: District: Full Name (Last, First, Middle Initial)						
C.	Petty Cash			Transaction ID: SB17.28712.3 Date of Disbursement			
	Mailing Address P.O. Box 1091			$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ 9 \end{array} \\ \begin{array}{c} \prime \\ \end{array} \\ \left(\begin{array}{c} D \\ 1 \end{array} \\ 1 \end{array} \\ \left(\begin{array}{c} Y \\ 2 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \end{array} \\ \left(\begin{array}{c} Y \\ 2 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y $			
		State Zip Code PA 15907		Amount of Each Disbursement this Period			
	Purpose of Disbursement Meeting Exp			26.93 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
				0.00			
	UBTOTAL of Disbursements This Page (optional) .			0.00			
Т	TOTAL This Period (last page this line number only)						

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check on	NUMBER: PAGE 163/211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and State or commercial purposes, other than using the nan			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTE			
Α.	Full Name (Last, First, Middle Initial) Petty Cash			Transaction ID: SB17.28750 Date of Disbursement 0 9 M / D 2 0 / Y Y Y Y 2 0 0 6
	Mailing Address P.O. Box 1091			0 9 7 2 0 2 0 0 6
	City Johnstown	StateZip CodePA15907		Amount of Each Disbursement this Period 83.36
	Purpose of Disbursement Tickets, Meals & Postage Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼	Туре	
В.	Full Name (Last, First, Middle Initial) Petty Cash			Transaction ID: SB17.28814 Date of Disbursement
	Mailing Address P.O. Box 1091			$ \begin{array}{c} \stackrel{\text{M}}{0}9 \stackrel{\text{M}}{} \\ \end{array} \begin{array}{c} \stackrel{\text{D}}{2}2 \\ \end{array} \begin{array}{c} \stackrel{\text{D}}{2} \\ \end{array} \end{array} \begin{array}{c} \stackrel{\text{D}}{2} \\ \end{array} \begin{array}{c} \stackrel{\text{D}}{2} \\ \end{array} \begin{array}{c} \stackrel{\text{D}}{2} \\ \end{array} \end{array} \end{array} \begin{array}{c} \stackrel{\text{D}}{2} \\ \end{array} \end{array} \end{array} \begin{array}{c} \stackrel{\text{D}}{2} \\ \end{array} \end{array} \end{array} \end{array} $
	City Johnstown	StateZip CodePA15907		Amount of Each Disbursement this Period 90.89
	Purpose of Disbursement See Detail Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	sement For: Primary General Other (specify) ▼		
	State: District: Full Name (Last, First, Middle Initial)			Transaction ID: CD17 00014.0
C.	Petty Cash			Transaction ID: SB17.28814.0 Date of Disbursement
	Mailing Address P.O. Box 1091			$\begin{array}{c} \stackrel{\text{M}}{0}9 \stackrel{\text{M}}{} \\ \end{array} \begin{array}{c} \stackrel{\text{D}}{2}2 \\ \end{array} \begin{array}{c} \stackrel{\text{D}}{2} \\ \end{array} \end{array} \begin{array}{c} \stackrel{\text{D}}{2} \\ \end{array} \begin{array}{c} \stackrel{\text{D}}{2} \\ \end{array} \begin{array}{c} \stackrel{\text{D}}{2} \\ \end{array} \end{array} \end{array} \begin{array}{c} \stackrel{\text{D}}{2} \\ \end{array} \end{array} \end{array} \begin{array}{c} \stackrel{\text{D}}{2} \\ \end{array} \end{array} \end{array} \end{array} $
	City Johnstown	StateZip CodePA15907		Amount of Each Disbursement this Period
	Purpose of Disbursement Rally Expense			19.08 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburs Senate President State: District:	eement For: Primary General Other (specify) ▼		[MEMO ITEM]
•	UBTOTAL of Disbursements This Page (optional)			174.25
Ľ	OTAL This Period (last page this line number only	()	►	

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 164/211			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b 20a 20b 20c 21			
	y Information copied from such Reports and Statem for commercial purposes, other than using the name						
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) Petty Cash Mailing Address P.O. Box 1091			Transaction ID: SB17.28814.1 Date of Disbursement			
		State Zip Code PA 15907		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel Candidate Name Office Sought: House Disburser		Category/ Type	0.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Senate President State: District: Full Name (Last, First, Middle Initial)	Primary General Other (specify)					
в.				Transaction ID: SB17.28814.2 Date of Disbursement 09^{M} / 27^{D} / 2006^{V}			
		State Zip Code PA 15907	Category/	Amount of Each Disbursement this Period 49.24 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	[MEMO ITEM]			
C.	Full Name (Last, First, Middle Initial) Petty Cash			Transaction ID: SB17.28814.3 Date of Disbursement			
	Mailing Address P.O. Box 1091			$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \\ \end{array} \begin{array}{c} \\ \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} $			
		State Zip Code PA 15907		Amount of Each Disbursement this Period			
	Meals Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
s	UBTOTAL of Disbursements This Page (optional)		····· Þ	0.00			
Т	TOTAL This Period (last page this line number only)						

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 165/211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b
		Detailed Summary Page		20a 20b 20c 21
	Information copied from such Reports and Stateme or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)			
\langle	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28704
	Pittsburgh Post Gazette			Date of Disbursement
	Mailing Address Box 400536			$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ 0 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 1 \\ 3 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} V \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} $
	,	State Zip Code PA 15268-0536		Amount of Each Disbursement this Period
	Purpose of Disbursement	13200-0300		368.00
	Subscription			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser			
	Senate President	Primary General Other (specify) ▼		
	State: District:			
D	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28809
В.	Precious Metals & Diamond Co.			Date of Disbursement
	Mailing Address 1011 Eisenhower Blvd			M 9 / D 2 D / Y Y 0 Y 0 Y Q 9 / / D 2 Z / Y Y 0 Y 0 Y
		Citate Zip Code PA 15904-3305		Amount of Each Disbursement this Period
	Purpose of Disbursement			1212.64
	Gifts Candidate Name		Cata name/	Refund or Disposal of Excess Contributions Required Under
			Category/ Type	11 C.F.R. 400.53
	Office Sought: House Disburser Senate	nent For: Primary General		
	President	Other (specify)		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Robert C. Ondick, CPA, PC			Transaction ID: SB17.27802 Date of Disbursement
				07 05 2006
	Mailing Address 551 Main Street, Suite 22	0		07 05 2006
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement		· · · · · · · · · · · · · · · · · · ·	2500.00
	Accounting Service Candidate Name Category/		Category/	Refund or Disposal of Excess Contributions Required Under
	Canadae Name		Type	11 C.F.R. 400.53
	Office Sought: House Disburser			
	Senate President	Primary General Other (specify) ▼		
_	State: District:	· · · · · ·		
e	JBTOTAL of Disbursements This Page (optional)		•	4080.64
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Т	DTAL This Period (last page this line number only).		►	

Any Information copied from such Reports and Statements may not be sold or used by any person for or for commercial purposes, other than using the name and address of any political committee to sol NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) A. Robert C. Ondick, CPA, PC Mailing Address 551 Main Street, Suite 220 City State Zip Code Johnstown PA 15901 Purpose of Disbursement Accounting Service Category/ Candidate Name Disbursement For: Category/ Office Sought: House Disbursement For: Category/ Type Other (specify) ▼ B. Robert C. Ondick, CPA, PC Mailing Address 551 Main Street, Suite 220 City State: District: Type B. Robert C. Ondick, CPA, PC Mailing Address 551 Main Street, Suite 220 City State Zip Code Code Johnstown PA 15901 Purpose of Disbursement Purpose of Disbursement Category/ Type Category/ Office Sought:	NUMBER: PAGE 166/211
or for commercial purposes, other than using the name and address of any political committee to sol NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) A Robert C. Ondick, CPA, PC Mailing Address 551 Main Street, Suite 220 City Johnstown PA 15901 Purpose of Disbursement Accounting Service Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) B Robert C. Ondick, CPA, PC Mailing Address 551 Main Street, Suite 220 City Johnstown PA 15901 Purpose of Disbursement Accounting Service Candidate Name Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House S51 Main Street, Suite 220 City Johnstown PA 15901 Purpose of Disbursement Accounting Service Candidate Name Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House S51 Main Street, Suite 220 City State Zip Code Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Sonate PA 15901 Purpose of Disbursement Accounting Service Candidate Name City Category/ Type Office Sought: House Sonate President State: District: City Category/ Type Office Sought: House Sonate President State: District: City Category/ Type Office Sought: House Sonate President State: District: City Category/ Type Office Sought: House Sonate President State: District: City Category/ Type Office Sought: House Sonate Plaza City Category/ Catego	X 17 18 19a 19b 20a 20b 20c 21
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) A Robert C. Ondick, CPA, PC Mailing Address 551 Main Street, Suite 220 City State Zip Code Johnstown PA 15901 Purpose of Disbursement Accounting Service Category/ Candidate Name Disbursement For: General Office Sought: House Disbursement For: General Office Sought: House Disbursement For: General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) B. Robert C. Ondick, CPA, PC Mailing Address 551 Main Street, Suite 220 City City State Zip Code Johnstown PA 15901 Purpose of Disbursement Accounting Service Category' Candidate Name Disbursement For: Category' Office Sought: House Disbursement For: Category' Office Sought: House Disbursement For: Category' <th></th>	
A Robert C. Ondick, CPA, PC Mailing Address 551 Main Street, Suite 220 City State Zip Code Johnstown PA 15901 Purpose of Disbursement Accounting Service Category/ Candidate Name Disbursement For: Category/ Office Sought: House Disbursement For: Category/ State: District: Other (specify) ✓ B Robert C. Ondick, CPA, PC Mailing Address 551 Main Street, Suite 220 City State Zip Code Johnstown PA 15901 Purpose of Disbursement Accounting Service Category/ Candidate Name Disbursement For: Category/ Office Sought: House Disbursement For: Category/ Candidate Name Disbursement For: Category/ Category/ Office Sought: House Disbursement For: Category/ Office Sought: House Disbursement For: Category/ Office Sought: House Disbursement For: Category/ State Distri	
City State Zip Code Johnstown PA 15901 Purpose of Disbursement Accounting Service Category/ Candidate Name Disbursement For: Category/ Condicate Name President Disbursement For: State: District: Primary General President Other (specify) ✓ State: District: Other (specify) ✓ B. Full Name (Last, First, Middle Initial) Robert C. Ondick, CPA, PC Mailing Address 551 Main Street, Suite 220 City State Zip Code Johnstown PA 15901 Purpose of Disbursement Accounting Service Category/ Type Candidate Name Disbursement For: Category/ Category/ Purpose of Disbursement Accounting Service Category/ Type Office Sought: House Disbursement For: Category/ State: District: Disbursement For: Category/ State: District: Other (specify) ✓ Ctity State Zip Code Charle	Transaction ID: SB17.27994 Date of Disbursement
Johnstown PA 15901 Purpose of Disbursement Accounting Service Category/ Category/ Type Office Sought: House President Disbursement For: Primary Category/ General State: District: Disbursement For: President Category/ Primary B. Full Name (Last, First, Middle Initial) B. B. Full Name (Last, First, Middle Initial) B. B. Bobert C. Ondick, CPA, PC Mailing Address Mailing Address 551 Main Street, Suite 220 City City State Zip Code Johnstown PA 15901 Purpose of Disbursement Accounting Service Category/ Type Office Sought: House Disbursement For: President Office Sought: House Disbursement For: Other (specify) ♥ State: District: Other (specify) ♥ City State Zip Code Mailing Address 305 Chamber Plaza City City State Zip Code Charleroi PA 15022-1607 Purpose of Disbursement Category/ Category/ Can	
Accounting Service Category/ Type Office Sought: House President Disbursement For: Other (specify) ▼ State: District: B. Full Name (Last, First, Middle Initial) Robert C. Ondick, CPA, PC Mailing Address 551 Main Street, Suite 220 City State Johnstown PA Purpose of Disbursement Accounting Service Category/ Type Office Sought: House President Office Sought: House President Disbursement For: Category/ Type Office Sought: House President Disbursement For: Senate President State: District: Other (specify) ▼ State: District: State: District: Mailing Address 305 Chamber Plaza City State Zip Code PA City State Zip Code PA City State Zip Code PA Charleroi PA 15022-1607 Purpose of Disbursement Advertising Category/ Category/	Amount of Each Disbursement this Period
Office Sought: House Disbursement For: Senate President Other (specify) Full Name (Last, First, Middle Initial) Robert C. Ondick, CPA, PC Mailing Address 551 Main Street, Suite 220 City State Zip Code Johnstown PA 15901 Purpose of Disbursement Accounting Service Category/ Candidate Name Disbursement For: Category/ Office Sought: House Disbursement For: Office Sought: House Disbursement For: Office Sought: District: Primary General Office Sought: District: Other (specify) ✓ State: District: Other (specify) ✓ Full Name (Last, First, Middle Initial) C Senior Times ✓ Mailing Address 305 Chamber Plaza ✓ Zip Code City State Zip Code PA 15022-1607 Purpose of Disbursement Advertising Category/ Category/ City State Zip Code Charleroi PA 1502	2500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Robert C. Ondick, CPA, PC Mailing Address 551 Main Street, Suite 220 City State Zip Code Johnstown PA 15901 Purpose of Disbursement Accounting Service Category/ Candidate Name Disbursement For: Category/ Office Sought: House Disbursement For: General President Other (specify) ▼ State: District: Other (specify) ▼ Full Name (Last, First, Middle Initial) C Senior Times State Zip Code Mailing Address 305 Chamber Plaza City State Zip Code City State Zip Code PA 15022-1607 Purpose of Disbursement Advertising Category/ Category/ Candidate Name Category/ Category/ Category/	
City State Zip Code Johnstown PA 15901 Purpose of Disbursement Accounting Service Category/ Candidate Name Disbursement For: Category/ Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District: ✓ Full Name (Last, First, Middle Initial) C. C. Senior Times Mailing Address 305 Chamber Plaza City State Zip Code Charleroi PA 15022-1607 Purpose of Disbursement Advertising Category/ Candidate Name Category/	Transaction ID: SB17.28659 Date of Disbursement
Johnstown PA 15901 Purpose of Disbursement Accounting Service Category/ Candidate Name Category/ Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District: Viter (specify) Full Name (Last, First, Middle Initial) Senior Times Mailing Address 305 Chamber Plaza City State Zip Code Charleroi PA 15022-1607 Purpose of Disbursement Advertising Category/ Candidate Name Category/	$\begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{pmatrix} P \\ 0 & 6 \end{bmatrix} \begin{pmatrix} Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$
Accounting Service Category/ Type Category/ Type Category/ Type Office Sought: House Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Senior Times Mailing Address 305 Chamber Plaza City State City State City PA 15022-1607 Purpose of Disbursement Advertising Candidate Name	Amount of Each Disbursement this Period 2500.00
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District: Other (specify) ▼ Full Name (Last, First, Middle Initial) Senior Times Mailing Address 305 Chamber Plaza City State Zip Code Charleroi PA 15022-1607 Purpose of Disbursement Advertising Category/ Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) Senior Times Mailing Address 305 Chamber Plaza City State Zip Code Charleroi PA 15022-1607 Purpose of Disbursement Advertising Category/ Candidate Name Category/	
City State Zip Code Charleroi PA 15022-1607 Purpose of Disbursement Advertising Candidate Name Category/	Transaction ID: SB17.28752 Date of Disbursement
Charleroi PA 15022-1607 Purpose of Disbursement Advertising Advertising Category/	M9 / D2 D / Y 2006 Y
Advertising Candidate Name Category/	Amount of Each Disbursement this Period
	337.00 Refund or Disposal of Excess
Турс	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼	
State: District:	
SUBTOTAL of Disbursements This Page (optional)	5337.00

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 167/211		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	yone) X 17 18 19a 19b 20a 20b 20c 21		
	y Information copied from such Reports and Stateme for commercial purposes, other than using the name					
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) Smith Bus Co Mailing Address 271 Old William Penn Hw	/y		Transaction ID: SB17.28796 Date of Disbursement 09^{M} / 25^{D} / 2006^{Y}		
		State Zip Code PA 15717	Category/	Amount of Each Disbursement this Period 295.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼	Туре			
В.	Full Name (Last, First, Middle Initial) Special Tax Collector			Transaction ID: SB17.27814 Date of Disbursement		
	Mailing Address Bloomfield Street			07 ^M /12 ^D /2006 ^Y		
		State Zip Code PA 15904	Category/	Amount of Each Disbursement this Period 92.28 Refund or Disposal of Excess Contributions Required Under		
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼	Туре	11 C.F.R. 400.53		
C.	Full Name (Last, First, Middle Initial) State Workers Ins. Fund			Transaction ID: SB17.27800 Date of Disbursement		
	Mailing Address 100 Lackawanna Avenue P.O. Box 5100					
		StateZip CodePA18505-5100		Amount of Each Disbursement this Period		
	Purpose of Disbursement Insurance			4.00 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼				
s	UBTOTAL of Disbursements This Page (optional)		►	391.28		
т	TOTAL This Period (last page this line number only)					

5	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 168/211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Check only	y one) X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Stater or commercial purposes, other than using the nam			
	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Susan O'Neill & Assoc.			Transaction ID: SB17.27855 Date of Disbursement
	Mailing Address 5910 Gloster Road			07 ^M /26 [/] /2006 ^Y
	City Bethesda	StateZip CodeMD20816		Amount of Each Disbursement this Period
	Purpose of Disbursement Public Relations Expense		v v	4166.67 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		
	Full Name (Last, First, Middle Initial)			T
В.	Susan O'Neill & Assoc.			Transaction ID: SB17.28096 Date of Disbursement
	Mailing Address 5910 Gloster Road			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 3 & 0 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$
	City Bethesda	StateZip CodeMD20816		Amount of Each Disbursement this Period
	Purpose of Disbursement Public Relations Exp			4166.67 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	ement For: Primary General Other (specify) V		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Susan O'Neill & Assoc.			Transaction ID: SB17.28826 Date of Disbursement
	Mailing Address 5910 Gloster Road			M M M M M D D D D D D D D D D
	City Bethesda	StateZip CodeMD20816		Amount of Each Disbursement this Period
	Purpose of Disbursement Public Relations Exp		· · ·	4166.67 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) V		
s	JBTOTAL of Disbursements This Page (optional)		►	12500.01
	OTAL This Period (last page this line number only			

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 169/211		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) X 17 18 19a 19b		
				20a 20b 20c 21		
	y Information copied from such Reports and Stateme for commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full)	·····				
\langle	MURTHA FOR CONGRESS COMMITTEE					
Δ	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.27998		
А.	The Mirage Banquet Facility			Date of Disbursement		
	Mailing Address 800 Scalp Avenue			M M / D D P Y Y O Y O Y Y O <thy o<="" th=""></thy>		
		State Zip Code PA 15904		Amount of Each Disbursement this Period		
	Purpose of Disbursement	-A 15904		1800.00		
	Rally Expense			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser					
	Senate President	Primary General Other (specify) ▼				
	State: District:					
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28081		
В.	The Mirage Banquet Facility			Date of Disbursement		
	Mailing Address 800 Scalp Avenue			M M / D D / Y Y O O O Y 0 8 / 2 0 0 6 Y		
		State Zip Code PA 15904		Amount of Each Disbursement this Period		
	Purpose of Disbursement			108.00		
	Rally Exp Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼				
	State: District:					
C.	Full Name (Last, First, Middle Initial) The New Republic			Transaction ID: SB17.27932 Date of Disbursement		
	Mailing Address 145 Center Street			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 2 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$		
		State Zip Code PA 15552		Amount of Each Disbursement this Period		
	Purpose of Disbursement Subscription			27.00 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼				
Г	State: District:					
s	UBTOTAL of Disbursements This Page (optional)			1935.00		
Т	TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE (check only			
	Detailed Summary Page	>	(17 18 19a 19b 20a 20b 20c 21		
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE					
Full Name (Last, First, Middle Initial) A. Thomas Automotive Family Mailing Address 750 Eisenhower Blvd.			Transaction ID: SB17.28015Date of DisbursementM 8 M0 8 M1 52 0 0 6		
Johnstown F	State Zip Code PA 15904		Amount of Each Disbursement this Period 725.95		
Purpose of Disbursement Vehicle Repairs Candidate Name	[Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼				
Full Name (Last, First, Middle Initial) B. Tribune-Review			Transaction ID: SB17.27997 Date of Disbursement		
Mailing Address 622 Cabin Hill Drive					
Greensburg	State Zip Code PA 15601		Amount of Each Disbursement this Period 270.00		
Purpose of Disbursement Campaign Office Exp Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	nent For: Primary General Other (specify) ▼				
Full Name (Last, First, Middle Initial) C. Tribune Democrat			Transaction ID: SB17.28059 Date of Disbursement		
Mailing Address 425 Locust Street P.O. Box 340			$\begin{array}{c} \stackrel{M}{\overset{M}{}}} \stackrel{M}{\overset{M}{}}} & {}^{\prime} & \begin{array}{c} \stackrel{D}{\overset{D}{}}} \stackrel{D}{\overset{D}{}}} & {}^{\prime} & \begin{array}{c} \stackrel{Y}{}} \stackrel{Y}{\overset{Y}{}}} \stackrel{Y}{\overset{Y}{}}} \stackrel{Y}{\overset{Y}{}}} \stackrel{Y}{\overset{Y}{}}} \\ \end{array} \\ \end{array}$		
Johnstown	State Zip Code PA 15907-0340		Amount of Each Disbursement this Period 180.00		
Purpose of Disbursement Advertising Candidate Name	[Category/	Refund or Disposal of Excess Contributions Required Under		
Office Sought: House Disburser		Type	11 C.F.R. 400.53		
Senate	Primary General Other (specify) V				
SUBTOTAL of Disbursements This Page (optional)		►	1175.95		
TOTAL This Period (last page this line number only)					

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 171/211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b
A				20a 20b 20c 21
	Information copied from such Reports and Statem or commercial purposes, other than using the name			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Ľ				
Α.	Full Name (Last, First, Middle Initial) Tribune Democrat			Transaction ID: SB17.28080 Date of Disbursement
	Mailing Address 425 Locust Street P.O. Box 340			08 30 2006
		State Zip Code PA 15907-0340		Amount of Each Disbursement this Period
	Purpose of Disbursement Subscription			141.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28669
В.	UMWA Activity Fund			Date of Disbursement
	Mailing Address 2121 K Street NW Suite 350			09 06 2006
		State Zip Code PA 20037		Amount of Each Disbursement this Period
	Purpose of Disbursement Tickets			1500.00 Refund or Disposal of Excess
	Candidate Name			Contributions Required Under 11 C.F.R. 400.53
	Senate President	ment For: Primary General Other (specify) ▼		
	State: District: Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28719
C.	United Labor Comm of Wash. Co.			Date of Disbursement
	Mailing Address P.O. Box 293			$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \begin{array}{c} 9 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} 3 \\ 3 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} 3 \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 \end{array} \begin{array}{c} 0 \\ 0 \end{array} \begin{array}{c} 0 \\ 0 \end{array} \begin{array}{c} Y \\ \end{array} \end{array}$
		State Zip Code PA 15317-0293		Amount of Each Disbursement this Period
	Purpose of Disbursement Adv. & Tickets			310.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
S	JBTOTAL of Disbursements This Page (optional) .		····· Þ	1951.00
	DTAL This Period (last page this line number only)		►	
FEC	Schedule B (Form 3) Rev. 02/2003			

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE N	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only o	17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name			the purpose of solicating contributions
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
A. United Way Mailing Address 422 Main Street Suite 203			Transaction ID: SB17.28685 Date of Disbursement
City S	tate Zip Code PA 15901		Amount of Each Disbursement this Period 250.00
Tickets Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	nent For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) B. UPS			Transaction ID: SB17.27810 Date of Disbursement
Mailing Address P.O. Box 7247-0244			
		Category/ Type	Amount of Each Disbursement this Period 39.13 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:	Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. UPS			Transaction ID: SB17.27819 Date of Disbursement
Mailing Address P.O. Box 7247-0244			$ \overset{M}{0} \overset{M}{7} \overset{M}{1} \overset{I}{2} \overset{D}{1} \overset{D}{2} \overset{I}{2} \overset{Y}{1} \overset{Y}{2} \overset{Y}{0} \overset{Y}{0} \overset{Y}{6} \overset{Y}{1} $
Philadelphia F	tate Zip Code PA 19170-0001		Amount of Each Disbursement this Period 30.87
Purpose of Disbursement Freight Candidate Name			Refund or Disposal of Excess Contributions Required Under
Office Sought: House Disburser Senate		Category/ Type	11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional)		······ Þ	320.00
TOTAL This Period (last page this line number only). FEC Schedule B (Form 3) Rev. 02/2003		►	L

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check onl	NUMBER: PAGE 173/211
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) UPS			Transaction ID: SB17.27832 Date of Disbursement 0 7 ^M / ^D 1 9 / ^Y 2 0 0 6
	Mailing Address P.O. Box 7247-0244			07 19 2006
	Philadelphia	State Zip Code PA 19170-0001		Amount of Each Disbursement this Period
	Purpose of Disbursement Freight Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	.) ~	
В.	Full Name (Last, First, Middle Initial) UPS			Transaction ID: SB17.27848 Date of Disbursement
	Mailing Address P.O. Box 7247-0244			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 7 \end{array} \\ \end{array} \\ \begin{array}{c} P \\ 2 \\ 6 \end{array} \\ \end{array} \\ \begin{array}{c} P \\ 2 \\ 6 \end{array} \\ \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \\ \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \\ \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \\ \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \\ \begin{array}{c} Y \\ Y $
	Philadelphia	State Zip Code PA 19170-0001		Amount of Each Disbursement this Period
	Purpose of Disbursement Freight Candidate Name		Category/ Type	52.31 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	ment For: Primary General Other (specify) ▼	1,100	
	State: District: Full Name (Last, First, Middle Initial)			
C.	UPS			Transaction ID: SB17.27934 Date of Disbursement
	Mailing Address P.O. Box 7247-0244			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 8 \end{array} \\ \end{array} \\ \left(\begin{array}{c} D \\ 0 \\ 2 \end{array} \right) \\ \left(\begin{array}{c} D \\ 0 \\ 2 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y $
		State Zip Code PA 19170-0001		Amount of Each Disbursement this Period
	Purpose of Disbursement Freight			28.03 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
9	UBTOTAL of Disbursements This Page (optional) .			152.45
	OTAL This Period (last page this line number only)			
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 174/211		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	yone) X 17 18 19a 19b		
		Detailed Summary Fage		20a 20b 20c 21		
	y Information copied from such Reports and Stateme for commercial purposes, other than using the name					
$\overline{}$	NAME OF COMMITTEE (In Full)					
\backslash	MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) UPS			Transaction ID: SB17.27992 Date of Disbursement		
	Mailing Address P.O. Box 7247-0244			M & M / D & D / Y Y & Y & Y Y Y Y & Y & Y Y		
	,	StateZip CodePA19170-0001		Amount of Each Disbursement this Period		
	Purpose of Disbursement Freight			16.00 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼				
	State: District: Full Name (Last, First, Middle Initial)					
В.				Transaction ID: SB17.28019 Date of Disbursement		
	Mailing Address P.O. Box 7247-0244			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 8 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} 1 \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} T \\ T \\ \end{array} \begin{array}{c} T \\ T $		
		State Zip Code PA 19170-0001		Amount of Each Disbursement this Period		
	Purpose of Disbursement Freight			1.36 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) V				
	State: District:					
C.	Full Name (Last, First, Middle Initial) UPS			Transaction ID: SB17.28020 Date of Disbursement		
	Mailing Address P.O. Box 7247-0244			$\begin{array}{c} M \\ 0 \\ 8 \\ \end{array} \begin{array}{c} \prime \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ 6 \\ \end{array} \begin{array}{c} D \\ 1 \\ 6 \\ \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $		
		StateZip CodePA19170-0001		Amount of Each Disbursement this Period		
	Purpose of Disbursement Freight			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼				
9	UBTOTAL of Disbursements This Page (optional)		►	72.00		
	OTAL This Period (last page this line number only)					
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 175/211		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	x 17 18 19a 19b		
				20a 20b 20c 21		
	y Information copied from such Reports and Stateme for commercial purposes, other than using the name					
\square	NAME OF COMMITTEE (In Full)					
Ľ	MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) UPS			Transaction ID: SB17.28048 Date of Disbursement		
	Mailing Address P.O. Box 7247-0244			$\begin{array}{c} M \\ 0 \\ 8 \\ \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} P \\ 2 \\ 3 \\ \end{array} \begin{array}{c} D \\ 2 \\ 3 \\ \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $		
	,	State Zip Code PA 19170-0001		Amount of Each Disbursement this Period		
	Purpose of Disbursement Freight			159.55 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	President	nent For: Primary General Other (specify) V				
	State: District: Full Name (Last, First, Middle Initial)			T		
В.				Transaction ID: SB17.28074 Date of Disbursement		
	Mailing Address P.O. Box 7247-0244			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 8 \end{array} \\ \end{array} \\ \begin{array}{c} \prime \\ \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 3 \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} 0 \\ 0 \\ \end{array} \\ \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \\ \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \\ \begin{array}{c} Y \\ Y $		
	Philadelphia	State Zip Code PA 19170-0001		Amount of Each Disbursement this Period		
	Purpose of Disbursement Freight Candidate Name			Refund or Disposal of Excess Contributions Required Under		
		mant Fau	Category/ Type	11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President	Primary General Other (specify)				
	State: District:					
C.	Full Name (Last, First, Middle Initial) UPS			Transaction ID: SB17.28660 Date of Disbursement		
	Mailing Address P.O. Box 7247-0244			$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ 0 \\ \end{array} \begin{array}{c} 0 \\ 0 \\ \end{array} \begin{array}{c} D \\ 0 \\ 0 \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $		
		StateZip CodePA19170-0001		Amount of Each Disbursement this Period		
	Purpose of Disbursement Freight			40.22 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) V				
				259.42		
	UBTOTAL of Disbursements This Page (optional)					

ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page If and the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) Transaction ID: SB17.28699 A. UPS Mailing Address P.O. Box 7247-0244 City State Zip Code Philadelphia PA Purpose of Disbursement Transaction ID: SB17.28699 Date of Disbursement Transaction ID: SB17.28699 President PA Office Sought: House Disbursement Freight Category/ Type Office Sought: House Disbursement For: General Other (specify) Transaction ID: SB17.28741	S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 176/211		
ar 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 MulTITA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) A. UPS Malling Address P.O. Box 7247-0244 City Philadelphia Philadelphia Priceider Other (specify) ▼ Type Office Sought: House Disbursement Freight Candidate Name Disbursement Freight Candi	IT	EMIZED DISBURSEMENTS	for each category of the		X 17 18 19a 19b		
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City State Purpose of Disbursement President Freight Category/ Type Category/ Type Transaction ID: SB17.28609 Office Sought: House District: Disbursement For: Other (specify) ▼ Freidind Or Disposed of Excess Category/ Type Transaction ID: SB17.28741 Buil Name (Last, First, Middle Initial) Transaction ID: SB17.28741 Buil VPS Other (specify) ▼ Mailing Address P.O. Box 7247-0244 City PA Purpose of Disbursement Pre- Pre- Pre- Mailing Address P.O. Box 7247-0244 City PA Purpose of Disbursement Primary General Other (specify) ▼ Office Sought: House Disbursement Primary Candidate Name Category Office Sought: House Disbursement For: Primary <th></th> <th></th> <th></th> <th></th> <th></th>							
A. UPS Date of Diabursement in Dodd Mailing Address P.O. Box 7247-0244	$\left \right\rangle$	NAME OF COMMITTEE (In Full)					
City PA Zip Code Amount of Each Disbursement this Period Pridadelphia PA 19170-0001 Amount of Each Disbursement this Period Propose of Disbursement Catogory' Transaction ID: SB17.28741 Category Office Sought: House Disbursement For: President District: President Category' B UPS Transaction ID: SB17.28741 Disbursement for: Malling Address P.O. Box 7247-0244 Office Sought: Office Sought: Malling Address P.O. Box 7247-0244 Office Sought: Amount of Each Disbursement this Period Office Sought: Bostration ID: SB17.28741 State Zip Code Philadelphia PA 19170-0001 Amount of Each Disbursement for: Purpose of Disbursement Freight Category' Transaction ID: SB17.28804 Cardidate Name Disbursement For: Category' Transaction ID: SB17.28804 Office Sought: Bostratic Disbursement For: Category' State: District: Disbursement For: Category' Malling Address P.O. Box 7247-0244 Mout of Each Disbursement<	Α.	UPS			Date of Disbursement		
Philadelphia PA 19170-0001 Purpose of Disbursement Freight			Zie Oode				
Pringht							
Office Sought: House Senate President Disbursement For: Other (specify) ▼ Full Name (Last, First, Middle Initial) Transaction ID: SB17.28741 Date of Disbursement Mailing Address P.O. Box 7247-0244 City Philadelphia State Zip Code PA Philadelphia PA Purpose of Disbursement Freight General Category/ Type Office Sought: House Senate Disbursement For: Category/ Type Office Sought: House President Disbursement For: Category/ Type Mailing Address P.O. Box 7247-0244 Ctip President Disbursement For: Other (specify) ▼ State: Disbursement For: Disbursement For: Category/ Type Mailing Address P.O. Box 7247-0244 City Philadelphia PA PS Mailing Address Mailing Address P.O. Box 7247-0244 City Philadelphia PA PA 19170-0001 Purpose of Disbursement Frieght State Candidate Name Disbursement For: Category/ Type Office Sought: House Senate President Disbursement For: Category/ Type State Office Sought: Duse Senate Pr		Freight			Refund or Disposal of Excess Contributions Required Under		
B. UPS Mailing Address P.O. Box 7247-0244 City PA Philadelphia PA Part of Disbursement Freight Candidate Name Office Sought: House Primary General Oftice Sought: Disbursement For: President Other (specify) Mailing Address P.O. Box 7247-0244 Amount of Each Disbursement this Period Office Sought: House President Other (specify) Mailing Address P.O. Box 7247-0244 City Primary General Office Sought: Philadelphia PA 19170-0001 Mailing Address Purpose of Disbursement Primary Category/ Other (specify) Office Sought: House Office Sought: House Office Sought: Disbursement For: Category/ Transaction ID: SB17.28804 Date of Disbursement Befund or Disposal of Excess Category/ Disbursement For: Office Sough		Senate President	Primary General	Type			
Mailing Address P.O. Box 7247-0244 0 9 2 0 2 0 0 6 City State Zip Code Amount of Each Disbursement this Period Priladelphia PA 19170-0001 42.73 Prince of Disbursement Category/ Type 42.73 Candidate Name Disbursement For: Category/ Type Refund or Disposal of Excess Contributions Required Under Office Sought: House Disbursement For: Category/ Primary General Office Sought: House Disbursement For: Category/ Primary General Other (specify) Image: Contributions Required Under 11 C.F.R. 400.53 Ct UPS Transaction ID: SB17.28804 Mailing Address P.O. Box 7247-0244 Image: Category/ Type Mailing Address P.O. Box 7247-0244 Image: Category/ Type Mailing Address P.O. Box 7247-0244 Image: Category/ Type City State Zip Code PA 19170-0001 Prinary General State Disbursement For: Office Sought: House Disbursement For: Senate Office Sought: House Senat	В.				Date of Disbursement		
Philadelphia PA 19170-0001 Purpose of Disbursement Freight 42.73 Candidate Name Category' Type Contributions Required Under Office Sought: House Disbursement For: Contributions Required Under State: District: Other (specify) Image: Contributions Required Under Ctity Full Name (Last, First, Middle Initial) UPS Image: Contributions Required Under Mailing Address P.O. Box 7247-0244 Image: Code PA 19170-0001 Purpose of Disbursement Frieght Category' Y Y Office Sought: House Disbursement For: Mailing Address P.O. Box 7247-0244 City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Category' Type Mailing Address P.O. Box 7247-0244 City State Zip Code Amount of Each Disbursement this Period 85.41 Pringht Category' Type Image: Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Category' Encortibutions Required Under		Mailing Address P.O. Box 7247-0244					
Prince of Disbursement in Freight Refund or Disposal of Excess Category/ Type Category/ Type Office Sought: House Senate President Other (specify) Ic.F.R. 400.53 Transaction ID: SB17.28804 Date of Disbursement Ctudy: V You PS Mailing Address P.O. Box 7247-0244 City PA Philadelphia PA Purpose of Disbursement 85.41 Pregident Category/ Y Office Sought: House Disbursement Frieght Category/ Type Category/ Type Refund or Disposal of Excess Contributions Required Under Office Sought: House Disbursement For: Senate President Disbursement For: Office Sought: Disbursement For: President Disbursement For: President Other (specify) State: District: SubtrotAL of Disbursements This Page (optional)		Philadelphia					
Senate Primary General President Other (specify) ✓ State: District: ✓ Full Name (Last, First, Middle Initial) ✓ Transaction ID: SB17.28804 Date of Disbursement ✓ Ø 9 M / 2 7 / 2 0 0 6 Mailing Address P.O. Box 7247-0244 Ø 9 M / 2 7 / 2 0 0 6 City State Zip Code Philadelphia PA 19170-0001 Purpose of Disbursement B5.41 Frieght Category/ Type Cardidate Name Disbursement For: Office Sought: House Disbursement For: Senate Primary General Other (specify) ✓ 205.62		Freight			Refund or Disposal of Excess Contributions Required Under		
Full Name (Last, First, Middle Initial) Transaction ID: SB17.28804 Mailing Address P.O. Box 7247-0244 City State Zip Code Philadelphia PA 19170-0001 Purpose of Disbursement Refund or Disposal of Excess Candidate Name Category/ Type Office Sought: House Senate Disbursement For: Senate President Other (specify) IC.F.R. 400.53 SUBTOTAL of Disbursements This Page (optional)		Senate President	Primary General				
Mailing Address P.O. Box 7247-0244 0 9 2 7 2 0 0 6 City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement PA 19170-0001 85.41 Purpose of Disbursement Category/ Refund or Disposal of Excess Candidate Name Category/ Type Office Sought: House Disbursement For: President Other (specify) Inc.F.R. 400.53 State: District: 205.62	C.	Full Name (Last, First, Middle Initial)			Date of Disbursement		
Philadelphia PA 19170-0001 Purpose of Disbursement Frieght 85.41 Frieght Candidate Name Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Caneral Office Sought: President Other (specify) Image: Contribution of Disbursement For: State: District: Other (specify) Image: Content for: SUBTOTAL of Disbursements This Page (optional) 205.62		Mailing Address P.O. Box 7247-0244			$\begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 7 \end{pmatrix} \begin{pmatrix} Y & Y \\ 2 & 0 & 0 \\ 0 & 6 \end{pmatrix}$		
Frieght Candidate Name Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Category/ Type Office Sought: President Other (specify) Image: Contribution of Disposal of Excess State: District: Other (specify) Image: Contribution of Disposal of Excess SUBTOTAL of Disbursements This Page (optional) Contended of Disbursements This Page (optional) Image: Contended of Disbursements This Page (optional)							
Office Sought: House Disbursement For: Type 11 C.F.R. 400.53 Office Sought: Senate Primary General President Other (specify) ▼ 205.62					Refund or Disposal of Excess		
Senate Primary General President Other (specify) ▼ State: District: 205.62		Candidate Name					
		Senate President	Primary General				
	s	UBTOTAL of Disbursements This Page (optional)			205.62		

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 177/211		
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	y one) X 17 18 19a 19b		
		Detailed Summary Page		$\begin{array}{c c c c c c c c c c c c c c c c c c c $		
	y Information copied from such Reports and Stater					
or	or commercial purposes, other than using the nam	e and address of any political	committee to so	licit contributions from such committee		
\rangle	MURTHA FOR CONGRESS COMMITTEE	1				
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.27821		
А.	Valenty Bottled Water			Date of Disbursement		
	Mailing Address P.O. Box 1055			M M / D D / Y		
	City	State Zip Code		Amount of Each Disbursement this Period		
	Northern Cambira	PA 15714-3055		30.03		
	Purpose of Disbursement Campaign Office Expense			Refund or Disposal of Excess		
	Candidate Name		Category/	Contributions Required Under		
			Туре	11 C.F.R. 400.53		
	Office Sought: House Disburs	ement For: Primary General				
	President	Other (specify)				
	State: District:					
в.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.27990		
р.	Valenty Bottled Water			Date of Disbursement		
	Mailing Address P.O. Box 1055			M & M / D & D / Y Y & Y & Y Y Y & Y & Y Y		
	City Northern Cambira	State Zip Code PA 15714-3055		Amount of Each Disbursement this Period		
	Purpose of Disbursement	17 13/14-3033		30.03		
	Campaign Office Exp			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburs	ement For: Primary General				
	President	Other (specify)				
	State: District:					
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28709		
0.	Valenty Bottled Water			Date of Disbursement		
	Mailing Address P.O. Box 1055			$ \begin{array}{c} M & 0 \\ 0 & 9 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D & D \\ 1 & 3 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y $		
	City	State Zip Code		Amount of Each Disbursement this Period		
	Northern Cambira Purpose of Disbursement	PA 15714-3055		108.03		
	Campaign Office Exp			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
		ement For:				
	President	Primary General Other (specify)				
	State: District:					
s	JBTOTAL of Disbursements This Page (optional)		Þ	168.09		
Т	TOTAL This Period (last page this line number only)					

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 178/211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one) X 17 18 19a 19b
				20a 20b 20c 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
^	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.27933
А.	Valley News Dispatch			Date of Disbursement
	Mailing Address PO Box 74709			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 8 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 0 \\ 2 \end{array} \begin{array}{c} V \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} V \\ V \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} V \\ V $
	,	State Zip Code PA 15274-7009		Amount of Each Disbursement this Period
	Purpose of Disbursement	FA 13274-7009		275.00
	Subscription			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
в.	Full Name (Last, First, Middle Initial) Valley Printing			Transaction ID: SB17.28023 Date of Disbursement
				$\begin{array}{c} M \\ 0 \\ 8 \end{array} \begin{array}{c} M \\ 1 \\ 6 \end{array} \begin{array}{c} D \\ 1 \\ 6 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y $
	Mailing Address 667 Main Street			
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Rally Expense			47.70 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28049
C.	Valley Printing			Date of Disbursement
	Mailing Address 667 Main Street			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 3 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Advertsing			1344.08
	Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) V	Туре	11 0.1 11. 400.00
9	JBTOTAL of Disbursements This Page (optional) .			1666.78
	DTAL This Period (last page this line number only) Schedule B (Form 3) Rev. 02/2003		►	
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 179/211		
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	∕one) X 17 □ 18 □ 19a □ 19b		
		Detailed Summary Page		20a 20b 20c 21		
	y Information copied from such Reports and Statem					
or 1	or commercial purposes, other than using the name	e and address of any political	committee to so	licit contributions from such committee		
\mathbb{N}						
V	MURTHA FOR CONGRESS COMMITTEE					
×	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28707		
Α.	Valley Printing			Date of Disbursement		
	Mailing Address 667 Main Street			$\begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 1 \\ 3 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $		
	City	State Zip Code		Amount of Each Disbursement this Period		
	Johnstown	PA 15901				
	Purpose of Disbursement			146.28		
	Campaign Office Exp Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under		
			Type	11 C.F.R. 400.53		
	Office Sought: House Disburse	ment For:				
	Senate	Primary General				
	State: District:	Other (specify)				
	Full Name (Last, First, Middle Initial)			T		
В.	Valley Printing			Transaction ID: SB17.28806 Date of Disbursement		
				09 ^M / ^D 27 ^V / ^Y 2006 ^Y		
	Mailing Address 667 Main Street			09 27 2000		
		State Zip Code PA 15901		Amount of Each Disbursement this Period		
	Purpose of Disbursement			110.24		
	Campaign Office Exp			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse	ment For: Primary General				
	President	Other (specify)				
	State: District:					
~	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28807		
C.	Valley Printing			Date of Disbursement		
	Mailing Address 667 Main Street			$\begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 7 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 6 \end{pmatrix}$		
		State Zip Code		Amount of Each Disbursement this Period		
		PA 15901		205 20		
	Purpose of Disbursement Campaign Office Exp			395.38 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse	ment For:	-			
	Senate	Primary General				
	State: District:	Other (specify)				
s	UBTOTAL of Disbursements This Page (optional) .		····· Þ	651.90		
Т	TOTAL This Period (last page this line number only)					

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 180/211		
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	yone) X 17 18 19a 19b		
		Detailed Summary Page	H H	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	y Information copied from such Reports and Statem					
or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political of	committee to so	licit contributions from such committee		
\rangle	MURTHA FOR CONGRESS COMMITTEE					
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28026		
А.	Vee Neal Aviation			Date of Disbursement		
	Mailing Address 200 Pleasant Unity Rd Ste 109			$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} M \\ \end{array} \\ \end{array} \\ \begin{array}{c} \prime \\ \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} T \\ 0 \end{array} \\ \begin{array}{c} T \\ 0 \end{array} \\ \begin{array}{c} Y \\ \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 0 \end{array} \\ \begin{array}{c} Y \\ 0 \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \\ Y$		
		State Zip Code		Amount of Each Disbursement this Period		
		PA 15650-9549		3903.00		
	Purpose of Disbursement Travel			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼				
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28661		
В.	Vee Neal Aviation			Date of Disbursement		
	Mailing Address 200 Pleasant Unity Rd Ste 109			$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ \end{array} \\ \end{array} \\ \left(\begin{array}{c} D \\ 0 \end{array} \\ \end{array} \\ \left(\begin{array}{c} D \\ 0 \end{array} \\ \end{array} \right) \\ \left(\begin{array}{c} Y \\ 0 \end{array} \\ \end{array} \\ \left(\begin{array}{c} Y \\ 2 \end{array} \\ \end{array} \\ \left(\begin{array}{c} Y \\ 2 \end{array} \\ \end{array} \right) \\ \left(\begin{array}{c} Y \\ 0 \end{array} \\ \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \end{array} \\ \left(\begin{array}{c} Y \\ Y \end{array} \right) \\ \left(Y \\ Y \end{array} \right) \\ \left(Y \\ Y \\ Y \\ \left(Y \\ Y \end{array} \right) \\ \left(Y \\ Y \\ Y \\ Y \\ Y \\ Y $		
		State Zip Code PA 15650-9549		Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel		U U	1988.75 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼				
	State: District: Full Name (Last, First, Middle Initial)					
C.	Verizon North			Transaction ID: SB17.27808 Date of Disbursement		
	Mailing Address P.O. Box 920041			$ \begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 5 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $		
		StateZip CodeTX75392-0041		Amount of Each Disbursement this Period		
	Purpose of Disbursement Telephone		· · ·]	432.75 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼				
				6324 60		
S	SUBTOTAL of Disbursements This Page (optional) 6324.50					
Т	OTAL This Period (last page this line number only)		►			
S(CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 181/211		
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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	x 17 18 19a 19b 20a 20b 20c 21		
	Information copied from such Reports and Stateme or commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) Verizon North Mailing Address P.O. Box 920041			Transaction ID: SB17.27939Date of Disbursement00 <t< th=""></t<>		
	,	State Zip Code TX 75392-0041		Amount of Each Disbursement this Period		
	Purpose of Disbursement Telephone Candidate Name		Category/ Type	443.18 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼				
В.	Full Name (Last, First, Middle Initial) Verizon North			Transaction ID: SB17.28665 Date of Disbursement		
	Mailing Address P.O. Box 920041			M 9 / D 0 D Y Y Y Y Y Y 0 9 / 0 6 / Y Y Y Y Y Y		
		State Zip Code TX 75392-0041		Amount of Each Disbursement this Period 463.19		
	Telephone Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼				
C.	Full Name (Last, First, Middle Initial) Veteran Comm. Initiatives Inc			Transaction ID: SB17.28819 Date of Disbursement		
	Mailing Address Westmont Prof Bldg 1650 Menoher Blvd.			M M M M M D D D D D D D D D D		
		State Zip Code PA 15905		Amount of Each Disbursement this Period		
	Purpose of Disbursement Tickets			2000.00 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼				
s	JBTOTAL of Disbursements This Page (optional)		►	2906.37		
	DTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3)		Use seperate schedule(s)	FOR LINE NUMBER: PAGE 182/		
IT	EMIZED DISBURSEMENTS	for each category of the	(Check only	yone) X 17 18 19a 19b	
		Detailed Summary Page		$\begin{array}{c c c c c c c c c c c c c c c c c c c $	
	y Information copied from such Reports and Statemory or commercial purposes, other than using the name				
	NAME OF COMMITTEE (In Full)				
\rangle	MURTHA FOR CONGRESS COMMITTEE				
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.28014	
Α.	Ruth Villa			Date of Disbursement	
	Mailing Address 126 Somerset Pike			M M / D D P Y Y O Y O Y Y O Y O Y Y O	
	,	State Zip Code		Amount of Each Disbursement this Period	
		PA 15937		1783.80	
	Purpose of Disbursement Wages			Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼			
	State: District:				
В.	Full Name (Last, First, Middle Initial) Washington Co Chamber of Comm.			Transaction ID: SB17.28088 Date of Disbursement	
	Mailing Address 20 East Beau Street			M M / D D / Y Y O Y Y O Y	
		State Zip Code PA 15301		Amount of Each Disbursement this Period	
	Purpose of Disbursement Tickets			160.00 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼			
	State: District:				
C.	Full Name (Last, First, Middle Initial) Washington Greene CLC			Transaction ID: SB17.28672 Date of Disbursement	
	Mailing Address One South College Street			M o M / D o D / Y Y o Y o Y Y Y o Y o Y Y Y o Y o Y Y Y o Y o Y Y Y o Y o Y Y Y Y o Y o Y Y Y Y Y o Y o Y Y<	
		State Zip Code PA 15301		Amount of Each Disbursement this Period	
	Purpose of Disbursement Advertising		· · · ·]	200.00 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼			
s	JBTOTAL of Disbursements This Page (optional)		····· ►	2143.80	
т	OTAL This Period (last page this line number only)		►		

	(FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 183/211
	BURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
				or the purpose of solicating contributions licit contributions from such committee
	-			
Full Name (Last, F A. Weekly Record				Transaction ID: SB17.28034 Date of Disbursement
Mailing Address	P.O. Box F			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 8 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} D \\ 1 \\ 6 \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} $
^{City} Claysville		State Zip Code PA 15327		Amount of Each Disbursement this Period
Purpose of Disbur Advertising Candidate Name	sement		Category/	350.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought:	House Disburse Senate President District:	ment For: Primary General Other (specify) ▼	Туре	11 0.1 .n. 400.33
Full Name (Last, F B. Weekly Record				Transaction ID: SB17.28674 Date of Disbursement
Mailing Address	P.O. Box F			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 6 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
City Claysville		State Zip Code PA 15327		Amount of Each Disbursement this Period
Purpose of Disbur Advertising Candidate Name	sement		Category/ Type	350.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: State:	House Disburse Senate President District:	ment For: Primary General Other (specify) ▼		
Full Name (Last, F C. Westmont Mob	First, Middle Initial)			Transaction ID: SB17.28810 Date of Disbursement
Mailing Address	1735 Goucher Street			$ \begin{array}{c} \stackrel{M}{\overset{O}{}}} \stackrel{M}{\overset{M}{}}} & \stackrel{I}{\overset{D}{}}} \stackrel{D}{\overset{D}{}}} \stackrel{D}{\overset{D}{}}} & \stackrel{D}{\overset{V}{}}} & \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}{}}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \mathsf$
City Johnstown		State Zip Code PA 15905		Amount of Each Disbursement this Period
Purpose of Disbur Travel	sement			184.98 Refund or Disposal of Excess
Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: State:	House Disburse Senate President District:	ment For: Primary General Other (specify) ▼		
SUBTOTAL of Disb	ursements This Page (optional) .		►	884.98
	(last page this line number only)			

	(FEC Form 3 BURSEMENTS	Use seperate schedule(s)	FOR LINE (check onl	NUMBER: PAGE 184 / 211 ly one) X 17 18 19a 19b 20a 20b 20c 21
or for commercial purp NAME OF COMM MURTHA FOR	oses, other than using t ITTEE (In Full) CONGRESS COMM	he name and address of any politica		for the purpose of solicating contributions olicit contributions from such committee
A. Wheeling Athlet Mailing Address	,	neriserv Finl		Transaction ID: SB17.28671Date of Disbursement $0 9$ / $0 6$ /YYYY $0 9$ /0 6/Y2 0 0 6Y
City Johnstown Purpose of Disbur Tickets Candidate Name	sement	State Zip Code PA 15907	Category/ Type	Amount of Each Disbursement this Period 330.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: State:	House I Senate President District:	Disbursement For: Primary General Other (specify) ▼		

1		
SUBTOTAL of Disbursements This Page (optional)	►	330.00
TOTAL This Period (last page this line number only)	•	348930.58
FEC Schedule B (Form 3) Rev. 02/2003		

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 185/211
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	/ one)
		Detailed Summary Page		$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	y Information copied from such Reports and Stateme			
or f	or commercial purposes, other than using the name	e and address of any political	committee to so	licit contributions from such committee
\mathbb{N}				
V	MURTHA FOR CONGRESS COMMITTEE			
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB21.28057
Α.	4 H Livestock Clubs			Date of Disbursement
	Mailing Address 26 West High Street			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 3 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$
	City S	State Zip Code		Amount of Each Disbursement this Period
	Waynesburg	PA 15370		070.75
	Purpose of Disbursement Contribution			870.75
	Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
			Туре	11 C.F.R. 400.53
	Office Sought: House Disburser			
	Senate President	Primary General		
	State: District:	Other (specify)		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB21,28694
В.	ABERCROMBIE FOR CONGRESS			Date of Disbursement
	Mailing Address c/o 1357 Kapiolani Blvd. Ste. 1005		$ \begin{array}{c} \stackrel{M}{\overset{D}{}}} \stackrel{M}{\overset{M}{}}} & {}^{\prime} & \begin{array}{c} \stackrel{D}{}} \stackrel{D}{\overset{D}{}}} & {}^{\prime} & \begin{array}{c} \stackrel{Y}{}} \stackrel{Y}{}} \stackrel{Y}{}} \stackrel{Y}{}} \stackrel{Y}{}} \\ \begin{array}{c} \stackrel{Y}{}} \stackrel{Y}{}} \stackrel{Y}{}} \stackrel{Y}{}} \stackrel{Y}{}} \stackrel{Y}{}} \end{array} \right) \\ \end{array} $	
	Mailing Address c/o 1357 Kapiolani Blvd. Ste. 1005 c/o 1357 Kapiolani Blvd. Ste. 1005			
	,	State Zip Code		Amount of Each Disbursement this Period
		HI 96814		2000.00
	Purpose of Disbursement Contribuiton			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: X House Disburser Senate	ment For: Primary General		
	President	Other (specify)		
	State: HI District: 01			
C.	Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS			Transaction ID: SB21.28680 Date of Disbursement
	Mailing Address P.O. Box 8508			M 9 M / D 6 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		State Zip Code NY 13505		Amount of Each Disbursement this Period
	Purpose of Disbursement			2000.00
	Contribution			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: X House Disburser Senate President	ment For: Primary General Other (specify) ▼		
_	State: NY District: 24	- · ·		
	JBTOTAL of Disbursements This Page (optional)			4870.75
Т	DTAL This Period (last page this line number only)		>	

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	none) 17 18 19a 19b
			20a 20b 20c X 21
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
MURTHA FOR CONGRESS COMMITTEE			
Full Name (Last, First, Middle Initial)			Transaction ID: SB21.27957
A. Armstrong Co. Democratic Comm			Date of Disbursement
Mailing Address Box 172, RR #1			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 2 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$
	State Zip Code PA 16242		Amount of Each Disbursement this Period
Purpose of Disbursement	A 10242		40.00
Tickets			Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburser Senate	nent For: Primary General		
	Other (specify)		
State: District:	(1)		
Full Name (Last, First, Middle Initial) B. Armstrong Co. Democratic Comm			Transaction ID: SB21.28087
Armstrong Co. Democratic Comm			Date of Disbursement
Mailing Address Box 172, RR #1			$\begin{array}{c} \begin{array}{c} M & M \\ \hline 0 & 8 \end{array} \end{array} \begin{array}{c} T \\ \hline \end{array} \begin{array}{c} D \\ \hline \end{array} \begin{array}{c} D \\ \hline \end{array} \begin{array}{c} 0 \\ \hline \end{array} \end{array} \begin{array}{c} T \\ \hline \end{array} \begin{array}{c} T \\ \hline \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \end{array} \end{array} $
	State Zip Code PA 16242		Amount of Each Disbursement this Period
Purpose of Disbursement			
Contribution		Refund or Disposal of Excess	
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	nent For: Primary General Other (specify) V		
State: District:			
Full Name (Last, First, Middle Initial)C. Armstrong Co. Democratic Comm			Transaction ID: SB21.28764 Date of Disbursement
Mailing Address Box 172, RR #1	Mailing Address Box 172, RR #1		
	State Zip Code PA 16242		Amount of Each Disbursement this Period
Purpose of Disbursement Tickets & Adv			300.00 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburser			
	Primary General Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		►	2840.00
TOTAL This Period (last page this line number only).			
FEC Schedule B (Form 3) Rev. 02/2003		····· F	

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 187/211
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	/ one)] 17] 18] 19a] 19b
		Detailed Summary Page		20a 20b 20c X 21
	y Information copied from such Reports and Stateme for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)	and address of any political		
\rangle	MURTHA FOR CONGRESS COMMITTEE			
~	Full Name (Last, First, Middle Initial)			Transaction ID: SB21.27826
А.	BARBARA LEE FOR CONGRESS			Date of Disbursement
	Mailing Address 1736 FRANKLIN STREE	Г #500		$ \begin{array}{c} \stackrel{M}{\overset{O}{}}} \stackrel{M}{\overset{M}{}}} & \stackrel{I}{\overset{D}{}}} \stackrel{D}{\overset{D}{}}} & \stackrel{D}{\overset{I}{}}} & \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \\ \end{array} \right) $
		State Zip Code		Amount of Each Disbursement this Period
	OAKLAND Purpose of Disbursement	CA 94612		2000.00
	Contribution			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: X House Disburser			
	Senate President	Primary General Other (specify)		
	State: CA District: 09			
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB21.28678
В.	Betty Sutton for Congress			Date of Disbursement
	Mailing Address 13488 Walnut Trace			M 9 M / D D / Y
		State Zip Code OH 44024		Amount of Each Disbursement this Period
	Purpose of Disbursement			2000.00
	Contribution Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: X House Disburser	nent For: Primary General Other (specify) ▼		
	State: OH District: 13 Full Name (Last, First, Middle Initial)			
C.	BRALEY FOR CONGRESS			Transaction ID: SB21.27966 Date of Disbursement
	Mailing Address PO Box 390			$\begin{array}{c} \begin{array}{c} M & M \\ \hline 0 & 8 \end{array} \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} \begin{array}{c} D & D \\ \hline 0 & 2 \end{array} \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} \begin{array}{c} Y \\ \hline Y \end{array} \begin{array}{c} Y \\ 2 \end{array} \begin{array}{c} Y \\ 0 \end{array} \begin{array}{c} Y \\ 0 \end{array} \begin{array}{c} Y \end{array} \begin{array}{c} Y \\ Y \end{array} $
		State Zip Code IA 50704		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			2000.00
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: X House Disburser Senate President State: IA District: 01	nent For: Primary General Other (specify) ▼		
Г				
s	UBTOTAL of Disbursements This Page (optional)		►	6000.00
-	OTAL This Poriod (last page this line sumber and)			
Ľ	OTAL This Period (last page this line number only)		····· P	

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 188/211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) 17 18 19a 19b
۸	ulpformation copied from such Deposite and Clater		by any names f	20a 20b 20c X 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
<u>ب</u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB21.28827
Α.	BROWN FOR CONGRESS			Date of Disbursement
	Mailing Address P. O. Box 4506			M 9 M / D 2 6 / Y Y Y Y Y 0 9 M / D 2 6 / Y Y Y Y Y
	,	State Zip Code CA 95604		Amount of Each Disbursement this Period
	Purpose of Disbursement			2000.00
	Contribution			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: X House Disburser Senate President State: CA District: 04	ment For: Primary General Other (specify) ▼		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB21,28682
В.	BUSANSKY, PHYLLIS H			Date of Disbursement
	Mailing Address 3611 SCHEFFLERA ROAD			$\begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 6 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
		State Zip Code		Amount of Each Disbursement this Period
	TAMPA FL 33618 Purpose of Disbursement			1000.00
	Contribution			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	ment For: Primary General Other (specify) ▼		
	State: FL District: 09 Full Name (Last, First, Middle Initial)			-
C.	Cambria County Democratic Comm.			Transaction ID: SB21.28992 Date of Disbursement
	Mailing Address 104 S. Center Street P.O. Box 92			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} / \begin{bmatrix} D & D \\ 3 & 0 \end{bmatrix} / \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
		State Zip Code PA 15931		Amount of Each Disbursement this Period
	Purpose of Disbursement Contrib. Poll Watcher Exp		· · · ·]	6800.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE	
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
<u> </u>	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	MURTHA FOR CONGRESS COMMITTEE			
A.	Full Name (Last, First, Middle Initial) CAP PAC			Transaction ID: SB21.28771 Date of Disbursement
	Mailing Address 38 IVY ST SE			$\begin{array}{c} \begin{array}{c} M & M \\ 0 & 9 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D \\ 1 & 9 \end{array} \begin{array}{c} J \\ \end{array} \begin{array}{c} V \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $
		State Zip Code DC 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement			5000.00
	Contribution Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
			Туре	11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
В.	Full Name (Last, First, Middle Initial) CLARKE FOR CONGRESS			Transaction ID: SB21.28731 Date of Disbursement
	Mailing Address 111-36 200TH STREET			$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ 9 \end{array} \\ \begin{array}{c} \prime \\ \end{array} \\ \left(\begin{array}{c} D \\ 1 \end{array} \\ 1 \end{array} \\ \left(\begin{array}{c} Y \\ 2 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \end{array} \right) \\ \left(Y \\ Y \end{array} \right) \\ \left(Y \\ Y \end{array} \right$
	,	State Zip Code NY 11412		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			2000.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: X House Disburse Senate President	ment For: Primary General Other (specify) ▼		
	State: NY District: 11			
C.	Full Name (Last, First, Middle Initial) Comm. To Elect Ed Cernic Jr			Transaction ID: SB21.28730 Date of Disbursement
	Mailing Address 500 Cooper AVenue			$\begin{array}{c} M & M \\ 0 & 9 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D & D \\ 1 & 3 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 & 0 & 0 \\ \end{array} \begin{array}{c} Y \\ 2 \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y $
		State Zip Code PA 15906		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution		U U	300.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
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or 1	or commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee
\mathbb{N}	NAME OF COMMITTEE (In Full)			
V	MURTHA FOR CONGRESS COMMITTEE			
×	Full Name (Last, First, Middle Initial)			Transaction ID: SB21.27972
А.	COMMITTEE TO BRING BACK BARON			Date of Disbursement
	Mailing Address PO BOX 1071			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 2 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$
		State Zip Code		Amount of Each Disbursement this Period
		N 47274		2000.00
	Purpose of Disbursement Contribution			Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under
			Туре	11 C.F.R. 400.53
	Office Sought: X House Disburser	nent For: Primary General		
	President	Other (specify)		
	State: IN District: 09			
в.	Full Name (Last, First, Middle Initial)			Transaction ID: SB21.27964
Ъ.	Committee to Re-elect Ed Towns			Date of Disbursement
	Mailing Address 438 Lewis Avenue			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 2 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 0 & 6 \end{bmatrix}$
		State Zip Code NY 11207		Amount of Each Disbursement this Period
	Brooklyn I Purpose of Disbursement	11207		2000.00
	Contribution			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate	nent For: Primary General		
	President	Other (specify)		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Comm to Re-Elect Barb Kline			Transaction ID: SB21.28007 Date of Disbursement
	Mailing Address 218 E. Horner Street			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 9 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$
		State Zip Code PA 15931		Amount of Each Disbursement this Period
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	Contribution Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
			Type	11 C.F.R. 400.53
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s	JBTOTAL of Disbursements This Page (optional)		Þ	4200.00
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Detailed Summary Page 17 18 19a 19b Any Information copied from such Reports and Statements may not be sold or used by any person for the purposes, other than using the name and address of any political committee to solicit contributions from such committee 20b 17 18 19a 19b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions from such committee NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) NAME OF CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) Transaction ID: SB21.28098 A. CRANLEY FOR CONGRESS Mailing Address 37 W 7TH ST SUITE 804 Transaction ID: SB21.28098 City State Zip Code Amount of Each Disbursement this Period City State Zip Code Amount of Each Disbursement this Period Contribution Category/ Type 200.00 Refund or Disposal of Excess Contribution Disbursement For: Category/ Type 11 C.F.R. 400.53 Office Sought: X House Disbursement For: Other (specify) ▼ State: OH District: 01 Other (specify) ▼ Transaction ID: SB21.27811		CHEDULE B (FEC Form 3)	Use seperate schedule(s) for each category of the	FOR LINE (check only	NUMBER: PAGE 191 / 211 / one)
ar for commercial purposes, after than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) MURTHA FOR CONGRESS Full Name (Last, First, Middle Initial) A. CRANLEY FOR CONGRESS Maling Address 37 W 7TH ST SUITE 804 City CRANLEY FOR CONGRESS Candidate Name City Contribution Candidate Name City Contribution Candidate Name City Contribution Category Type City Category Type Category Type Category Type Category Type Category Type Category Category Type Category Category Category Type Category Category Type Category Category Category Category Type Category Category Category Type Category		EMIZED DISBURSEMENTS	Detailed Summary Page	Ē	20a 20b 20c X 21
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A. CRANLEY FOR CONGRESS Date of Disbursement 1:0000 Mailing Address 37 W 7TH ST SUITE 804 City State Zip Code City CINNATI OH 45202 Purpose of Disbursement Cardidate Name Category/ Type Office Sought: X House Disbursement For: Senate Category/ Type Office Sought: X House Disbursement For: Senate Category/ Type Mailing Address 430 S. Capitol Street, SE City Transaction ID: SB21.27811 Date of Disbursement Mailing Address 430 S. Capitol Street, SE City Amount of Each Disbursement this Period Mailing Address 430 S. Capitol Street, SE City Amount of Each Disbursement this Period Office Sought: House Disbursement For: Senate Category/ Type Office Sought: House Disbursement For: Primary General Office Sought: House Disbursement For: Primary General Office Sought: House Disbursement For: Primary General Office Sought: Boad S. Capitol Street, SE City Amount of Each Disbursement Mailing Address 430 S. Capitol Street	$\left \right\rangle$	NAME OF COMMITTEE (In Full)			
CirkCiNNATI OH 45202 2000.00 Purpose of Disbursement Cardidate Name 2000.00 Contribution Category/ Type Category/ Type Category/ Type Office Sought: X House Disbursement For: President Category/ Type Transaction ID: SB21.27811 B. Full Name (Last, First, Middle Initial) D.C.C.C. Transaction ID: SB21.27811 Mailing Address 430 S. Capitol Street, SE 07 ″ ′ ° 0 5 ′ ′ × 2 0 0 6 ′ City State Zip Code Washington DC 2000.00 Purpose of Disbursement Excess Contributions Required Under Category/ Washington Disbursement For: President Category/ Type Office Sought: House Disbursement For: President Category/ Type Office Sought: House Disbursement For: President Transaction ID: SB21.27984 City State Zip Code Amount of Each Disbursement Mailing Address 430 S. Capitol Street, SE 06 ° ° ′ × 2 0 0 6 ′ City State Zip Code Amount of Each Disbursement Mailing Address 430 S. Capitol Street, SE 06 ° ° ′ × 2 0 0 6 ′	Α.	CRANLEY FOR CONGRESS			Date of Disbursement
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Office Sought: House Disbursement For: Primary General State: District: Other (specify) ▼ Transaction ID: SB21.27984 C. D.C.C.C. Transaction ID: SB21.27984 Mailing Address 430 S. Capitol Street, SE Mailing Address 430 S. Capitol Street, SE City State Zip Code Maount of Each Disbursement this Period Purpose of Disbursement DC 20003 12500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: General Office Sought: House Disbursement For: General Office Sought: District: Other (specify) ▼ 29500.00 State: District: 29500.00 29500.00		Excess Contribution		U U	Refund or Disposal of Excess Contributions Required Under
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Senate Primary General Other (specify) ✓ SUBTOTAL of Disbursements This Page (optional) ●					Contributions Required Under
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	for commercial purposes, other than using the name			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
×	Full Name (Last, First, Middle Initial)			Transaction ID: SB21.28725
Α.	D.C.C.C.			Date of Disbursement
	Mailing Address 430 S. Capitol Street, SE	Ξ		$\begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ 3 \\ \end{array} \begin{array}{c} D \\ 1 \\ 3 \\ \end{array} \begin{array}{c} I \\ 0 \\ \end{array} \begin{array}{c} V \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \\ \end{array} \begin{array}{c} V \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ Y \\$
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	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
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	State: District:			
в.	Full Name (Last, First, Middle Initial) D.C.C.C.			Transaction ID: SB21.28790 Date of Disbursement
	Mailing Address 430 S. Capitol Street, SE	Ξ		09 ^M /22 [/] 2006 ^Y
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		DC 20003		200000.00
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	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		
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C.	Full Name (Last, First, Middle Initial) DEFAZIO FOR CONGRESS			Transaction ID: SB21.28733 Date of Disbursement
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		State Zip Code OR 97477		Amount of Each Disbursement this Period
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\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
۱.	Full Name (Last, First, Middle Initial) DONNELLY FOR CONGRESS			Transaction ID: SB21.28005 Date of Disbursement
	Mailing Address PO BOX 515			$ \begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 9 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
		State Zip Code NY 14223		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name		Category/	2000.00 Refund or Disposal of Excess Contributions Required Under
	Office Sought: X House Disburse Senate President State: NY District: 28	ement For: Primary General Other (specify) V	Туре	11 C.F.R. 400.53
3.	Full Name (Last, First, Middle Initial) ELLSWORTH FOR CONGRESS COMMIT	TEE		Transaction ID: SB21.28060 Date of Disbursement
	Mailing Address PO BOX 62			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 8 \end{array} \\ \end{array} \\ \left(\begin{array}{c} D \\ 2 \\ 3 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0$
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	Office Sought: X House Disburse Senate President State: IN District: 08	ement For: Primary General Other (specify) ▼		
).	Full Name (Last, First, Middle Initial) ERLANDSON FOR U S REPRESENTATIV	/E		Transaction ID: SB21.28066 Date of Disbursement
	Mailing Address PO BOX 14805			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 9 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{pmatrix}$
		State Zip Code MN 55414		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			2000.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		ement For: 2006 Primary General Other (specify)		
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name				
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE				
Α.	Full Name (Last, First, Middle Initial) ERLANDSON FOR U S REPRESENTATIV Mailing Address PO BOX 14805	E			Transaction ID: SB21.28068 Date of Disbursement 0 8 ^M / ^D 2 9 / ^Y 2 0 0 6
		State Zip Code MN 55414			Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name			Category/	2000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: X House Disburser Senate President State: MN District: 05	ment For: 2006 Primary X Gener Other (specify) ▼	al	Туре	11 C.F.N. 400.55
в.	Full Name (Last, First, Middle Initial) Flight 93 Natl Memorial Fund				Transaction ID: SB21.27952 Date of Disbursement
	Mailing Address Natl Park Foundation Suite 600				
		State Zip Code DC 20036			Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution		Γ		2000.00 Refund or Disposal of Excess
	Candidate Name		(Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary Gener Other (specify) ▼	al		
C.	State: District: Full Name (Last, First, Middle Initial) Fred L. Lebder Democrat Picnic				Transaction ID: SB21.27851 Date of Disbursement
	Mailing Address 14 Judith Street				$ \begin{bmatrix} M & T & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 6 \end{bmatrix} / \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
		State Zip Code PA 15401			Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution		Γ		1000.00 Refund or Disposal of Excess
	Candidate Name		(Category/ Type	Contributions Required Under 11 C.F.R. 400.53
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 195 / 211
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	17 18 19a 19b 20a 20b 20c X 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) FRIENDS OF CHARLIE WILSON Mailing Address 7 CADIZ PIKE			Transaction ID: SB21.27853Date of Disbursement $M = M = M = M = M = M = M = M = M = M =$
		State Zip Code OH 43912		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name		Category/	2000.00 Refund or Disposal of Excess Contributions Required Under
	Office Sought: X House Disburse Senate President State: OH District: 06	ement For: Primary General Other (specify) ▼	Туре	11 C.F.R. 400.53
в.	Full Name (Last, First, Middle Initial) FRIENDS OF MAZIE HIRONO			Transaction ID: SB21.28834 Date of Disbursement
	Mailing Address PO BOX 677			M 9 M / D 2 D / Y
	HÓNOLULU	State Zip Code HI 96809		Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: X House Disburse Senate President State: HI District: 02	ement For: 2006 Primary X General Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) FRIENDS OF TAMMY DUCKWORTH			Transaction ID: SB21.27974 Date of Disbursement
	Mailing Address 416 W. 22nd St.			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{bmatrix} D & D \\ 0 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
		State Zip Code IL 60148		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			2000.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: X House Disburse Senate President State: IL District: 06	Primary General Other (specify) ▼		
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 196/211
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		Detailed Summary Page	-	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
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or	for commercial purposes, other than using the na	me and address of any political	committee to so	licit contributions from such committee
\mathbb{N}				
V	MURTHA FOR CONGRESS COMMITTE	E		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB21.28721
Α.	Friends of Tim Mahoney			Date of Disbursement
	Mailing Address Box 1592			M M M M M M M M M M M
	City	State Zip Code		Amount of Each Disbursement this Period
	Uniontown	PA 15401		500.00
	Purpose of Disbursement Contribution			Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under
			Туре	11 C.F.R. 400.53
		sement For:		
	Senate President	Other (specify) ▼		
	State: District:			
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB21,28785
В.	GIFFORDS FOR CONGRESS			Date of Disbursement
	Mailing Address PO Box 27565			09 ^M / ^D 21 ^Y ^Y 2006 ^Y
	City Tucson	State Zip Code AZ 85726		Amount of Each Disbursement this Period
	Purpose of Disbursement	112 00720		2000.00
	Contribution			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: X House Disbur Senate	sement For: 2006 Primary X General		
	President	Other (specify)		
	State: AZ District: 08			
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB21.28789
C.	GIFFORDS FOR CONGRESS			Date of Disbursement
	Mailing Address PO Box 27565			M 9 / D 0 D / Y Y 0 Y </th
	City Tucson	State Zip Code AZ 85726		Amount of Each Disbursement this Period
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	President	Other (specify)		
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) GOLDMARK FOR CONGRESS Mailing Address 400 TIMENTWA ROAD			M 9 M / D 1 4 Y Y 3 7 6 Y Y Y 0 6 Y Y 0 6 Y
	OKANOGAN	State Zip Code WA 98840		Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		ment For: 2006 Primary General Other (specify) ▼		
В.	Full Name (Last, First, Middle Initial) GOLDMARK FOR CONGRESS			Transaction ID: SB21.28737 Date of Disbursement
	Mailing Address 400 TIMENTWA ROAD			$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \begin{array}{c} 9 \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} $
	OKANOGAN	State Zip Code WA 98840		Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: X House Disburse Senate President State: WA District: 05	ment For: 2006 Primary X General Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) JAY FAWCETT FOR CONGRESS 2006			Transaction ID: SB21.27978 Date of Disbursement
	Mailing Address PO Box 7124			$\begin{array}{c} M & M \\ 0 & 8 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D & D \\ 0 & 2 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y $
		StateZip CodeCO80933		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			2000.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		ment For: 2006 Primary General Other (specify) ▼		
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		Detailed Summary Page		17 18 19a 19b 20a 20b 20c X 21
	y Information copied from such Reports and Stateme			or the purpose of solicating contributions
or	or commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee
\mathbb{N}	NAME OF COMMITTEE (In Full)			
/	MURTHA FOR CONGRESS COMMITTEE			
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB21.27980
Α.	JAY FAWCETT FOR CONGRESS 2006			Date of Disbursement
	Mailing Address PO Box 7124			08 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Maining Address PO Box / 124			
		State Zip Code		Amount of Each Disbursement this Period
		CO 80933		2000.00
	Purpose of Disbursement Contribution			Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under
			Туре	11 C.F.R. 400.53
	Office Sought: X House Disburser			
	Senate President	Primary X General Other (specify)		
	State: CO District: 05			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB21,28773
В.	Joe Baca for Congress			Date of Disbursement
	Mailing Address 201 North E Street Suite	102		$\begin{array}{c} \stackrel{M}{\overset{O}} 9 \stackrel{M}{\overset{O}} 1 \stackrel{O}{\overset{O}} 1 O$
		102		
		State Zip Code CA 92401		Amount of Each Disbursement this Period
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	Contribution			Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: X House Disburser	ment For: 2006	Туре	
	Office Sought: X House Disburser	Primary X General		
	President	Other (specify)		
	State: CA District: 43			
C.	Full Name (Last, First, Middle Initial)			Transaction ID: SB21.27983
0.	LAMPSON FOR CONGRESS			Date of Disbursement
	Mailing Address P.O. Box 21578			$\begin{array}{c} M \\ 0 \\ 8 \end{array} \begin{array}{c} M \\ 0 \\ 2 \end{array} \begin{array}{c} D \\ 0 \\ 2 \end{array} \begin{array}{c} D \\ 0 \\ 2 \end{array} \begin{array}{c} D \\ 0 \\ 2 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y $
	City	State Zip Code		Amount of Each Disbursement this Period
		TX 77720		
	Purpose of Disbursement			2000.00
	Contribution Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
	Calduale Name		Type	11 C.F.R. 400.53
	Office Sought: X House Disburser			
	Senate	Primary X General		
	State: TX District: 09	Other (specify)		
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NAME OF COMMITTEE (In Full)			
MURTHA FOR CONGRESS COMMITTEE			
Full Name (Last, First, Middle Initial)A.LINDA STENDER FOR US CONGRESS			Transaction ID: SB21.27981 Date of Disbursement
Mailing Address P.O. Box 730			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{bmatrix} D & D \\ 0 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y \\ 2 \end{bmatrix}$
,	State Zip Code NJ 07076		Amount of Each Disbursement this Period
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Candidate Name	(Category/ Type	Contributions Required Under 11 C.F.R. 400.53
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State: NJ District: 07			
Full Name (Last, First, Middle Initial) B. LOIS MURPHY FOR CONGRESS			Transaction ID: SB21.28836 Date of Disbursement
Mailing Address P.O. Box 312			$\begin{array}{c} \stackrel{M}{\overset{M}{\overset{M}{}}}} \stackrel{M}{\overset{M}{}}} \stackrel{M}{\overset{I}{}}} \stackrel{D}{\overset{D}{}}} \stackrel{D}{\overset{D}{}}} \stackrel{D}{\overset{D}{}}} \stackrel{D}{\overset{I}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}{}}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V}} \stackrel{V}}{\overset{V}} \stackrel{V}}{\overset{V}} \stackrel{V} \stackrel{V}} \stackrel{V}} \stackrel{V} \overset$
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Office Sought: X House Disburse Senate President	nent For: 2006 Primary X General Other (specify) ▼		
State: PA District: 06			
Full Name (Last, First, Middle Initial) C. MADRID FOR CONGRESS			Transaction ID: SB21.28787 Date of Disbursement
Mailing Address PO Box 25626			^M 9 ^M / ^D 2 ¹ / ^Y 2 0 0 6 ^Y
	StateZip CodeNM87125		Amount of Each Disbursement this Period
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	y Information copied from such Reports and Stateme or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) MASSA FOR CONGRESS Mailing Address 59 EAST MARKET STRE	ET SUITE 244		Transaction ID: SB21.28829 Date of Disbursement 0 9 ^M / ^D 2 6 / ^Y 2 0 0 6
	,	State Zip Code NY 14830		Amount of Each Disbursement this Period 2000.00
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: X House Disburser Senate President State: NY District: 29	nent For: 2006 Primary X General Other (specify) ▼		
в.	Full Name (Last, First, Middle Initial) MEJIAS FOR CONGRESS			Transaction ID: SB21.28690 Date of Disbursement 0 9 ^M / ^D 0 7 / ^Y 2 0 0 6
	Mailing Address 124 SUNRISE DRIVE			09 07 2006
	N MASSAPEQUA	State Zip Code NY 11758		Amount of Each Disbursement this Period 2000.00
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	Office Sought: X House Disburser Senate President State: NY District: 03	nent For: Primary General Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) MITCHELL FOR CONGRESS COMMITTER	Ē		Transaction ID: SB21.27962 Date of Disbursement
	Mailing Address 312 FLORENCE STREET SOUTH STATION	-		$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 8 \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} D \\ 0 \\ 2 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} 2 \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ 0 \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} $
		State Zip Code MA 02720		Amount of Each Disbursement this Period
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) A. NAMI Pennsylvania Maling Address 240 Vine Street Öty State Johnstown PA Purpose of Disbursement Gategory Cardidate Name President Office Sought: House Pill Name (Last, First, Middle Initial) Category Ref President Office Sought: House B. NEW HOUSE PAC Transaction ID: SB21.27960 Maling Address 607 14th Street NW Suite 800 State: Disbursement For: State: Disbursement For: Grifice Sought: House B. NEW HOUSE PAC Transaction ID: SB21.27960 Date of Disbursement Category City State Purpose of Disbursement Disbursement For: Grifice Sought: House B. NEW HOUSE FAC Amount of Each Disbursement this Perice Office Sought:	ITE	EMIZED DISBURSEMENTS	for each category of the		17 18 19a 19b
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A. NAMI Pennsylvania Data of Disbursement into 0 0 Mailing Address 240 Vine Street City State Zip Code Johnstown PA 15901 Purpose of Disbursement Solo.00 Cardidate Name Category Office Sought: House Disbursement For: President Disbursement For: Other (specify) ▼ State: Disbursement For: Other (specify) ▼ Mailing Address 607 14th Street NW Suite 800 Suite 800 City State Zip Code Mailing Address 607 14th Street NW Suite 800 Suite 800 City State Zip Code Mailing Address 607 14th Street NW Suite 800 Category City State Zip Code Mailing Address 607 14th Street NW Suite 800 Category City State Zip Code Mailing Address 607 14th Street NW Suite 800 Category City State Disbursement For: State President Disbursement For: State State Office Sought: H		NAME OF COMMITTEE (In Full)			
City State Zip Code Quintstown PA 15901 Purpose of Disbursement State Zip Code Contribution Category/ Type State Disbursement For: Office Sought: House Disbursement For: Senate President Other (specify) Inc.F.R. 400.53 Full Name (Last, First, Middle Initial) B. NEW HOUSE PAC Malling Address 607 14th Street NW Suite 800 State Zip Code Value Address 607 14th Street NW Suite 800 State Zip Code Malling Address 607 14th Street NW Suite 800 Category/ Type Amount of Each Disbursement this Perice Office Sought: House Disbursement For: Senate 5000.00 Periodent State: Disbursement For: Senate Senate 5000.00 President Disbursement For: Senate President Z 0 0 6 [×] State: Disbursement For: Senate President Z 0 0 6 [×] Office Sought: House Disbursement For: Amount of Each Disbursement the Perice City State Zip Code<	A.	NAMI Pennsylvania			Date of Disbursement
Johnstown PA 15901 Purpose of Disbursement Contribution	ļ	Mailing Address 240 Vine Street			09 27 2006
Contribution Candidate Name Category/ Type Office Sought: House Senate President Disbursement For: Other (specify) ▼ Refund or Disposal of Excess Contributions Required Under State: District: Disbursement For: Other (specify) ▼ Transaction ID: SB21.27960 Date of Disbursement Mailing Address 607 14th Street NW Suite 800 Suite 800 Amount of Each Disbursement this Perioc Candidate Name DC 20005 Purpose of Disbursement Contribution Full Name (Last, First, Middle Initial) State: Disbursement For: Senate Senate President Disbursement For: Other (specify) ▼ Category/ Type Office Sought: House Senate Disbursement For: Other (specify) ▼ Transaction ID: SB21.28676 Date of Disbursement State: District: Other (specify) ▼ Amount of Each Disbursement Mailing Address 300 North 2nd St 8th Floor Amount of Each Disbursement this Perioc Cardidate Name Disbursement For: Other (specify) ▼ Category/ Type Y 0 0 6 ' Y 2 0 0 6 ' Mailing Address 300 North 2nd St 8th Floor State Zip Code Amount of Each Disbursement this Perioc Cardidate Name Disbursement For: Senate Category/ Type		Johnstown		1	Amount of Each Disbursement this Period
Office Sought: House Disbursement For: Image: Constraint of the second s		Contribution			Refund or Disposal of Excess Contributions Required Under
B. NEW HOUSE PAC Mailing Address 607 14th Street NW Suite 800 Mailing Address 607 14th Street NW Suite 800 Image: Control of Disbursement the Period Open and th		Senate President	Primary General	1,100	
Mailing Address 607 14th Street NW Suite 800 Suite 800 0.8 0.2 2.0.0.6 City State Zip Code Amount of Each Disbursement this Period Contribution Category/ Type State Disbursement For: 5000.00 Office Sought: House Disbursement For: Category/ Type Refund or Disposal of Excess Office Sought: House Disbursement For: General Other (specify) ▼ State: District: Other (specify) ▼ Transaction ID: SB21.28676 Date of Disbursement Contribution Category/ Type Y Z 0 0 6 Mailing Address 300 North 2nd St 8th Floor Transaction ID: SB21.28676 City State Zip Code Amount of Each Disbursement this Period Mailing Address 300 North 2nd St 8th Floor Amount of Each Disbursement this Period Candidate Name Category/ Type Category/ Type Amount of Each Disbursement this Period Office Sought: House Disbursement For: Category/ Type Category/ Type Category/ Type Office Sought: House Disbursement For: Category/ Type Category/ Type </td <th>-</th> <td></td> <td></td> <td></td> <td>Date of Disbursement</td>	-				Date of Disbursement
Washington DC 20005 Purpose of Disbursement	l		9800		
Contribution Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Category/ Type State: District: V Full Name (Last, First, Middle Initial) C PA Victory 06 Mailing Address 300 North 2nd St 8th Floor State Zip Code Mailing Address 300 North 2nd St 8th Floor Amount of Each Disbursement Contribution Category/ Type 750.00 Purpose of Disbursement Contribution Disbursement For: Candidate Name Disbursement For: General Office Sought: House Office Sought: House Disbursement For: Senate Disbursement For: Category/ Type The fund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate President Disbursement For: Senate Other (specify) ▼ State: District: Disbursement For: Senate President Other (specify) ▼				-	Amount of Each Disbursement this Period
Office Sought: House Disbursement For: Senate President President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21.28676 C. PA Victory 06 Disbursement Mailing Address 300 North 2nd St 8th Floor 0 9 M / 0 6 / 2006 City State Purpose of Disbursement PA Contribution Category/ Candidate Name Disbursement For: Senate Primary Office Sought: House Disbursement For: Senate President Disbursement For: Senate Primary Gotter (specify) Transaction ID: SB21.28676 Disbursement Code Amount of Each Disbursement this Period Contribution Category/ Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) State: District:		Contribution			Refund or Disposal of Excess Contributions Required Under
Full Name (Last, First, Middle Initial) Transaction ID: SB21.28676 PA Victory 06 Date of Disbursement Mailing Address 300 North 2nd St 8th Floor 0 9 M / 0 0 6 / 2 0 0 6 City State Zip Code Harrisburg PA Purpose of Disbursement 750.00 Contribution Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) State: District:		Senate President	Primary General	Туре	
State Zip Code Harrisburg PA 17101 Purpose of Disbursement 750.00 Contribution Category/ Candidate Name Category/ Office Sought: House Disbursement For: Senate President Other (specify) State: District:		Full Name (Last, First, Middle Initial)			Date of Disbursement
Harrisburg PA 17101 Purpose of Disbursement Contribution 750.00 Candidate Name Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼	-				
Contribution Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate Primary General President Other (specify) Image: Contribution of the contribution o					Amount of Each Disbursement this Period
Office Sought: House Disbursement For: 11 C.F.R. 400.53 Office Sought: House Primary General President Other (specify) ▼					Refund or Disposal of Excess
Senate Primary General President Other (specify) ▼					Contributions Required Under 11 C.F.R. 400.53
		Senate President	Primary General		
					6250.00

SCHEDULE B (FEC Form 3)		Use seperate schedule(s)		NUMBER: PAGE 202/211
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	y one) 17 18 19a 19b
		Detailed Summary Page	-	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	y Information copied from such Reports and Stateme			
or 1	or commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee
\mathbb{N}	NAME OF COMMITTEE (In Full)			
	MURTHA FOR CONGRESS COMMITTEE			
<u>×</u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB21.28723
Α.	People for Deberah Kula			Date of Disbursement
	Mailing Address 71 N. Mt. Vernon Avenue			$\begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ 0 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 1 \\ 3 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $
		State Zip Code		Amount of Each Disbursement this Period
		PA 15401		E00.00
	Purpose of Disbursement Contribution			500.00
	Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
			Туре	11 C.F.R. 400.53
	Office Sought: House Disburser			
	Senate President	Primary General Other (specify)		
	State: District:			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB21.28688
В.	PERLMUTTER FOR CONGRESS			Date of Disbursement
	Mailing Address 3440 Youngfield St #264			
	Mailing Address 3440 Youngfield St #264			
		State Zip Code		Amount of Each Disbursement this Period
	Wheat Ridge (Purpose of Disbursement	CO 80033		2000.00
	Contribution			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: X House Disburser			
	Senate President	Primary General Other (specify) ▼		
	State: CO District: 07			
~	Full Name (Last, First, Middle Initial)			Transaction ID: SB21.27968
C.	PHYLLIS BUSANSKY FOR CONGRESS			Date of Disbursement
	Mailing Address 3611 SCHEFFLERA ROA	D		$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 2 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 6 \end{bmatrix}$
		State Zip Code FL 33618		Amount of Each Disbursement this Period
	Purpose of Disbursement			2000.00
	Contribution Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
			Type	11 C.F.R. 400.53
	Office Sought: X House Disburser			
	Senate	Primary General		
	State: FL District: 09	Other (specify)		
Г				
s	JBTOTAL of Disbursements This Page (optional)		····· ►	4500.00
_т	DTAL This Period (last page this line number only).		•	
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SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE		3 / 211
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	[,] one)] 17 18 19a 19	h
	Detailed Summary Fage		20a 20b 20c X 21	~
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	and address of any political co			с
MURTHA FOR CONGRESS COMMITTEE				
Full Name (Last, First, Middle Initial) A. Bobet H. Mollohan Foundation			Transaction ID: SB21.28100 Date of Disbursement	
			M M / D D / Y Y Y	Y CY
Mailing Address 1000 Tech Drive Suite 2000			08 30 200	
,	State Zip Code WV 26554		Amount of Each Disbursement this	s Period
Purpose of Disbursement	Г.		2500	0.00
Contribution Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under	
		Type	11 C.F.R. 400.53	
Office Sought: House Disburse	nent For: Primary General			
President	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) B. ROWLEY, COLEEN MARIE			Transaction ID: SB21.28726 Date of Disbursement	
) 6 ^Y
Mailing Address 193 BEAUMONT CT				
	State Zip Code MN 55124		Amount of Each Disbursement this	s Period
Purpose of Disbursement	Г		2000	0.00
Contribution Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under	
		Туре	11 C.F.R. 400.53	
Office Sought: X House Disburse	nent For: Primary General			
President	Other (specify)			
State: MN District: 02 Full Name (Last, First, Middle Initial)				
C. TIM WALZ FOR US CONGRESS			Transaction ID: SB21.28728 Date of Disbursement	
Mailing Address PO BOX 938				06 [°]
	State Zip Code		Amount of Each Disbursement this	s Period
MANKATO Purpose of Disbursement	MN 56002		2000	0.00
Contribution			Refund or Disposal of Excess	
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
Office Sought: X House Disburse				
Senate President	Primary General Other (specify)			
State: MN District: 01	· · · · ·			
SUBTOTAL of Disbursements This Page (optional) .		►	6500	0.00

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 204				
ITEMIZED DISBURSEMENTS		for each category of the	(check onl	y one) 17 18 19a 19b			
		Detailed Summary Page		$\begin{array}{c c c c c c c c c c c c c c c c c c c $			
	Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee						
or	NAME OF COMMITTEE (In Full)	e and address of any political	committee to so				
\rangle	MURTHA FOR CONGRESS COMMITTEE	1					
Full Name (Last, First, Middle Initial) Transaction ID: SB21.27838							
Α.	United Democratic Comm			Date of Disbursement			
	Mailing Address C/O Glenn Embree RD 1, Box 353			$\begin{array}{c c} 0^{M} 7^{M} & {}^{\prime} & \begin{array}{c} D \\ 1 \\ 9 \end{array} & {}^{\prime} & \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \\ \end{array} \\ \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \\ \begin{array}{c} Y \\ 0 \\ 0 \\ 6 \end{array} \\ \end{array}$			
	City Mt. Pleasant	State Zip Code PA 15666		Amount of Each Disbursement this Period			
	Mt. Pleasant PA 15666 Purpose of Disbursement			3000.00			
	Contribution			Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse	ement For: Primary General	туре				
	President	Other (specify)					
	State: District:						
B.	Full Name (Last, First, Middle Initial)			Transaction ID: SB21.27976			
	WEAVER FOR CONGRESS 2006			Date of Disbursement			
	Mailing Address PO BOX 807						
	City RADCLIFF	StateZip CodeKY40159		Amount of Each Disbursement this Period			
	Purpose of Disbursement Contribution			2000.00			
	Candidate Name Ca			Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: X House Disburse Senate President	ement For: Primary General Other (specify) ▼					
	State: KY District: 02						
C.	Full Name (Last, First, Middle Initial) WELCH FOR CONGRESS			Transaction ID: SB21.28061 Date of Disbursement			
	Mailing Address PO Box 1086			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ \end{array} \\ \end{array} \\ \begin{array}{c} M \\ \end{array} \\ \end{array} \\ \begin{array}{c} D \\ \end{array} \\ \begin{array}{c} D \\ \end{array} \\ \end{array} \\ \begin{array}{c} D \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} D \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} D \\ \end{array} \\ \begin{array}{c} D \\ \end{array} \\$			
	City Montpelier	State Zip Code VT 05601		Amount of Each Disbursement this Period			
	Purpose of Disbursement Contribution			2000.00 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: X House Disburse Senate President State: VT District: 00	ement For: Primary General Other (specify) ▼					
SUBTOTAL of Disbursements This Page (optional)							
	TOTAL This Period (last page this line number only)						
<u> </u>	TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3) Use seperate schedule(s)			FOR LINE NUMBER: PAGE 205/211				
ITEMIZED DISBURSEMENTS		for each category of the	(check onl	ly one) 17 18	19a 🗍 19b		
		Detailed Summary Page		20a 20b	20c X 21		
	Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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)				Such committee		
\rangle	MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) WETTERLING '06			Transaction ID: SB21.27970 Date of Disbursement			
	Mailing Address P.O. Box 2295				Ý 2006		
	CityStateZip CodeSt. CloudMN56302			Amount of Each Disbursement this Period			
	Purpose of Disbursement Contribution			Refund or Dispo	2000.00 osal of Excess		
	Candidate Name		Category/ Type	Contributions R 11 C.F.R. 400.5			
	Office Sought: X House Disburser Senate President	nent For: Primary General Other (specify) ▼		-			
	State: MN District: 06						
В.	Full Name (Last, First, Middle Initial) WINTER FOR CONGRESS COMMITTEE			Transaction ID: SB21.27958 Date of Disbursement			
	Mailing Address 558 CASTLE PINES PKWY UNIT B4-409						
	City State Zip Code CASTLE ROCK CO 80108		Amount of Each Disbursement this Period 2000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	Purpose of Disbursement Contribution						
	Office Sought: X House Disburser Senate President	nent For: Primary General Other (specify) ▼					
	State: CO District: 06						
C.	Full Name (Last, First, Middle Initial) WULSIN FOR CONGRESS			Transaction ID: SE Date of Disburseme	ent		
	Mailing Address 7440 Montgomery Road				Ý ŽOŎĠ		
		State Zip Code OH 45236		Amount of Each Dis	sbursement this Period		
	Purpose of Disbursement Contribution			2000.00 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions R 11 C.F.R. 400.5			
	Office Sought: X House Disburser Senate President State: OH District: 02	nent For: Primary General Other (specify) ▼					
s	SUBTOTAL of Disbursements This Page (optional)						
	TOTAL This Period (last page this line number only)						
Ľ	Cabadula B (Form 2.), Day 00/0000						

SCHEDULE D (FEC Form 3)		(Use separate	PAGE 206 / 211	
Excluding Loans			(check only one) 9 X 10	
NAME OF COMMITTEE (In Full)				
MURTHA FOR CONGRESS COMMITTEE				
A. Full Name (Last, First, Middle Initial) of Debtor A T&T	or Creditor	Nature of D Telephone	ebt (Purpose):	
Mailing Address P.O. Box 9001309				
City State Louisville KY	ZIP Code 40290-1309			
Outstanding Balance Beginning This Period		Trai	nsaction ID: SD10.28999	
0.00				
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period	
534.71	0.00		534.71	
334.71	0.00		554.71	
B. Full Name (Last, First, Middle Initial) of Debtor Brett Insurance Agency	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Brett Insurance Agency		Nature of Debt (Purpose): Insurance	
Mailing Address 225 Vine St				
City State Johnstown PA	ZIP Code 15901			
Outstanding Balance Beginning This Period		Trai	nsaction ID: SD10.28993	
0.00				
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period	
5050.00	0.00		5050.00	
C. Full Name (Last, First, Middle Initial) of Debtor Edward Mitchell Communications	or Creditor	Nature of D Rally Expe	ebt (Purpose): ense	
Mailing Address P.O. Box 2237				
City State	ZIP Code			
Wilkes-Barre PA	18703			
Outstanding Balance Beginning This Period		Trai	nsaction ID: SD10.28996	
0.00				
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period	
3882.00	0.00)	3882.00	
1) SUBTOTALS This Period This Page (optional)			9466.71	
2) TOTALS This Period (last page this line number only)				
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)				
	e C (last page only)	·		

SCHEDULE D (FEC Form 3)			PAGE 207 / 211	
Excluding Loans f			(check only one) 9 X 10	
NAME OF COMMITTEE (In Full)				
MURTHA FOR CONGRESS COMMITTEE				
A. Full Name (Last, First, Middle Initial) of Debtor Layton Graphic & Sign	or Creditor	Nature of D Rally Exp	ebt (Purpose): ense	
Mailing Address 129 Carwyn Drive				
City State Johnstown PA	ZIP Code 15904			
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.28995	
0.00				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
689.00	0.00		689.00	
B. Full Name (Last, First, Middle Initial) of Debtor Penn National Insurance	 Full Name (Last, First, Middle Initial) of Debtor or Creditor Penn National Insurance 		Nature of Debt (Purpose): Insurance	
Mailing Address P.O. Box 13746				
City Chata	ZIP Code			
City State Philadelphia PA	19101-3746			
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.27684	
Outstanding Balance Beginning This Period 903.00		Tra	nsaction ID: SD10.27684	
903.00	Payment This Period	-		
903.00 Amount Incurred This Period	Payment This Period 903.00	Outstandi	ng Balance at Close of This Period	
903.00	Payment This Period 903.00	Outstandi		
903.00 Amount Incurred This Period	903.00	Outstandii	ng Balance at Close of This Period 0.00 ebt (Purpose):	
903.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor	903.00	Outstandii	ng Balance at Close of This Period 0.00 ebt (Purpose):	
903.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor Penn National Insurance	903.00	Outstandii	ng Balance at Close of This Period 0.00 ebt (Purpose):	
903.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor Penn National Insurance Mailing Address P.O. Box 13746	903.00 or Creditor	Outstandii	ng Balance at Close of This Period 0.00 ebt (Purpose):	
903.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor Penn National Insurance Mailing Address P.O. Box 13746 City State	903.00 or Creditor ZIP Code	Outstandii	ng Balance at Close of This Period 0.00 ebt (Purpose):	
903.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor Penn National Insurance Mailing Address P.O. Box 13746 City State Philadelphia PA	903.00 or Creditor ZIP Code	Outstandii	ebt (Purpose): surance	
903.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor Penn National Insurance Mailing Address P.O. Box 13746 City State Philadelphia PA Outstanding Balance Beginning This Period	903.00 or Creditor ZIP Code	Outstandin	ebt (Purpose): surance	
903.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor Penn National Insurance Mailing Address P.O. Box 13746 City State Philadelphia PA Outstanding Balance Beginning This Period 0.00	903.00 or Creditor ZIP Code 19101-3746	Outstandii Nature of D Vehicle In Tra Outstandii	ng Balance at Close of This Period 0.00 ebt (Purpose): surance	
903.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor Penn National Insurance Mailing Address P.O. Box 13746 City State Philadelphia PA Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period	903.00 or Creditor ZIP Code 19101-3746 Payment This Period	Outstandii Nature of D Vehicle In Tra Outstandii	ng Balance at Close of This Period 0.00 ebt (Purpose): surance nsaction ID: SD10.28998 ng Balance at Close of This Period	
903.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor Penn National Insurance Mailing Address P.O. Box 13746 City State Philadelphia PA Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period	903.00 or Creditor ZIP Code 19101-3746 Payment This Period 0.00	Outstandii	ng Balance at Close of This Period 0.00 ebt (Purpose): surance nsaction ID: SD10.28998 ng Balance at Close of This Period	
903.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor Penn National Insurance Mailing Address P.O. Box 13746 City State Philadelphia PA Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 894.00	903.00 or Creditor ZIP Code 19101-3746 Payment This Period 0.00	Outstandii	ng Balance at Close of This Period 0.00 ebt (Purpose): surance nsaction ID: SD10.28998 ng Balance at Close of This Period 894.00	
903.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor Penn National Insurance Mailing Address Mailing Address P.O. Box 13746 City State Philadelphia PA Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 894.00	903.00 or Creditor ZIP Code 19101-3746 Payment This Period 0.00	Outstandii	ng Balance at Close of This Period 0.00 ebt (Purpose): surance nsaction ID: SD10.28998 ng Balance at Close of This Period 894.00	

SCHEDULE D (FEC Form 3)		Jse separate	PAGE 208 / 211	
sch				
	DEBTS AND OBLIGATIONS			
Excluding Loans NAME OF COMMITTEE (In Full)		umbered line)	X 10	
MURTHA FOR CONGRESS COMMITTEE				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert Shaw		Nature of Do Rally Expe	ebt (Purpose): ense	
Mailing Address 940 Frankstown Road				
CityStateZIP CodeJohsntownPA15902				
Outstanding Balance Beginning This Period 0.00		Trai	nsaction ID: SD10.29000	
	yment This Period	Outstandir	ng Balance at Close of This Period	
1076.27	0.00		1076.27	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Valley Printing			ebt (Purpose): g	
Mailing Address 667 Main Street				
CityStateZIP CodeJohnstownPA15901				
Outstanding Balance Beginning This Period 0.00		Trai	nsaction ID: SD10.28997	
	yment This Period	Outstandir	ng Balance at Close of This Period	
1365.28	0.00		1365.28	
1) SUBTOTALS This Period This Page (optional)			2441.55	
2) TOTALS This Period (last page this line number only)				
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summa	y Page (last page only)			

Image# 27930023217

Form/Schedule: **F3A** Transaction ID: 'BEST EFFORT' MADE TO OBTAIN MISSING INFORMATION. A LETTER IS SENT TO CONTRIBUTORS STATING THAT THE MISSING IN-FORMATION IS NEEDED BECAUSE IT IS REQUIRED BY FEC LAW. A SECOND LETTER IS SEND, IF WE DO NOT RECEIVE A RESPONC E. THE SECOND LETTER STATES AGAIN THAT THE MISSING INFORMATION IS REQUIRED BY FEC LAW. IF THE INFORMATION IS NOT RECEIVED, NO FUTURE CONTRIBUTIONS ARE ACCEPTED FOR THIS INDIVIDUAL

Form/Schedule: SB21 THE AMOUNT REPRESENTS AN UNLIMITED TRANSFER TO A NATIONAL PARTY COMMITTEE Transaction ID: SB21.27811

Image# 27930023218

Form/Schedule: SB21 THE AMOUNT REPRESENTS AN UNLIMITED TRANSFER TO A NATIONAL PARTY COMMITTEE Transaction ID: SB21.27984

Form/Schedule: SB21 THE AMOUNT REPRESENTS AN UNLIMITED TRANSFER TO A NATIONAL PARTY COMMITTEE Transaction ID: SB21.28725

Image# 27930023219

Form/Schedule: **SB21** THE AMOUNT PREPRESENTS AN UNLIMITED TRANSFER TO A NATIONAL PARTY COMMITTEE Transaction ID: **SB21.28790**