

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

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

MURTHA FOR CONGRESS COMMITTEE

ADDRESS (number and street)
▼

Suite 220, 551 Main Street

☐Check if different
than previously
reported. (ACC)

JOHNSTOWN

PA

15901

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00019075

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

PA

12

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☒

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(c) 30-Day **POST**-Election Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2006

through

09

30

2006

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

Type or Print Name of Treasurer

Robert C. Ondick, Treasurer

Signature of Treasurer

Electronically Filed by Robert C. Ondick, Treasurer

Date

01

08

2007

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

MURTHA FOR CONGRESS COMMITTEE

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y Y Y
2 0 0 6

To:

M M
0 9D D
3 0Y Y Y Y
2 0 0 6

	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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name

MURTHA FOR CONGRESS COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	6

I. RECEIPTS

COLUMN A
 Total This Period

COLUMN B
 Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

62875.00

1770922.00

(ii) Unitemized.....

16377.56

42731.63

(iii) TOTAL of contributions

79252.56

1813653.63

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

24550.00

706568.24

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

103802.56

2520221.87

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

0.00

0.00

13. 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

14. OFFSETS TO OPERATING

EXPENDITURES

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

0.00

4843.53

15. OTHER RECEIPTS

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

16601.31

69177.92

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

120403.87

2594243.32

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

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

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

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

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

FOR LINE NUMBER: PAGE 5 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Caram Abood		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 103 Colgate Ave		Transaction ID: SA11A1.28596
City Johnstown	State PA	Zip Code 15905
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Abood Russell Pappas & Ro-zich	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Brian Ahlstrom		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 353 Market Street		Transaction ID: SA11A1.28437
City Johnstown	State PA	Zip Code 15901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Physician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Silva Arslanian		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 806 Morewood Ave		Transaction ID: SA11A1.27770
City Pittsburgh	State PA	Zip Code 15213-2912
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UPMC	Occupation Physician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 211

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Catherine Ballow		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 5205 Meadowbrook Drive		Transaction ID: SA11A1.28124
City Mechanicsburg	State PA	Zip Code 17050
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer 	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1100.00	

B. Full Name (Last, First, Middle Initial) Catherine Ballow		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 5205 Meadowbrook Drive		Transaction ID: SA11A1.28600
City Mechanicsburg	State PA	Zip Code 17050
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer 	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1200.00	

C. Full Name (Last, First, Middle Initial) Margaret Barron		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 133 Westland Drive		Transaction ID: SA11A1.27738
City Pittsburgh	State PA	Zip Code 15217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer West Penn Allegheny Health	Occupation VP Legislative Affairs	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 7 / 211

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Melvin Bassi		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 801 Lawrence St		Transaction ID: SA11A1.28601
City Monongahela	State PA	Zip Code 15063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Bassi McCune & Vreeland PC	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

B. Full Name (Last, First, Middle Initial) Robert Beall		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 202 Coventry Court		Transaction ID: SA11A1.27740
City Cranberry Twp	State PA	Zip Code 16066
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Roto Rooter	Occupation Self Employed	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) William Bigbee		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 485 Lockwood Road		Transaction ID: SA11A1.27772
City Export	State PA	Zip Code 15632-9446
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UPMC	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Charles Bogosta Mailing Address 3880 Kim Lane City Gibsonsonia State PA Zip Code 15044 FEC ID number of contributing federal political committee. C Name of Employer UPMC Cancer Center Occupation Chief Admin. Officer Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2006 Transaction ID: SA11A1.27774 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Jay Carson Mailing Address 1428 Browning Road City Pittsburgh State PA Zip Code 15206 FEC ID number of contributing federal political committee. C Name of Employer St. Vincent College Occupation VP Institutional Advancement Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2006 Transaction ID: SA11A1.27744 Amount of Each Receipt this Period 1500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Helen Casey Mailing Address 119 Gamma Drive City Pittsburgh State PA Zip Code 15238 FEC ID number of contributing federal political committee. C Name of Employer Howard Hanna Real Estate Occupation Real Estate Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2006 Transaction ID: SA11A1.27745 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 9 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Wick Chambers		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 224 Edgehill Road		Transaction ID: SA11A1.28208
City Hamden	State CT	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Winnick Ruben Chambers	Occupation Lawyer	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Lynda Christian		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 23 Fredana Road		Transaction ID: SA11A1.28135
City Waban	State MA	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Mr. Jared Cohon		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 5563 Northumberland Street		Transaction ID: SA11A1.27747
City Pittsburgh	State PA	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Carnegie Mellon University	Occupation President	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) George Cook Mailing Address 409 Davis Avenue City Somerset State PA Zip Code 15501-1715 FEC ID number of contributing federal political committee. C Name of Employer Occupation Retired Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 1 / 2 0 0 6 Transaction ID: SA11A1.28212 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) George David Mailing Address 605 Deefcliff Road City Avon State CT Zip Code 06001 FEC ID number of contributing federal political committee. C Name of Employer 'Best Effort' Occupation Letters Sent, No Reply Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 2 / 2 0 0 6 Transaction ID: SA11A1.28607 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Steven Dekosky Mailing Address 1162 S. Negley Ave City Pittsburgh State PA Zip Code 15217 FEC ID number of contributing federal political committee. C Name of Employer UPMC Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 7 / 2 0 0 6 Transaction ID: SA11A1.27775 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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FOR LINE NUMBER: PAGE 11 / 211

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☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mary Dively

Mailing Address 303 Wildberry Road

City

Pittsburgh

State

PA

Zip Code

15238-2121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnegie Mellon

Occupation

General Counsel

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.27748

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Carolyn Duronio

Mailing Address 255 Sweet Rum Road

City

Pittsburgh

State

PA

Zip Code

15238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reed Smith LLP

Occupation

Attorney

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.27749

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Stanley Duzy

Mailing Address 134 Lakewood Road

City

Greensburg

State

PA

Zip Code

15601-9781

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kennametal, Inc

Occupation

Management Executive

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.27751

Amount of Each Receipt this Period

1500.00

☐ 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)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)

H. Reese Edwards

Mailing Address PO Box 72765

City State Zip Code
 Albuquerque NM 87195

FEC ID number of contributing
federal political committee.

C

Name of Employer
BM&A

Occupation
Consultant

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.28546

Amount of Each Receipt this Period

1000.00

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

B. Full Name (Last, First, Middle Initial)

Kenneth Foon

Mailing Address 416 William Street

City State Zip Code
 Mt. Washington PA 15211

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPMC

Occupation

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.27777

Amount of Each Receipt this Period

250.00

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

C. Full Name (Last, First, Middle Initial)

Janet Frane

Mailing Address 444 Sherwood Dr

City State Zip Code
 Webster Groves MO 63119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.28551

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)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Steven Frank
Mailing Address 1971 Bates Drive

City State Zip Code
Johnstown PA 15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Drug Intelligence
Center

Occupation

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.28553

Amount of Each Receipt this Period

150.00

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

B. Full Name (Last, First, Middle Initial)
Christopher Gessner
Mailing Address 5133 Karrington Dr

City State Zip Code
Gibsonia PA 15044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's Hospital of Pgh

Occupation
Healthcare Administrator

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.28554

Amount of Each Receipt this Period

300.00

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

C. Full Name (Last, First, Middle Initial)
James Gonzales
Mailing Address 2813 Pueblo Jacona

City State Zip Code
Santa Fe NM 87507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.28556

Amount of Each Receipt this Period

750.00

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

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Barry Haase Mailing Address 1650 Lands End Road City State Zip Code Lantana FL 33462-4762 FEC ID number of contributing federal political committee. C Name of Employer Diversified Inv Co Occupation Chairman & CEO Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 Transaction ID: SA11A1.28558 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Edmund Healy Mailing Address PO Box 767 City State Zip Code Taos NM 87571 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 Transaction ID: SA11A1.28560 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> 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 City State Zip Code Colorado Springs CO 80906-1311 FEC ID number of contributing federal political committee. C Name of Employer Heuberger Motors Inc Occupation Automobile Dealer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 Transaction ID: SA11A1.28562 Amount of Each Receipt this Period 300.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Diane Holder		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 4760 Bayard St		Transaction ID: SA11A1.27779
City Pittsburgh	State PA	Zip Code 15213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer UPMC Health Sys	Occupation Healthcare Ins Executive	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

B. Full Name (Last, First, Middle Initial) Tracy Holmes		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address PO Box 101871		Transaction ID: SA11A1.28470
City Fort Worth	State TX	Zip Code 76185
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Investments	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Mr. Richard Horvitz		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 85 Stonewood Drive		Transaction ID: SA11A1.27718
City Moreland Hills	State OH	Zip Code 44022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2100.00
Name of Employer Moreland Management Co.	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

SUBTOTAL of Receipts This Page (optional)

3600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Mark Scott Kamlet
Mailing Address 5305 Ellsworth Ave.

City State Zip Code
Pittsburgh PA 15232-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnegie Mellon University

Occupation
PROVOST

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.27754

Amount of Each Receipt this Period

500.00

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

B. Full Name (Last, First, Middle Initial)
Thespine A. Kavoulakis
Mailing Address 162 Main Entrance Drive

City State Zip Code
Pittsburgh PA 15228

FEC ID number of contributing
federal political committee.

C

Name of Employer
CTC

Occupation
Executive

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.27755

Amount of Each Receipt this Period

500.00

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

C. Full Name (Last, First, Middle Initial)
Catherine Kotos
Mailing Address 330 Marshside Drive North

City State Zip Code
St Augustine FL 32080

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.28621

Amount of Each Receipt this Period

300.00

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

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)

Mr. Scott Lammie

Mailing Address 2013 W. Grove Drive

City State Zip Code
Gibsonia PA 15044

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPMC

Occupation
Health Care Admin.

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
07 07 2006

Transaction ID: SA11A1.27783

Amount of Each Receipt this Period

1000.00

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

B. Full Name (Last, First, Middle Initial)

Thomas Little

Mailing Address 2625 S Loomis St

City State Zip Code
Chicago IL 60608-5414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brandenburg

Occupation
Indl Service Co.

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y
08 18 2006

Transaction ID: SA11A1.28159

Amount of Each Receipt this Period

2100.00

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

C. Full Name (Last, First, Middle Initial)

Anna Lokshin

Mailing Address 5619 Marlborough Road
250.

City State Zip Code
Pittsburgh PA 15217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Pittsburgh

Occupation
Physician

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 07 2006

Transaction ID: SA11A1.27784

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

3350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Barry London Mailing Address 38 Rosemont Lane City Pittsburgh State PA Zip Code 15217 FEC ID number of contributing federal political committee. C Name of Employer Univ. of Pittsburgh Occupation Physician, Scientist Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6 Transaction ID: SA11A1.27786 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) John Luttrell Mailing Address 170 Santa Louisa City Irvine State CA Zip Code 92606 FEC ID number of contributing federal political committee. C Name of Employer The Wet Seal Inc Occupation EVP & CFO Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6 Transaction ID: SA11A1.28958 Amount of Each Receipt this Period 300.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) MAry MacVicar Mailing Address 315 Bemgridge Road City Columbus State OH Zip Code 43221 FEC ID number of contributing federal political committee. C Name of Employer Retired Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.28248 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Butch Maki		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 118 W San Mateo Road		Transaction ID: SA11A1.28567
City State Zip Code Sante Fe NM 87505	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial) Patty Maki		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 118 W San Mateo Road		Transaction ID: SA11A1.28569
City State Zip Code Santa Fe NM 87505	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Homemaker	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial) Mr. David Malone		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 251 Timothy Drive		Transaction ID: SA11A1.27757
City State Zip Code Gibsonia PA 15044	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Gateway Financial Grp. In- c.	Occupation Insurance Consultant	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Chris Mancill Mailing Address 42722 Middle Ridge Pl City Broadlands State VA Zip Code 20148 FEC ID number of contributing federal political committee. C Name of Employer Amgen Inc Occupation Dir Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 2 / 2 0 0 6 Transaction ID: SA11A1.28250 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Dr. Stanley Marks Mailing Address 6525 Beacon Street City Pittsburgh State PA Zip Code 15217 FEC ID number of contributing federal political committee. C Name of Employer UPMC Occupation Physician Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2750.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 7 / 2 0 0 6 Transaction ID: SA11A1.27787 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Randall McCombs Mailing Address PO Box 38484 City Pittsburgh State PA Zip Code 15238 FEC ID number of contributing federal political committee. C Name of Employer UPMC Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 7 / 2 0 0 6 Transaction ID: SA11A1.27788 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)

Dennis McGlynn

Mailing Address 1 Denali Lane

City State Zip Code
 Johnstown PA 15904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Attorney

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.28571

Amount of Each Receipt this Period

300.00

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

B. Full Name (Last, First, Middle Initial)

E.J. McKenna-Hieb

Mailing Address 45 W Oakwood Drive

City State Zip Code
 Carlisle PA 17015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.29506

Amount of Each Receipt this Period

500.00

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

C. Full Name (Last, First, Middle Initial)

Frances Morrow

Mailing Address 608 E. First Street

City State Zip Code
 Huntingburg IN 47542

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.28574

Amount of Each Receipt this Period

25.00

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

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Christina Moya		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 7 Westwind Road		Transaction ID: SA11A1.28575
City Santa Fe	State NM	Zip Code 87508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

B. Full Name (Last, First, Middle Initial) Kelli Murphey		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 3225 Turtle Creek Bl 908		Transaction ID: SA11A1.29457
City Dallas	State TX	Zip Code 75219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Documentary Filmmaker	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

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

C. Full Name (Last, First, Middle Initial) William Newlin		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 752 Fleming Lane		Transaction ID: SA11A1.27760
City Sewickley	State PA	Zip Code 15143
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Dick's Sporting Goods Inc	Occupation Executive	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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)

2800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Lorraine Novelli Mailing Address 107 St Andrews Drive City State Zip Code Pittsburgh PA 15205 FEC ID number of contributing federal political committee. C Name of Employer Occupation Homemaker Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 Transaction ID: SA11A1.28167 Amount of Each Receipt this Period 2100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Bryon Paez Mailing Address 8900 Ortega Ct NW City State Zip Code Albuquerque NE 87114 FEC ID number of contributing federal political committee. C Name of Employer Occupation BM&A Consultant Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 6 Transaction ID: SA11A1.28579 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Chang Park Mailing Address 12 Ayla Way City State Zip Code Ithaca NY 14850 FEC ID number of contributing federal political committee. C Name of Employer Occupation Newfield Properties LLC Management Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 Transaction ID: SA11A1.28170 Amount of Each Receipt this Period 2100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

5200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Paul Parker		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 5903 Mt. Eagle Dr #708		Transaction ID: SA11A1.28172	
City Alexandria	State VT	Zip Code 22303	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Welch Resources Inc.	Occupation Consultant		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		
B. Full Name (Last, First, Middle Initial) David Perlmutter, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 7 / 2 0 0 6	
Mailing Address 5420 Dunmoyle Street		Transaction ID: SA11A1.27790	
City Pittsburgh	State PA	Zip Code 15217	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Univ. of Pittsburgh	Occupation Physician		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1300.00		
C. Full Name (Last, First, Middle Initial) Steven Phillips		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 6	
Mailing Address 1925 East Lee Street		Transaction ID: SA11A1.28489	
City Tucson	State AZ	Zip Code 85719	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Phillips Moeller & Conway	Occupation Attorney		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Elizabeth Reese Mailing Address 830 Park Avenue City New York State NY Zip Code 10021 FEC ID number of contributing federal political committee. C Name of Employer Occupation None Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 1 / 2 0 0 6 Transaction ID: SA11A1.28490 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Mr. Matthew Roddy Mailing Address 408 S. Stonehaven Drive City Highland Heights State OH Zip Code 44143 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Life Insurance Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 7 / 2 0 0 6 Transaction ID: SA11A1.27761 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Mr. James Rohr Mailing Address 613 Dorseyville Road City Pittsburgh State PA Zip Code 15238 FEC ID number of contributing federal political committee. C Name of Employer PNC Bank Occupation Chairman Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 7 / 2 0 0 6 Transaction ID: SA11A1.27762 Amount of Each Receipt this Period 1500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) James E. Rooney Mailing Address 412 Farrington Dr. City State Zip Code Seven Fields PA 16046 FEC ID number of contributing federal political committee. C Name of Employer Occupation Consultant Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 7 / 2 0 0 6 Transaction ID: SA11A1.27763 Amount of Each Receipt this Period 2000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Patricia R. Rooney Mailing Address 940 N. Lincoln Ave. City State Zip Code Pittsburgh PA 15233 FEC ID number of contributing federal political committee. C Name of Employer Occupation Homemaker Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 7 / 2 0 0 6 Transaction ID: SA11A1.27764 Amount of Each Receipt this Period 2000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Patrick J. Rooney Mailing Address 1111 N. Congress Ave. City State Zip Code West Palm Beach FL 33409 FEC ID number of contributing federal political committee. C Name of Employer Occupation Palm Beach Kennel Club President Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 7 / 2 0 0 6 Transaction ID: SA11A1.27765 Amount of Each Receipt this Period 2000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Dr. Loren Roth Mailing Address 6820 Edgerton Avenue City State Zip Code Pittsburgh PA 15208-2803 FEC ID number of contributing federal political committee. C Name of Employer Occupation UPMC Medical Doctor Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 6 Transaction ID: SA11A1.28585 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Jay Sandrich Mailing Address 2501 Colorado Ave # 350 City State Zip Code Santa Monica CA 90404 FEC ID number of contributing federal political committee. C Name of Employer Occupation Self Employed TV Director Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 6 Transaction ID: SA11A1.28423 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Toni Sicari Mailing Address 63 Toodsend Farms Road City State Zip Code Boxford MA 01921 FEC ID number of contributing federal political committee. C Name of Employer Occupation Housewife Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 4 / 2 0 0 6 Transaction ID: SA11A1.27732 Amount of Each Receipt this Period 2100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3600.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) William Sipko		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 827 Seanor Road		Transaction ID: SA11A1.28182
City Windber	State PA	Zip Code 15963-7217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer BCL Manuf Co	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Jayanthi Srinivasan		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 554 Normandy Ct.		Transaction ID: SA11A1.27791
City Pittsburgh	State PA	Zip Code 15238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UPMC	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Massimo Trucco		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 4309 Parkman Avenue		Transaction ID: SA11A1.27792
City Pittsburgh	State PA	Zip Code 15213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UPMC	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Daniel Turton		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 1875 Eye Street NW #400		Transaction ID: SA11A1.28634
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Timmons & Co Inc Occupation VP		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Srinivasan		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 503 Thompson Avenue		Transaction ID: SA11A1.28588
City El Dorado State AR Zip Code 71730-4555	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Medical Center of S Arkansas Occupation Radiation Oncologist		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Mr. Ronald Violi		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 252 Kittanning Pike		Transaction ID: SA11A1.27766
City Pittsburgh State PA Zip Code 15215	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Children's Hospital of Pittsburgh Occupation Chairman / CEO		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
John Warlick
Mailing Address 512 Knoll Pointe

City State Zip Code
Woodstock GA 30189

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tissue Regeneration Tech

Occupation
CEO

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.28636

Amount of Each Receipt this Period

2100.00

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

B. Full Name (Last, First, Middle Initial)
Joel Weinberg
Mailing Address 5821 Aylesboro Ave

City State Zip Code
Pittsburgh PA 15217-1349

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPMC

Occupation

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.27794

Amount of Each Receipt this Period

250.00

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

C. Full Name (Last, First, Middle Initial)
Eugene Wiener
Mailing Address 1450 Shady Avenue

City State Zip Code
Pittsburgh PA 15217-1349

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPMC

Occupation

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.27796

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

2600.00

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. James Will

Mailing Address 721 East McMurray Road

City

McMurray

State

PA

Zip Code

15317

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent College

Occupation
President

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.27767

Amount of Each Receipt this Period

1500.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

62875.00

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

Use separate schedule(s)
or each category of the
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☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)
A. ACTION COMMITTEE FOR RURAL ELECTRIFICATION (ACRE) NATIONAL RURAL ELECTRIC COOP. ASSOC.

Mailing Address **4301 Wilson Boulevard**

City State Zip Code
Arlington VA 22203

FEC ID number of contributing
federal political committee. **C C00002972**

Name of Employer Occupation

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

09 / 25 / 2006

Transaction ID: SA11C.28590

Amount of Each Receipt this Period

2500.00

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

Full Name (Last, First, Middle Initial)
B. AFGE POLITICAL ACTION COMMITTEE

Mailing Address **80 F STREET N.W.**

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing
federal political committee. **C C00009936**

Name of Employer Occupation

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

08 / 18 / 2006

Transaction ID: SA11C.28191

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)
C. BUCHANAN INGERSOLL PROFESSIONAL CORPORATION COMMITTEE FOR EFFECTIVE GOVERNMENT

Mailing Address **ONE OXFORD CENTRE
301 GRANT STREET 20TH FLOOR**

City State Zip Code
PITTSBURGH PA 15219

FEC ID number of contributing
federal political committee. **C C00195388**

Name of Employer Occupation

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt

08 / 18 / 2006

Transaction ID: SA11C.28192

Amount of Each Receipt this Period

2000.00

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

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 211

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 501 THIRD STREET NW

City State Zip Code
WASHINGTON DC 20001

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

Name of Employer Occupation

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11C.28592

Amount of Each Receipt this Period

2500.00

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

B. Full Name (Last, First, Middle Initial)
IRISH AMERICAN DEMOCRATS

Mailing Address PO BOX 15638

City State Zip Code
CHEVY CHASE MD 20825

FEC ID number of contributing
federal political committee. **C** C00320432

Name of Employer Occupation

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11C.28593

Amount of Each Receipt this Period

500.00

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

C. Full Name (Last, First, Middle Initial)
LABORERS' POLITICAL LEAGUE-LABORERS' INTERNATIONAL UNION OF NA

Mailing Address 905 16TH STREET, N.W.

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing
federal political committee. **C** C00007922

Name of Employer Occupation

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11C.28595

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. LAKE ERIE ALLIANCE FOR DEMOCRACY PAC LEAD PAC

Mailing Address 101 WEST 34 STREET

City State Zip Code
 ERIE PA 16508

FEC ID number of contributing
federal political committee.

C C00420109

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11C.28530

Amount of Each Receipt this Period

50.00

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

Full Name (Last, First, Middle Initial)

B. NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMMITTEE

Mailing Address 2901 TELESTAR COURT

City State Zip Code
 FALLS CHURCH VA 22042

FEC ID number of contributing
federal political committee.

C C00005249

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 2 / 2 0 0 6

Transaction ID: SA11C.28640

Amount of Each Receipt this Period

2500.00

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

Full Name (Last, First, Middle Initial)

C. NORTH SIDE GOOD GOVERNMENT COMMITTEE

Mailing Address 3400 SOUTH WATER STREET

City State Zip Code
 PITTSBURGH PA 15203

FEC ID number of contributing
federal political committee.

C C00295600

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 7 / 2 0 0 6

Transaction ID: SA11C.27768

Amount of Each Receipt this Period

2000.00

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

SUBTOTAL of Receipts This Page (optional)

4550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 211

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) PNCBANKPAC		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 7 / 2 0 0 6	
Mailing Address Two PNC Plaza		Transaction ID: SA11C.27769	
City Pittsburgh	State PA	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
B. Full Name (Last, First, Middle Initial) SAP AMERICA INC PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 4 / 2 0 0 6	
Mailing Address 3999 WEST CHESTER PIKE		Transaction ID: SA11C.27737	
City NEWTOWN SQUARE	State PA	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00367375			
Name of Employer	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
C. Full Name (Last, First, Middle Initial) TIMKEN COMPANY GOOD GOVERNMENT FUND, THE		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 1835 Dueber Avenue S.W.		Transaction ID: SA11C.28197	
City Canton	State OH	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C C00311308			
Name of Employer	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
SUBTOTAL of Receipts This Page (optional)		8000.00	
TOTAL This Period (last page this line number only)			

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

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

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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. TYCO INTERNATIONAL (US) INC. EMPLOYEES POLITICAL ACITON COMMITTEE

Mailing Address 9 Roszel Road

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing
federal political committee.

C C00113753

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 6

Transaction ID: SA11C.28641

Amount of Each Receipt this Period

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

SCHEDULE A (FEC Form 3) **ITEMIZED 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
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) First Commonwealth Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 6	
Mailing Address 1047 Franklin Street 8th Ward Office		Transaction ID: SA15.28404	
City <u>Johnstown</u>	State PA	Zip Code 15905	Amount of Each Receipt this Period 6060.99
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 57506.45	
B. Full Name (Last, First, Middle Initial) First Commonwealth Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 1047 Franklin Street 8th Ward Office		Transaction ID: SA15.28405	
City <u>Johnstown</u>	State PA	Zip Code 15905	Amount of Each Receipt this Period 5748.28
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 63254.73	
C. Full Name (Last, First, Middle Initial) First Commonwealth Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 1047 Franklin Street 8th Ward Office		Transaction ID: SA15.28990	
City <u>Johnstown</u>	State PA	Zip Code 15905	Amount of Each Receipt this Period 4792.04
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 68046.77	

SUBTOTAL of Receipts This Page (optional)

16601.31

TOTAL This Period (last page this line number only)

16601.31

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Patrick J. Alwine

Mailing Address 437 Southmont Blvd

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27830

Date of Disbursement

/ /

Amount of Each Disbursement this Period

388.95

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

Full Name (Last, First, Middle Initial)

B. Patrick J. Alwine

Mailing Address 437 Southmont Blvd

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27842

Date of Disbursement

/ /

Amount of Each Disbursement this Period

388.95

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

Full Name (Last, First, Middle Initial)

C. Patrick J. Alwine

Mailing Address 437 Southmont Blvd

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27931

Date of Disbursement

/ /

Amount of Each Disbursement this Period

388.95

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

SUBTOTAL of Disbursements This Page (optional)

1166.85

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Patrick J. Alwine		Transaction ID: SB17.28017 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 0 6</div> </div>
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period <div>778.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Patrick J. Alwine		Transaction ID: SB17.28032 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 0 6</div> </div>
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period <div>163.40</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Reimb Meals & Camp Off Exp		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Patrick J. Alwine		Transaction ID: SB17.28071 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 6</div> </div>
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period <div>778.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>1721.20</div>
TOTAL This Period (last page this line number only)		

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

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

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Patrick J. Alwine		Transaction ID: SB17.28698 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 3 / 2 0 0 6</div> </div>
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period <div>726.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Patrick J. Alwine		Transaction ID: SB17.28751 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 0 / 2 0 0 6</div> </div>
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period <div>87.69</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement See Detail		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Patrick J. Alwine		Transaction ID: SB17.28751.0 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 0 / 2 0 0 6</div> </div>
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period <div>35.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Meals		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>814.59</div>
TOTAL This Period (last page this line number only)		<div></div>

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

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

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(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Patrick J. Alwine		Transaction ID: SB17.28751.1 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 0 / 2 0 0 6</div> </div>
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period <div>25.94</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Meals		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Patrick J. Alwine		Transaction ID: SB17.28751.2 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 0 / 2 0 0 6</div> </div>
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period <div>10.64</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Meeting Exp		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Patrick J. Alwine		Transaction ID: SB17.28751.3 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 0 / 2 0 0 6</div> </div>
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period <div>16.11</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Campaign Office Exp		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Patrick J. Alwine		Transaction ID: SB17.28803 Date of Disbursement <div> <div>M</div><div>M</div> / <div>D</div><div>D</div> / <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <div>09 / 27 / 2006</div>
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period <div>778.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Arcadia Theater		Transaction ID: SB17.28093 Date of Disbursement <div> <div>M</div><div>M</div> / <div>D</div><div>D</div> / <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <div>08 / 30 / 2006</div>
Mailing Address 1418 Graham Avenue		Amount of Each Disbursement this Period <div>210.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Windber State PA Zip Code 15965		
Purpose of Disbursement Advertising		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Arcadia Theater		Transaction ID: SB17.28673 Date of Disbursement <div> <div>M</div><div>M</div> / <div>D</div><div>D</div> / <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <div>09 / 06 / 2006</div>
Mailing Address 1418 Graham Avenue		Amount of Each Disbursement this Period <div>210.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Windber State PA Zip Code 15965		
Purpose of Disbursement Tickets		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

1198.90

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) A T&T		Transaction ID: SB17.27807 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 5 / 2 0 0 6</div> </div>	
Mailing Address P.O. Box 9001309		Amount of Each Disbursement this Period <div> <div></div> <div>139.92</div> </div>	
City Louisville State KY Zip Code 40290-1309	Purpose of Disbursement Telephone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	<input type="checkbox"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) A T&T		Transaction ID: SB17.27940 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 2 / 2 0 0 6</div> </div>	
Mailing Address P.O. Box 9001309		Amount of Each Disbursement this Period <div> <div></div> <div>219.29</div> </div>	
City Louisville State KY Zip Code 40290-1309	Purpose of Disbursement Telephone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	<input type="checkbox"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) A T&T		Transaction ID: SB17.28664 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 6 / 2 0 0 6</div> </div>	
Mailing Address P.O. Box 9001309		Amount of Each Disbursement this Period <div> <div></div> <div>269.09</div> </div>	
City Louisville State KY Zip Code 40290-1309	Purpose of Disbursement Telephone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	<input type="checkbox"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

628.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Atlantic Broadband

Mailing Address 120 Southmont Blvd

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Utilities

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27818

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Atlantic Broadband

Mailing Address 120 Southmont Blvd

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Utilities

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27995

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Atlantic Broadband

Mailing Address 120 Southmont Blvd

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Utilities

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28700

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

203.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) B & B Floral		Transaction ID: SB17.27804 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 5 / 2 0 0 6</div> </div>	
Mailing Address 1199 Scalp Avenue		Amount of Each Disbursement this Period <div> <div></div> <div>245.92</div> </div>	
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Floral Arrangements	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	<input type="checkbox"/>
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) B & B Floral		Transaction ID: SB17.27817 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 0 6</div> </div>	
Mailing Address 1199 Scalp Avenue		Amount of Each Disbursement this Period <div> <div></div> <div>82.68</div> </div>	
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Floral Arrangements	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	<input type="checkbox"/>
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) B & B Floral		Transaction ID: SB17.27844 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 6 / 2 0 0 6</div> </div>	
Mailing Address 1199 Scalp Avenue		Amount of Each Disbursement this Period <div> <div></div> <div>235.32</div> </div>	
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Floral Arrangements	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	<input type="checkbox"/>
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

563.92

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) B & B Floral		Transaction ID: SB17.27846 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 6 / 2 0 0 6</div> </div>
Mailing Address 1199 Scalp Avenue		Amount of Each Disbursement this Period <div>93.28</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15904	Category/Type <div></div>	
Purpose of Disbursement Floral Arrangements		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) B & B Floral		Transaction ID: SB17.28045 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 3 / 2 0 0 6</div> </div>
Mailing Address 1199 Scalp Avenue		Amount of Each Disbursement this Period <div>59.36</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15904	Category/Type <div></div>	
Purpose of Disbursement Floral Arrangements		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Bennett, Petts & Blumenthal		Transaction ID: SB17.28043 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 3 / 2 0 0 6</div> </div>
Mailing Address 1010 Wisconsin Ave., NW		Amount of Each Disbursement this Period <div>16800.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20007	Category/Type <div></div>	
Purpose of Disbursement Poll Research		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

16952.64

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Borough of Windber

Mailing Address 1409 Somerset Avenue

City Windber State PA Zip Code 15963

Purpose of Disbursement
Rally Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28775

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

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

Full Name (Last, First, Middle Initial)

B. Borough of Windber

Mailing Address 1409 Somerset Avenue

City Windber State PA Zip Code 15963

Purpose of Disbursement
Rally Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28777

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

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

Full Name (Last, First, Middle Initial)

C. Cambria Co. Sports Hall of Fame

Mailing Address C/O 243 Adams Street

City Johnstown State PA Zip Code 15901-2002

Purpose of Disbursement
Tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27837

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Cam Co Dept of Emer ServicesMailing Address 401 Candlelight Drive
Suite 100

City Ebensburg State PA Zip Code 15931-1959

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28711

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	6

Amount of Each Disbursement this Period

75.00

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

Full Name (Last, First, Middle Initial)

B. Gabrielle Carruth

Mailing Address 6749 Rock Brook Drive

City Clifton State VA Zip Code 20124-2525

Purpose of Disbursement
Travel, Tolls, Meals

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27824

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	0	6

Amount of Each Disbursement this Period

189.39

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

Full Name (Last, First, Middle Initial)

C. Gabrielle Carruth

Mailing Address 6749 Rock Brook Drive

City Clifton State VA Zip Code 20124-2525

Purpose of Disbursement
See Detail

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28646

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	0	6

Amount of Each Disbursement this Period

122.88

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

SUBTOTAL of Disbursements This Page (optional)

387.27

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Gabrielle Carruth		Transaction ID: SB17.28646.0 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 6 / 2 0 0 6</div> </div>
Mailing Address 6749 Rock Brook Drive		Amount of Each Disbursement this Period <div>17.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Clifton State VA Zip Code 20124-2525		
Purpose of Disbursement Parking	<input type="checkbox"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Gabrielle Carruth		Transaction ID: SB17.28646.1 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 6 / 2 0 0 6</div> </div>
Mailing Address 6749 Rock Brook Drive		Amount of Each Disbursement this Period <div>49.40</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Clifton State VA Zip Code 20124-2525		
Purpose of Disbursement Travel	<input type="checkbox"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Gabrielle Carruth		Transaction ID: SB17.28646.2 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 6 / 2 0 0 6</div> </div>
Mailing Address 6749 Rock Brook Drive		Amount of Each Disbursement this Period <div>40.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Clifton State VA Zip Code 20124-2525		
Purpose of Disbursement Campaign Office Exp	<input type="checkbox"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Gabrielle Carruth

Mailing Address 6749 Rock Brook Drive

City Clifton State VA Zip Code 20124-2525

Purpose of Disbursement

Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28646.3

Date of Disbursement

/ /

Amount of Each Disbursement this Period

16.48

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Central Tax Bureau of PA, Inc.

Mailing Address 1610 Bedford Street

City Johnstown State PA Zip Code 15902

Purpose of Disbursement

Local I/T W/H

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27813

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3.60

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

Full Name (Last, First, Middle Initial)

C. Christian Book Store

Mailing Address 1238 Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement

Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27849

Date of Disbursement

/ /

Amount of Each Disbursement this Period

145.64

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

SUBTOTAL of Disbursements This Page (optional)

149.24

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Christian Book Store

Mailing Address 1238 Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28046

Date of Disbursement

/ /

Amount of Each Disbursement this Period

911.03

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

Full Name (Last, First, Middle Initial)

B. Christian Book Store

Mailing Address 1238 Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28805

Date of Disbursement

/ /

Amount of Each Disbursement this Period

264.99

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

Full Name (Last, First, Middle Initial)

C. Chuck Mamula Photography

Mailing Address 186 Fairfield Avenue

City Johnstown State PA Zip Code 15906

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27937

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.88

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

SUBTOTAL of Disbursements This Page (optional)

1226.90

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Cingular		Transaction ID: SB17.27820 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 0 6</div> </div>	
Mailing Address P.O. Box 129		Amount of Each Disbursement this Period <div>165.91</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Newark	State NJ		Zip Code 07101-0129
Purpose of Disbursement	<div>Category/Type</div>		
Telephone			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) Cingular		Transaction ID: SB17.27996 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 9 / 2 0 0 6</div> </div>	
Mailing Address P.O. Box 129		Amount of Each Disbursement this Period <div>169.96</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Newark	State NJ		Zip Code 07101-0129
Purpose of Disbursement	<div>Category/Type</div>		
Telephone			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) Cingular		Transaction ID: SB17.28710 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 3 / 2 0 0 6</div> </div>	
Mailing Address P.O. Box 129		Amount of Each Disbursement this Period <div>170.36</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Newark	State NJ		Zip Code 07101-0129
Purpose of Disbursement	<div>Category/Type</div>		
Telephone			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

506.23

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Clark Production LLC		Transaction ID: SB17.28029 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 0 6</div> </div>
Mailing Address 239 Main Street		Amount of Each Disbursement this Period <div> <div></div> <div>477.50</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15901		
Purpose of Disbursement Rally Exp	<div> <div></div> <div>Category/Type</div> </div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Clark Production LLC		Transaction ID: SB17.28663 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 6 / 2 0 0 6</div> </div>
Mailing Address 239 Main Street		Amount of Each Disbursement this Period <div> <div></div> <div>90.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15901		
Purpose of Disbursement Rally Expense	<div> <div></div> <div>Category/Type</div> </div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Colony Cleaning Company		Transaction ID: SB17.27803 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 5 / 2 0 0 6</div> </div>
Mailing Address 160 Engbert Road		Amount of Each Disbursement this Period <div> <div></div> <div>159.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15902		
Purpose of Disbursement Cleaning Services	<div> <div></div> <div>Category/Type</div> </div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

726.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Colony Cleaning Company

Mailing Address 160 Engbert Road

City Johnstown State PA Zip Code 15902

Purpose of Disbursement
Cleaning Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27991

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Colony Cleaning Company

Mailing Address 160 Engbert Road

City Johnstown State PA Zip Code 15902

Purpose of Disbursement
Cleaning Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28708

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Conemaugh Valley FNRA

Mailing Address 315 Leila Street

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27828

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

504.40

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Corner Floral Full Name (Last, First, Middle Initial) Mailing Address 1003 Suite #1 Second Street City Nanty Glo State PA Zip Code 15943 Purpose of Disbursement Floral Arrangements Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28706 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 61.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. CRPLTD Group of Companies Full Name (Last, First, Middle Initial) Mailing Address POB 523243 City Springfield State VA Zip Code 22152 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28027 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 624.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Darra Group Inc Full Name (Last, First, Middle Initial) Mailing Address PO Box 48 City Monessen State PA Zip Code 15062 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28692 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 11340.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

12025.47

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Darra Group Inc

Mailing Address PO Box 48

City Monessen State PA Zip Code 15062

Purpose of Disbursement
Rally Exp. & Adv. Exp.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28744

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5122.97

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

Full Name (Last, First, Middle Initial)

B. Darra Group Inc

Mailing Address PO Box 48

City Monessen State PA Zip Code 15062

Purpose of Disbursement
Rally Exp. & Adv. Exp.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28838

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8620.54

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

Full Name (Last, First, Middle Initial)

C. DHL Express

Mailing Address PO Box 4723

City Houston State TX Zip Code 77210-4723

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27841

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14.90

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

SUBTOTAL of Disbursements This Page (optional)

13758.41

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. DHL Express

Mailing Address PO Box 4723

City Houston State TX Zip Code 77210-4723

Purpose of Disbursement
Freight

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27988

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Digital Razor

Mailing Address 430 Main Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27836

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Digital Razor

Mailing Address 430 Main Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28024

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

120.80

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Digital Razor

Mailing Address 430 Main Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28745

Date of Disbursement

/ /

Amount of Each Disbursement this Period

49.95

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

Full Name (Last, First, Middle Initial)

B. Bill Dooling

Mailing Address 37 Spring Street

City Holliston State MA Zip Code 01746

Purpose of Disbursement
Rally Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28655

Date of Disbursement

/ /

Amount of Each Disbursement this Period

279.20

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

Full Name (Last, First, Middle Initial)

C. Bill Dooling

Mailing Address 37 Spring Street

City Holliston State MA Zip Code 01746

Purpose of Disbursement
Rally Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28812

Date of Disbursement

/ /

Amount of Each Disbursement this Period

104.28

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

SUBTOTAL of Disbursements This Page (optional)

433.43

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Bill Dooling Full Name (Last, First, Middle Initial) Mailing Address 37 Spring Street City Holliston State MA Zip Code 01746 Purpose of Disbursement Rally Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28831 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 411.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. DSAP Full Name (Last, First, Middle Initial) Mailing Address PO Box 147 City Warminster State PA Zip Code 18974 Purpose of Disbursement Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28686 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 650.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Michael Duga Full Name (Last, First, Middle Initial) Mailing Address 1440 Coral Seal Ridge City Coral Springs State FL Zip Code 33071 Purpose of Disbursement Rally Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28651 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 2406.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3467.53

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Edenfield Stages

Mailing Address 50 West Main Street

City New Salem State PA Zip Code 15468

Purpose of Disbursement

Rally Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28794

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Edward Mitchell Communications

Mailing Address P.O. Box 2237

City Wilkes-Barre State PA Zip Code 18703

Purpose of Disbursement

Consulting Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28025

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Edward Mitchell Communications

Mailing Address P.O. Box 2237

City Wilkes-Barre State PA Zip Code 18703

Purpose of Disbursement

Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28044

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

3675.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Edward Mitchell Communications

Mailing Address P.O. Box 2237

City Wilkes-Barre State PA Zip Code 18703

Purpose of Disbursement
Consulting Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28073

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

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

Full Name (Last, First, Middle Initial)

B. Edward Mitchell Communications

Mailing Address P.O. Box 2237

City Wilkes-Barre State PA Zip Code 18703

Purpose of Disbursement
Consulting Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28662

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

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

Full Name (Last, First, Middle Initial)

C. Edward Mitchell Communications

Mailing Address P.O. Box 2237

City Wilkes-Barre State PA Zip Code 18703

Purpose of Disbursement
Consulting Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28703

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

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

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Edward Mitchell Communications

Mailing Address P.O. Box 2237

City	State	Zip Code
Wilkes-Barre	PA	18703

Purpose of Disbursement
Consulting Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28746

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	6

Amount of Each Disbursement this Period

1500.00

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

Full Name (Last, First, Middle Initial)

B. Edward Mitchell Communications

Mailing Address P.O. Box 2237

City	State	Zip Code
Wilkes-Barre	PA	18703

Purpose of Disbursement
Consulting Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28769

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	6

Amount of Each Disbursement this Period

2000.00

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

Full Name (Last, First, Middle Initial)

C. Glen Embree

Mailing Address RD 1, Box 353

City	State	Zip Code
Mt Pleasant	PA	15666

Purpose of Disbursement
Tickets

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28748

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	6

Amount of Each Disbursement this Period

145.00

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

SUBTOTAL of Disbursements This Page (optional)

3645.00

TOTAL This Period (last page this line number only)

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Glen Embree Full Name (Last, First, Middle Initial) Mailing Address RD 1, Box 353 City Mt Pleasant State PA Zip Code 15666 Purpose of Disbursement Adv. & Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28816 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 319.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Fay-West Friends of the NRA Full Name (Last, First, Middle Initial) Mailing Address 520 Oakland Avenue City Greensburg State PA Zip Code 15601 Purpose of Disbursement Tickets & Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28085 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 1160.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Feeder Canal Assoc. Full Name (Last, First, Middle Initial) Mailing Address 647 Main Street 4th Floor City Johnstown State PA Zip Code 15901 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27843 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 1054.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2533.17

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Feeder Canal Assoc.

Mailing Address 647 Main Street 4th Floor

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28047

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1054.17

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

Full Name (Last, First, Middle Initial)

B. Feeder Canal Assoc.

Mailing Address 647 Main Street 4th Floor

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28811

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1054.17

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

Full Name (Last, First, Middle Initial)

C. Feight Audio Electronics

Mailing Address 15 Carpenter Avenue

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Rally Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28402

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1007.00

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

SUBTOTAL of Disbursements This Page (optional)

3115.34

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. First Commonwealth BankMailing Address Credit Card Dept.
P.O. Box 0537

City Indiana State PA Zip Code 15701-0537

Purpose of Disbursement
See Detail

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27815

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	0	6

Amount of Each Disbursement this Period

3531.31

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

Full Name (Last, First, Middle Initial)

B. COSI Inc

Mailing Address 1751 Lake Cook Road

City Deerfield State IL Zip Code 60015

Purpose of Disbursement
Meeting Exp

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27815.1

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	0	6

Amount of Each Disbursement this Period

287.59

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

C. Starbucks

Mailing Address PO Box 34067

City Seattle State WA Zip Code 98124-1067

Purpose of Disbursement
Meeting Exp

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27815.4

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	0	6

Amount of Each Disbursement this Period

54.65

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional)

3531.31

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. COSI Inc Full Name (Last, First, Middle Initial) Mailing Address 1751 Lake Cook Road City Deerfield State IL Zip Code 60015 Purpose of Disbursement Meeting Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27815.5 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 127.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Exxonmobile Full Name (Last, First, Middle Initial) Mailing Address Service Station City Arlington State VA Zip Code 22210 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27815.8 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 27.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Capital Grille Full Name (Last, First, Middle Initial) Mailing Address 601 PA Avenue NW City Washington State DC Zip Code 20004 Purpose of Disbursement Meeting Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27815.9 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 38.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)		

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Exxonmobile Full Name (Last, First, Middle Initial) Mailing Address Service Station City State Zip Code Arlington VA 22210 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27815.10 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 0 6</div> </div> Amount of Each Disbursement this Period <div>28.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. BP Oil Full Name (Last, First, Middle Initial) Mailing Address Bedford Street City State Zip Code Johnstown PA 15901 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27815.12 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 0 6</div> </div> Amount of Each Disbursement this Period <div>47.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City State Zip Code Altoona PA 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27815.13 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 0 6</div> </div> Amount of Each Disbursement this Period <div>25.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

Use separate schedule(s)
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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. On Star Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 278 City Sheldon State IA Zip Code 51201 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Transaction ID: SB17.27815.14 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 34.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. On Star Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 278 City Sheldon State IA Zip Code 51201 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Transaction ID: SB17.27815.15 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 137.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Thomas Automotive Family Full Name (Last, First, Middle Initial) Mailing Address 750 Eisenhower Blvd. City Johnstown State PA Zip Code 15904 Purpose of Disbursement Vehicle Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Transaction ID: SB17.27815.16 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 28.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶		0.00
TOTAL This Period (last page this line number only) ▶		

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. On Star Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 278 City Sheldon State IA Zip Code 51201 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27815.17 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>34.95</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	2		2	0	0	6	34.95
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		1	2		2	0	0	6														
34.95																							
B. Eat N Park Full Name (Last, First, Middle Initial) Mailing Address 1461 Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27815.18 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>27.48</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	2		2	0	0	6	27.48
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		1	2		2	0	0	6														
27.48																							
C. Eat N Park Full Name (Last, First, Middle Initial) Mailing Address 1461 Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27815.19 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>32.22</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	2		2	0	0	6	32.22
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		1	2		2	0	0	6														
32.22																							
SUBTOTAL of Disbursements This Page (optional)		<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00																				
0.00																							
TOTAL This Period (last page this line number only)		<table border="1"> <tr> <td></td> </tr> </table>																					

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

Use separate schedule(s)
for each category of the
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Eat N Park

Mailing Address 1461 Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27815.20

Date of Disbursement

07 / 12 / 2006

Amount of Each Disbursement this Period

15.76

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. U.S. House Member's Dining

Mailing Address H 118 U.S. Capitol

City Washington State DC Zip Code 20515

Purpose of Disbursement
Meeting Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27815.22

Date of Disbursement

07 / 12 / 2006

Amount of Each Disbursement this Period

209.25

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. U.S. House Member's Dining

Mailing Address H 118 U.S. Capitol

City Washington State DC Zip Code 20515

Purpose of Disbursement
Meeting Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27815.23

Date of Disbursement

07 / 12 / 2006

Amount of Each Disbursement this Period

70.35

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Texaco Inc

Mailing Address 2000 Westchester Avenue

City State Zip Code
White Plains NY 10650

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27815.24

Date of Disbursement

/ /

Amount of Each Disbursement this Period

31.39

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Library of Congress

Mailing Address Thomas Jefferson Bldg

City State Zip Code
Washington DC 20002

Purpose of Disbursement

Meeting Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27815.25

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Ritz Carlton

Mailing Address 1250 South Hayes Street

City State Zip Code
Arlington VA 22202

Purpose of Disbursement

Meeting Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27815.26

Date of Disbursement

/ /

Amount of Each Disbursement this Period

204.04

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Easy Grade Car Wash

Mailing Address 925 Menoher Boulevard

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27815.27

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27815.29

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27815.30

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) BP Oil		Transaction ID: SB17.27815.31 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 0 6</div> </div>	
Mailing Address Bedford Street		Amount of Each Disbursement this Period <div> <div></div> <div>30.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Travel		<input type="checkbox"/> Category/Type
Candidate Name			<input type="checkbox"/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			State: District:
B. Full Name (Last, First, Middle Initial) Capri Pizza		Transaction ID: SB17.27815.32 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 0 6</div> </div>	
Mailing Address Main Street		Amount of Each Disbursement this Period <div> <div></div> <div>19.66</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Volunteer Exp		<input type="checkbox"/> Category/Type
Candidate Name			<input type="checkbox"/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			State: District:
C. Full Name (Last, First, Middle Initial) Sheetz		Transaction ID: SB17.27815.33 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 0 6</div> </div>	
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period <div> <div></div> <div>30.75</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
City Altoona State PA Zip Code 16602	Purpose of Disbursement Travel		<input type="checkbox"/> Category/Type
Candidate Name			<input type="checkbox"/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			State: District:
SUBTOTAL of Disbursements This Page (optional)		<div> <div></div> <div>0.00</div> </div>	
TOTAL This Period (last page this line number only)		<div> <div></div> </div>	

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. U.S. Postal Service

Mailing Address Locust & Franklin Streets

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27815.35

Date of Disbursement

/ /

Amount of Each Disbursement this Period

246.42

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27815.37

Date of Disbursement

/ /

Amount of Each Disbursement this Period

27.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27815.38

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Giant Eagle

Mailing Address Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement

Volunteer Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27815.39

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. EM's Sub Shop

Mailing Address 1111 Scalp Avenue

City Johnstown State PA Zip Code 15904-3036

Purpose of Disbursement

Volunteer Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27815.40

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Cingular

Mailing Address P.O. Box 129

City Newark State NJ Zip Code 07101-0129

Purpose of Disbursement

Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27815.41

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. U.S. Postal Service

Mailing Address Locust & Franklin Streets

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27815.42

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	0	6

Amount of Each Disbursement this Period

195.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

B. Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27815.44

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	0	6

Amount of Each Disbursement this Period

43.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

C. Easy Grade Car Wash

Mailing Address 925 Menoher Boulevard

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27815.45

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	0	6

Amount of Each Disbursement this Period

26.49

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue	Transaction ID: SB17.27815.47 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 0 6</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>29.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.27815.48 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 0 6</div> </div> Amount of Each Disbursement this Period <div>28.43</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.27815.49 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 0 6</div> </div> Amount of Each Disbursement this Period <div>16.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶	<div>0.00</div>
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Giant Eagle

Mailing Address Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Volunteer Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27815.50

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14.31

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Giant Eagle

Mailing Address Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27815.51

Date of Disbursement

/ /

Amount of Each Disbursement this Period

171.14

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Wal Mart

Mailing Address Theatre Drive

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27815.52

Date of Disbursement

/ /

Amount of Each Disbursement this Period

136.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Capri Pizza Full Name (Last, First, Middle Initial) Mailing Address Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Volunteer Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27815.53 Date of Disbursement 07 / 12 / 2006 Amount of Each Disbursement this Period 13.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27815.55 Date of Disbursement 07 / 12 / 2006 Amount of Each Disbursement this Period 35.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27815.56 Date of Disbursement 07 / 12 / 2006 Amount of Each Disbursement this Period 22.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)		

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Capri Pizza

Mailing Address Main Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Volunteer Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27815.58

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Capri Pizza

Mailing Address Main Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Volunteer Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27815.59

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. EM's Sub Shop

Mailing Address 1111 Scalp Avenue

City Johnstown State PA Zip Code 15904-3036

Purpose of Disbursement
Volunteer Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27815.62

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Bilu Foods Full Name (Last, First, Middle Initial) Mailing Address Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27815.64 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 6.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27815.66 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 32.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. First Commonwealth Bank Full Name (Last, First, Middle Initial) Mailing Address Credit Card Dept. P.O. Box 0537 City Indiana State PA Zip Code 15701-0537 Purpose of Disbursement See Detail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 13356.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional)		13356.90
TOTAL This Period (last page this line number only)		

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. U.S. House Member's Dining

Mailing Address H 118 U.S. Capitol

City
WashingtonState
DCZip Code
20515Purpose of Disbursement
Meeting Exp

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.0

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	0	6

Amount of Each Disbursement this Period

27.70

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

B. Texaco Inc

Mailing Address 2000 Westchester Avenue

City
White PlainsState
NYZip Code
10650Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.1

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	0	6

Amount of Each Disbursement this Period

31.35

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

C. Exxonmobile

Mailing Address Service Station

City
ArlingtonState
VAZip Code
22210Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.2

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	0	6

Amount of Each Disbursement this Period

32.94

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Exxonmobile Full Name (Last, First, Middle Initial) Mailing Address Service Station City State Zip Code Arlington VA 22210 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.3 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 0 6</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>33.98</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Cato Travel Full Name (Last, First, Middle Initial) Mailing Address 1st & C Street NE #24 City State Zip Code Washington DC 20510 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.4 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 0 6</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>20.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Cato Travel Full Name (Last, First, Middle Initial) Mailing Address 1st & C Street NE #24 City State Zip Code Washington DC 20510 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.5 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 0 6</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>20.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶		<div> <div></div> <div>0.00</div> </div>
TOTAL This Period (last page this line number only) ▶		<div> <div></div> </div>

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Cato Travel

Mailing Address 1st & C Street NE
#24

City Washington State DC Zip Code 20510

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.6

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AMTRAK

Mailing Address 60 Massachusetts Avenue

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.7

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AMTRAK

Mailing Address 60 Massachusetts Avenue

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.8

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMTRAK

Mailing Address 60 Massachusetts Avenue

City Washington State DC Zip Code 20002

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28018.9

Date of Disbursement

/ /

Amount of Each Disbursement this Period

252.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Texaco Inc

Mailing Address 2000 Westchester Avenue

City White Plains State NY Zip Code 10650

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28018.10

Date of Disbursement

/ /

Amount of Each Disbursement this Period

45.75

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28018.12

Date of Disbursement

/ /

Amount of Each Disbursement this Period

52.34

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Delta Full Name (Last, First, Middle Initial) Mailing Address 1030 Delta Blvd City Atlanta State GA Zip Code 30320-6001 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.13 Date of Disbursement <div> <div>08</div> <div>18</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>10.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Delta Full Name (Last, First, Middle Initial) Mailing Address 1030 Delta Blvd City Atlanta State GA Zip Code 30320-6001 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.14 Date of Disbursement <div> <div>08</div> <div>16</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>814.30</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Delta Full Name (Last, First, Middle Initial) Mailing Address 1030 Delta Blvd City Atlanta State GA Zip Code 30320-6001 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.15 Date of Disbursement <div> <div>08</div> <div>16</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>10.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Delta Full Name (Last, First, Middle Initial) Mailing Address 1030 Delta Blvd City Atlanta State GA Zip Code 30320-6001 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.16 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 814.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. U S Airways Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 12346 City Pittsburgh State PA Zip Code 15231 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.17 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. U S Airways Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 12346 City Pittsburgh State PA Zip Code 15231 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.18 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 1129.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)		

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. U S Airways

Mailing Address P.O. Box 12346

City Pittsburgh State PA Zip Code 15231

Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	0	6

Amount of Each Disbursement this Period

1129.30

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

B. Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	0	6

Amount of Each Disbursement this Period

7.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

C. Easy Grade Car Wash

Mailing Address 925 Menoher Boulevard

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	0	6

Amount of Each Disbursement this Period

7.25

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. On Star Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 278 City Sheldon State IA Zip Code 51201 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.22 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 34.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. On Star Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 278 City Sheldon State IA Zip Code 51201 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.23 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 34.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Homewood Suites Full Name (Last, First, Middle Initial) Mailing Address 4850 Leesburg Pike City Alexandria State VA Zip Code 22302 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.29 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 184.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶		0.00
TOTAL This Period (last page this line number only) ▶		

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Homewood Suites

Mailing Address 4850 Leesburg Pike

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.30

Date of Disbursement

/ /

Amount of Each Disbursement this Period

184.21

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Homewood Suites

Mailing Address 4850 Leesburg Pike

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.31

Date of Disbursement

/ /

Amount of Each Disbursement this Period

368.42

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. COSI Inc

Mailing Address 1751 Lake Cook Road

City Deerfield State IL Zip Code 60015

Purpose of Disbursement
Meeting Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.32

Date of Disbursement

/ /

Amount of Each Disbursement this Period

119.30

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Exxonmobile Full Name (Last, First, Middle Initial) Mailing Address Service Station City State Zip Code Arlington VA 22210 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Transaction ID: SB17.28018.34 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 25.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Starbucks Full Name (Last, First, Middle Initial) Mailing Address PO Box 34067 City State Zip Code Seattle WA 98124-1067 Purpose of Disbursement Meeting Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Transaction ID: SB17.28018.36 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 9.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Bullfeathers Restaurant Full Name (Last, First, Middle Initial) Mailing Address 410 1st Street SE City State Zip Code Washington DC 20003 Purpose of Disbursement Meeting Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Transaction ID: SB17.28018.37 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 22.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶		0.00
TOTAL This Period (last page this line number only) ▶		

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. COSI Inc

Mailing Address 1751 Lake Cook Road

City State Zip Code
Deerfield IL 60015

Purpose of Disbursement

Meeting Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.38

Date of Disbursement

/ /

Amount of Each Disbursement this Period

205.98

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Best Buy

Mailing Address 7601 Penn Ave S.

City State Zip Code
Richfield MN 55423

Purpose of Disbursement

Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.42

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1861.06

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code
Altoona PA 16602

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.43

Date of Disbursement

/ /

Amount of Each Disbursement this Period

21.49

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.44 Date of Disbursement <div> <div>08</div> <div>16</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>27.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Easy Grade Car Wash Full Name (Last, First, Middle Initial) Mailing Address 925 Menoher Boulevard City Johnstown State PA Zip Code 15905 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.45 Date of Disbursement <div> <div>08</div> <div>16</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>22.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. EM's Sub Shop Full Name (Last, First, Middle Initial) Mailing Address 1111 Scalp Avenue City Johnstown State PA Zip Code 15904-3036 Purpose of Disbursement Volunteer Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.48 Date of Disbursement <div> <div>08</div> <div>16</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>17.46</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.49 Date of Disbursement <div> <div>08</div> <div>16</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>10.85</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.52 Date of Disbursement <div> <div>08</div> <div>16</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>20.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.53 Date of Disbursement <div> <div>08</div> <div>19</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>24.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Easy Grade Car Wash

Mailing Address 925 Menoher Boulevard

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.54

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Easy Grade Car Wash

Mailing Address 925 Menoher Boulevard

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.55

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Capri Pizza

Mailing Address Main Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Volunteer Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.56

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Capri Pizza

Mailing Address Main Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement

Meeting Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.57

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

51.33

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.58

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

39.50

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.59

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

51.50

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. U.S. Postal Service

Mailing Address Locust & Franklin Streets

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.60

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

195.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.62

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

39.80

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. PSU Press

Mailing Address University Park

City State College State PA Zip Code 16802

Purpose of Disbursement
Gifts

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.63

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

610.17

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. PSU Press

Mailing Address University Park

City	State	Zip Code
State College	PA	16802

Purpose of Disbursement
Gifts

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Transaction ID: SB17.28018.64

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	0	6

Amount of Each Disbursement this Period

1951.47

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BP Oil

Mailing Address Bedford Street

City	State	Zip Code
Johnstown	PA	15901

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Transaction ID: SB17.28018.65

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	0	6

Amount of Each Disbursement this Period

27.05

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Sheetz

Mailing Address 5700 Sixth Avenue

City	State	Zip Code
Altoona	PA	16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Transaction ID: SB17.28018.68

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	0	6

Amount of Each Disbursement this Period

28.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.69 Date of Disbursement <div> <div>08</div> <div>16</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>8.98</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Park n Dine Full Name (Last, First, Middle Initial) Mailing Address 189 E Main Street City Hancock State MD Zip Code 21750 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.70 Date of Disbursement <div> <div>08</div> <div>16</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>30.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Capri Pizza Full Name (Last, First, Middle Initial) Mailing Address Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Meeting Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.71 Date of Disbursement <div> <div>08</div> <div>16</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>24.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Capri Pizza Full Name (Last, First, Middle Initial) Mailing Address Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Meeting Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.72 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 28.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.73 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 42.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.74 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 41.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. U.S. Postal Service

Mailing Address Locust & Franklin Streets

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Postage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.77

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	0	6

Amount of Each Disbursement this Period

390.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

B. Display Sales Company

Mailing Address 10925 Nesbitt Ave S

City Minneapolis State MN Zip Code 55437-3125

Purpose of Disbursement
Gifts

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.78

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	0	6

Amount of Each Disbursement this Period

228.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

C. Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.80

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	0	6

Amount of Each Disbursement this Period

46.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Easy Grade Car Wash

Mailing Address 925 Menoher Boulevard

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.81

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	0	6

Amount of Each Disbursement this Period

22.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

B. Capri Pizza

Mailing Address Main Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Volunteer Exp

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.82

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	0	6

Amount of Each Disbursement this Period

26.97

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

C. Lombardo's

Mailing Address 935 Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Meeting Exp

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28018.83

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	0	6

Amount of Each Disbursement this Period

96.46

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.86 Date of Disbursement <div> <div>08</div> <div>16</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>41.85</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.88 Date of Disbursement <div> <div>08</div> <div>16</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>34.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28018.89 Date of Disbursement <div> <div>08</div> <div>16</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>36.70</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. EM's Sub Shop

Mailing Address 1111 Scalp Avenue

City Johnstown State PA Zip Code 15904-3036

Purpose of Disbursement

Volunteer Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28018.91

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

12.51

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. First Commonwealth Bank

Mailing Address Credit Card Dept.
P.O. Box 0537

City Indiana State PA Zip Code 15701-0537

Purpose of Disbursement

See Detail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28740

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

12850.21

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

Full Name (Last, First, Middle Initial)

C. Cato Travel

Mailing Address 1st & C Street NE
#24

City Washington State DC Zip Code 20510

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28740.0

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

20.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

12850.21

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. AMTRAK Full Name (Last, First, Middle Initial) Mailing Address 60 Massachusetts Avenue City Washington State DC Zip Code 20002 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.1 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 236.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Exxonmobile Full Name (Last, First, Middle Initial) Mailing Address Service Station City Arlington State VA Zip Code 22210 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.2 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 27.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. American West Full Name (Last, First, Middle Initial) Mailing Address 4000 E Sky Harbor Blvd City Phoenix State AZ Zip Code 85034 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.4 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 1342.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) BP Oil		Transaction ID: SB17.28740.5 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div>	
Mailing Address Bedford Street		Amount of Each Disbursement this Period <div>31.89</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
City Johnstown	State PA		Zip Code 15901
Purpose of Disbursement Travel			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Sheetz		Transaction ID: SB17.28740.6 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div>	
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period <div>55.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
City Altoona	State PA		Zip Code 16602
Purpose of Disbursement Travel			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Homewood Suites		Transaction ID: SB17.28740.7 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div>	
Mailing Address 4850 Leesburg Pike		Amount of Each Disbursement this Period <div>143.35</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
City Alexandria	State VA		Zip Code 22302
Purpose of Disbursement Lodging			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>	
TOTAL This Period (last page this line number only)			

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Holiday Inn Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1487 City Johnstown State PA Zip Code 15907-1487 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.8 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>119.89</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Sassy's Airport Restaurant Full Name (Last, First, Middle Initial) Mailing Address Airport Road City Johnstown State PA Zip Code 15904 Purpose of Disbursement Meeting Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.10 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>42.09</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.11 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>48.15</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Holiday Inn Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1487 City Johnstown State PA Zip Code 15907-1487 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.12 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 606.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. NGP Software Inc Full Name (Last, First, Middle Initial) Mailing Address 1101 Vermont Ave NW Suite 710 City Washington State DC Zip Code 20005 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.13 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 6750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Lombardo's Full Name (Last, First, Middle Initial) Mailing Address 935 Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.14 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 29.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶		0.00
TOTAL This Period (last page this line number only) ▶		

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Easy Grade Car Wash

Mailing Address 925 Menoher Boulevard

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.19

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

22.50

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BP Oil

Mailing Address Bedford Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.20

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

57.51

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Lombardo's

Mailing Address 935 Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.22

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

496.27

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Giant Eagle

Mailing Address Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.23

Date of Disbursement

/ /

Amount of Each Disbursement this Period

42.28

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.24

Date of Disbursement

/ /

Amount of Each Disbursement this Period

34.50

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Giant Eagle

Mailing Address Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.25

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.59

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.28 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>31.85</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Easy Grade Car Wash Full Name (Last, First, Middle Initial) Mailing Address 925 Menoher Boulevard City Johnstown State PA Zip Code 15905 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.29 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>12.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.30 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>26.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.31 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>19.65</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	0		2	0	0	6	19.65
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	0		2	0	0	6														
19.65																							
B. Haven Lounge Inc Full Name (Last, First, Middle Initial) Mailing Address 117 Langhorne Avenue City Johnstown State PA Zip Code 15905 Purpose of Disbursement Meeting Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.32 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>117.60</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	0		2	0	0	6	117.60
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	0		2	0	0	6														
117.60																							
C. Thomas Automotive Family Full Name (Last, First, Middle Initial) Mailing Address 750 Eisenhower Blvd. City Johnstown State PA Zip Code 15904 Purpose of Disbursement Vehicle Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.33 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>58.30</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	0		2	0	0	6	58.30
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	0		2	0	0	6														
58.30																							
SUBTOTAL of Disbursements This Page (optional)		<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00																				
0.00																							
TOTAL This Period (last page this line number only)		<table border="1"> <tr> <td></td> </tr> </table>																					

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

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

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.34 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>34.30</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Easy Grade Car Wash Full Name (Last, First, Middle Initial) Mailing Address 925 Menoher Boulevard City Johnstown State PA Zip Code 15905 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.35 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>7.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Easy Grade Car Wash Full Name (Last, First, Middle Initial) Mailing Address 925 Menoher Boulevard City Johnstown State PA Zip Code 15905 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.36 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>7.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. On Star Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 278 City Sheldon State IA Zip Code 51201 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.37 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 34.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.38 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 35.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Spory's Locksmith Full Name (Last, First, Middle Initial) Mailing Address 1248 Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.39 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 195.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Easy Grade Car Wash

Mailing Address 925 Menoher Boulevard

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.40

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.41

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Giant Eagle

Mailing Address Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.42

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Wolfe Furniture

Mailing Address Scalp Avenue

City
JohnstownState
PAZip Code
15904Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.43

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	6

Amount of Each Disbursement this Period

636.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

B. Capri Pizza

Mailing Address Main Street

City
JohnstownState
PAZip Code
15901Purpose of Disbursement
Volunteer Exp

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.44

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	6

Amount of Each Disbursement this Period

29.25

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

C. Capri Pizza

Mailing Address Main Street

City
JohnstownState
PAZip Code
15901Purpose of Disbursement
Volunteer Exp

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.45

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	6

Amount of Each Disbursement this Period

5.98

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Capri Pizza

Mailing Address Main Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Volunteer Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28740.46

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BP Oil

Mailing Address Bedford Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28740.48

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Johnstown Szechuan Rest.

Mailing Address Main Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Meeting Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28740.49

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Holiday Inn

Mailing Address P.O. Box 1487

City Johnstown State PA Zip Code 15907-1487

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.51

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

119.89

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Holiday Inn

Mailing Address P.O. Box 1487

City Johnstown State PA Zip Code 15907-1487

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.52

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

119.89

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Holiday Inn

Mailing Address P.O. Box 1487

City Johnstown State PA Zip Code 15907-1487

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.53

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

146.74

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Holiday Inn		Transaction ID: SB17.28740.54 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 0 / 2 0 0 6</div> </div>
Mailing Address P.O. Box 1487		Amount of Each Disbursement this Period <div>133.54</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Johnstown State PA Zip Code 15907-1487		
Purpose of Disbursement Lodging		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Holiday Inn		Transaction ID: SB17.28740.55 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 0 / 2 0 0 6</div> </div>
Mailing Address P.O. Box 1487		Amount of Each Disbursement this Period <div>119.89</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Johnstown State PA Zip Code 15907-1487		
Purpose of Disbursement Lodging		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Holiday Inn		Transaction ID: SB17.28740.56 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 0 / 2 0 0 6</div> </div>
Mailing Address P.O. Box 1487		Amount of Each Disbursement this Period <div>119.89</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Johnstown State PA Zip Code 15907-1487		
Purpose of Disbursement Lodging		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. Holiday Inn</p> <p>Mailing Address P.O. Box 1487</p> <p>City Johnstown State PA Zip Code 15907-1487</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.28740.57 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div> </p> <p>Amount of Each Disbursement this Period <div>119.89</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>
<p>Full Name (Last, First, Middle Initial) B. Holiday Inn</p> <p>Mailing Address P.O. Box 1487</p> <p>City Johnstown State PA Zip Code 15907-1487</p> <p>Purpose of Disbursement Meeting Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.28740.58 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div> </p> <p>Amount of Each Disbursement this Period <div>45.19</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>
<p>Full Name (Last, First, Middle Initial) C. Sheetz</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.28740.59 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div> </p> <p>Amount of Each Disbursement this Period <div>32.50</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<div>0.00</div>
<p>TOTAL This Period (last page this line number only)</p>		<div></div>

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.60 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>29.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.61 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>37.56</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Capri Pizza Full Name (Last, First, Middle Initial) Mailing Address Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Volunteer Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.62 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>24.10</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.63 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>56.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Giant Eagle Full Name (Last, First, Middle Initial) Mailing Address Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.64 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>18.33</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Bilco Foods Full Name (Last, First, Middle Initial) Mailing Address Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.65 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>6.58</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.67 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>40.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Dalton Full Name (Last, First, Middle Initial) Mailing Address Galleria Mall City Johnstown State PA Zip Code 15904 Purpose of Disbursement Gifts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.68 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>355.65</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Capri Pizza Full Name (Last, First, Middle Initial) Mailing Address Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Volunteer Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.69 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>11.94</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶		<div>0.00</div>
TOTAL This Period (last page this line number only) ▶		

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Capri Pizza

Mailing Address Main Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Volunteer Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.70

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

25.60

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Capri Pizza

Mailing Address Main Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Volunteer Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.71

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

29.68

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. EM's Sub Shop

Mailing Address 1111 Scalp Avenue

City Johnstown State PA Zip Code 15904-3036

Purpose of Disbursement
Volunteer Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.72

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

7.62

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. EM's Sub Shop

Mailing Address 1111 Scalp Avenue

City
JohnstownState
PAZip Code
15904-3036Purpose of Disbursement
Meeting Exp

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.73

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	6

Amount of Each Disbursement this Period

30.76

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

B. Sheetz

Mailing Address 5700 Sixth Avenue

City
AltoonaState
PAZip Code
16602Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.74

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	6

Amount of Each Disbursement this Period

31.01

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

C. Giant Eagle

Mailing Address Scalp Avenue

City
JohnstownState
PAZip Code
15904Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.75

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	6

Amount of Each Disbursement this Period

5.90

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Holiday Inn Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1487 City Johnstown State PA Zip Code 15907-1487 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Transaction ID: SB17.28740.76 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 119.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Transaction ID: SB17.28740.77 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Giant Eagle Full Name (Last, First, Middle Initial) Mailing Address Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Transaction ID: SB17.28740.78 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 446.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶		0.00
TOTAL This Period (last page this line number only) ▶		

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) B Dalton		Transaction ID: SB17.28740.79 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 0 / 2 0 0 6</div> </div>	
Mailing Address Galleria Drive		Amount of Each Disbursement this Period <div>528.94</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
City Johnstown	State PA		Zip Code 15904
Purpose of Disbursement Gifts			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Sheetz		Transaction ID: SB17.28740.80 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 0 / 2 0 0 6</div> </div>	
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period <div>39.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
City Altoona	State PA		Zip Code 16602
Purpose of Disbursement Travel			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Giant Eagle		Transaction ID: SB17.28740.81 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 0 / 2 0 0 6</div> </div>	
Mailing Address Scalp Avenue		Amount of Each Disbursement this Period <div>47.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
City Johnstown	State PA		Zip Code 15904
Purpose of Disbursement Campaign Office Exp			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>	
TOTAL This Period (last page this line number only)			

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Easy Grade Car Wash

Mailing Address 925 Menoher Boulevard

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.82

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	6

Amount of Each Disbursement this Period

22.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

B. Easy Grade Car Wash

Mailing Address 925 Menoher Boulevard

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.83

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	6

Amount of Each Disbursement this Period

22.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

C. Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.85

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	6

Amount of Each Disbursement this Period

59.20

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Capri Pizza Full Name (Last, First, Middle Initial) Mailing Address Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Volunteer Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.86 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>26.23</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. U.S. Newswire Corp Full Name (Last, First, Middle Initial) Mailing Address Natl PPress Bldg Sutie 1230 City Washington State DC Zip Code 20045 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.87 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>280.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Sheetz Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28740.88 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>37.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. U.S. Newswire Corp

Mailing Address Natl P Press Bldg
Sutie 1230

City Washington State DC Zip Code 20045

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.89

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

230.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Capri Pizza

Mailing Address Main Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Volunteer Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.91

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

26.94

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. U.S. Newswire Corp

Mailing Address Natl P Press Bldg
Sutie 1230

City Washington State DC Zip Code 20045

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.93

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

230.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. The Fish Boat

Mailing Address Main Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement

Meeting Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.94

Date of Disbursement

/ /

Amount of Each Disbursement this Period

45.29

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.95

Date of Disbursement

/ /

Amount of Each Disbursement this Period

31.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Delta

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28740.96

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-814.30

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. U S Airways

Mailing Address P.O. Box 12346

City Pittsburgh State PA Zip Code 15231

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28740.99

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-1129.30

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. U S Airways

Mailing Address P.O. Box 12346

City Pittsburgh State PA Zip Code 15231

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28740.100

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-1129.30

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. On Star

Mailing Address P.O. Box 278

City Sheldon State IA Zip Code 51201

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28740.101

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-5.83

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. First Commonwealth Bank

Mailing Address 1047 Franklin Street
8th Ward Office

City Johnstown State PA Zip Code 15905

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27798

Date of Disbursement

/ /

Amount of Each Disbursement this Period

821.07

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

Full Name (Last, First, Middle Initial)

B. First Commonwealth Bank

Mailing Address 1047 Franklin Street
8th Ward Office

City Johnstown State PA Zip Code 15905

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27928

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1078.07

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

Full Name (Last, First, Middle Initial)

C. First Commonwealth Bank

Mailing Address 1047 Franklin Street
8th Ward Office

City Johnstown State PA Zip Code 15905

Purpose of Disbursement

Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28406

Date of Disbursement

/ /

Amount of Each Disbursement this Period

52.93

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

SUBTOTAL of Disbursements This Page (optional)

1952.07

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. First Commonwealth Bank

Mailing Address 1047 Franklin Street
8th Ward Office

City Johnstown State PA Zip Code 15905

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28963

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14.48

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

Full Name (Last, First, Middle Initial)

B. First Commonwealth Bank

Mailing Address 1047 Franklin Street
8th Ward Office

City Johnstown State PA Zip Code 15905

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28964

Date of Disbursement

/ /

Amount of Each Disbursement this Period

0.88

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

Full Name (Last, First, Middle Initial)

C. First Commonwealth Bank

Mailing Address 1047 Franklin Street
8th Ward Office

City Johnstown State PA Zip Code 15905

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28644

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2157.95

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

SUBTOTAL of Disbursements This Page (optional)

2173.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. First Commonwealth Bank

Mailing Address 1047 Franklin Street
8th Ward Office

City Johnstown State PA Zip Code 15905

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28965

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. First Commonwealth Bank

Mailing Address 1047 Franklin Street
8th Ward Office

City Johnstown State PA Zip Code 15905

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28966

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. First Commonwealth Bank

Mailing Address 1047 Franklin Street
8th Ward Office

City Johnstown State PA Zip Code 15905

Purpose of Disbursement

Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28967

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

195.90

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Flower Barn		Transaction ID: SB17.27809 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 5 / 2 0 0 6</div> </div>
Mailing Address Millcreek at Bucknell		Amount of Each Disbursement this Period <div>63.60</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Floral Arrangements	<input type="checkbox"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Flower Barn		Transaction ID: SB17.27833 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 9 / 2 0 0 6</div> </div>
Mailing Address Millcreek at Bucknell		Amount of Each Disbursement this Period <div>63.60</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Floral Arrangements	<input type="checkbox"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Flower Barn		Transaction ID: SB17.28702 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 3 / 2 0 0 6</div> </div>
Mailing Address Millcreek at Bucknell		Amount of Each Disbursement this Period <div>63.60</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Floral Arrangements	<input type="checkbox"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

190.80

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

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends of NRA - Johnstown

Mailing Address 496 Linkville Road
C/O Jack Slifko

City Johnstown State PA Zip Code 15906

Purpose of Disbursement

Tickets & Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28041

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

1100.00

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

Full Name (Last, First, Middle Initial)

B. GMAC

Mailing Address GMAC Payment Processing Center
P.O. Box 70309

City Charlotte State NC Zip Code 28272-0309

Purpose of Disbursement

Vehicle Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27816

Date of Disbursement

07 / 12 / 2006

Amount of Each Disbursement this Period

839.21

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

Full Name (Last, First, Middle Initial)

C. GMAC

Mailing Address GMAC Payment Processing Center
P.O. Box 70309

City Charlotte State NC Zip Code 28272-0309

Purpose of Disbursement

Vehicle Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27938

Date of Disbursement

08 / 02 / 2006

Amount of Each Disbursement this Period

564.55

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

SUBTOTAL of Disbursements This Page (optional)

2503.76

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. GMAC Full Name (Last, First, Middle Initial) Mailing Address GMAC Payment Processing Center P.O. Box 70309 City Charlotte State NC Zip Code 28272-0309 Purpose of Disbursement Vehicle Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27989 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 19185.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. GMAC Full Name (Last, First, Middle Initial) Mailing Address GMAC Payment Processing Center P.O. Box 70309 City Charlotte State NC Zip Code 28272-0309 Purpose of Disbursement Vehicle Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28050 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 539.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. GMAC Full Name (Last, First, Middle Initial) Mailing Address GMAC Payment Processing Center P.O. Box 70309 City Charlotte State NC Zip Code 28272-0309 Purpose of Disbursement Vehicle Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28077 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 632.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

20357.14

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Greene County Assoc Twp. Officials

Mailing Address P.O. Box 35

City Spraggs State PA Zip Code 15362

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28820

Date of Disbursement

/ /

Amount of Each Disbursement this Period

140.00

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

Full Name (Last, First, Middle Initial)

B. Greene County F.N.R.A.

Mailing Address 166 Hanes Road
C/O Mark Lesner

City Waynesburg State PA Zip Code 15360

Purpose of Disbursement
Tickets & Adv.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28089

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1400.00

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

Full Name (Last, First, Middle Initial)

C. Greene County F.N.R.A.

Mailing Address 166 Hanes Road
C/O Mark Lesner

City Waynesburg State PA Zip Code 15360

Purpose of Disbursement
Tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28791

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

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

SUBTOTAL of Disbursements This Page (optional)

1940.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Gtr Washington Co Food Bank		Transaction ID: SB17.28778 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 9 / 2 0 0 6</div> </div>
Mailing Address 1020 Route 519		Amount of Each Disbursement this Period <div>575.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Eighty Four State PA Zip Code 15330		
Purpose of Disbursement Adv & Tickets Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Will Hawkins		Transaction ID: SB17.28968 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 6</div> </div>
Mailing Address 97 St Marks Place, #8		Amount of Each Disbursement this Period <div>800.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10009		
Purpose of Disbursement Rally Expense Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) David Howard		Transaction ID: SB17.28747 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 0 / 2 0 0 6</div> </div>
Mailing Address 399 Liberty Avenue		Amount of Each Disbursement this Period <div>190.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Tickets & Entertainment Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

1565.50

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. David Howard Full Name (Last, First, Middle Initial) Mailing Address 399 Liberty Avenue City Johnstown State PA Zip Code 15905 Purpose of Disbursement See Detail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28800 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 584.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. David Howard Full Name (Last, First, Middle Initial) Mailing Address 399 Liberty Avenue City Johnstown State PA Zip Code 15905 Purpose of Disbursement Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28800.0 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. David Howard Full Name (Last, First, Middle Initial) Mailing Address 399 Liberty Avenue City Johnstown State PA Zip Code 15905 Purpose of Disbursement Meeting Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28800.1 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 64.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

584.99

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. David Howard Full Name (Last, First, Middle Initial) Mailing Address 399 Liberty Avenue City Johnstown State PA Zip Code 15905 Purpose of Disbursement Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28800.2 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. David Howard Full Name (Last, First, Middle Initial) Mailing Address 399 Liberty Avenue City Johnstown State PA Zip Code 15905 Purpose of Disbursement Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28800.3 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 270.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. IKON Office Solutions Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 827468 City Philadelphia State PA Zip Code 19182-7468 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27823 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 134.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional) ▶		134.08
TOTAL This Period (last page this line number only) ▶		

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Indiana Co. Friends of NRA

Mailing Address 13519 Lincoln Way

City North Huntingdon State PA Zip Code 15642

Purpose of Disbursement
Tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28765

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Indiana Co. Friends of NRA

Mailing Address 13519 Lincoln Way

City North Huntingdon State PA Zip Code 15642

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28782

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Indiana County FOP #33

Mailing Address P.O. Box 142

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28039

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) J. Joseph Cullen, Esq.		Transaction ID: SB17.28021 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 0 6</div> </div>
Mailing Address 6337 Executive Boulevard		Amount of Each Disbursement this Period <div>5000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rockville State MD Zip Code 20852	<div>Category/Type</div>	
Purpose of Disbursement Consulting Fees Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>	
B. Full Name (Last, First, Middle Initial) J. Joseph Cullen, Esq.		Transaction ID: SB17.28072 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 6</div> </div>
Mailing Address 6337 Executive Boulevard		Amount of Each Disbursement this Period <div>5000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rockville State MD Zip Code 20852	<div>Category/Type</div>	
Purpose of Disbursement Consulting Fees Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>	
C. Full Name (Last, First, Middle Initial) James Oswald		Transaction ID: SB17.27835 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 9 / 2 0 0 6</div> </div>
Mailing Address 445 Orchard Street		Amount of Each Disbursement this Period <div>44.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905	<div>Category/Type</div>	
Purpose of Disbursement Campaign Office Exp Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>	

SUBTOTAL of Disbursements This Page (optional)

10044.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) James Oswald		Transaction ID: SB17.28040 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 0 6</div> </div>
Mailing Address 445 Orchard Street		Amount of Each Disbursement this Period <div>44.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905	<div>Category/Type</div>	
Purpose of Disbursement Campaign Office Exp		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) James Oswald		Transaction ID: SB17.28749 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 0 / 2 0 0 6</div> </div>
Mailing Address 445 Orchard Street		Amount of Each Disbursement this Period <div>44.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905	<div>Category/Type</div>	
Purpose of Disbursement Campaign Office Exp		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Joey Dels 2001 Caterers		Transaction ID: SB17.28799 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 5 / 2 0 0 6</div> </div>
Mailing Address 2001 Bedford Street		Amount of Each Disbursement this Period <div>3000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15902	<div>Category/Type</div>	
Purpose of Disbursement Rally Expense		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

3088.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Johnston the Florist		Transaction ID: SB17.27822 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 0 6</div> </div>
Mailing Address P.O. Box 100		Amount of Each Disbursement this Period <div> <div></div> <div>63.60</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City McKeesport State PA Zip Code 15134		
Purpose of Disbursement Floral Arrangements	<input type="checkbox"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Johnstown Branch NAACP		Transaction ID: SB17.28825 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 7 / 2 0 0 6</div> </div>
Mailing Address P.O. Box 1064		Amount of Each Disbursement this Period <div> <div></div> <div>290.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15907		
Purpose of Disbursement Adv. & Tickets	<input type="checkbox"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Johnstown Symphony		Transaction ID: SB17.27956 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 2 / 2 0 0 6</div> </div>
Mailing Address 227 Franklin Street Suite 302		Amount of Each Disbursement this Period <div> <div></div> <div>1600.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15901		
Purpose of Disbursement Tickets	<input type="checkbox"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

1953.60

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Leader Times

Mailing Address P.O. Box 978

City Kittanning State PA Zip Code 16201

Purpose of Disbursement

Subscriptions

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27834

Date of Disbursement

/ /

Amount of Each Disbursement this Period

138.00

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

Full Name (Last, First, Middle Initial)

B. Theresa Lehman

Mailing Address 1258 Frances Street

City Johnstown State PA Zip Code 15904

Purpose of Disbursement

Wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27799

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1201.78

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

Full Name (Last, First, Middle Initial)

C. Theresa Lehman

Mailing Address 1258 Frances Street

City Johnstown State PA Zip Code 15904

Purpose of Disbursement

Wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27829

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1201.78

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

SUBTOTAL of Disbursements This Page (optional)

2541.56

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Theresa Lehman		Transaction ID: SB17.27930 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 2 / 2 0 0 6</div> </div>	
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period <div> <div></div> <div>1201.78</div> </div>	
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Wages	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	<input type="checkbox"/>
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Theresa Lehman		Transaction ID: SB17.27949 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 2 / 2 0 0 6</div> </div>	
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period <div> <div></div> <div>59.97</div> </div>	
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Reimb. Campaign Off Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	<input type="checkbox"/>
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Theresa Lehman		Transaction ID: SB17.28016 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 0 6</div> </div>	
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period <div> <div></div> <div>1201.78</div> </div>	
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Wages	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	<input type="checkbox"/>
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

2463.53

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Theresa Lehman		Transaction ID: SB17.28070 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		3	0		2	0	0	6														
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1201.78</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		1201.78																			
1201.78																							
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Wages Candidate Name	<input type="checkbox"/> Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
B. Full Name (Last, First, Middle Initial) Theresa Lehman		Transaction ID: SB17.28697 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	3		2	0	0	6														
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1201.78</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		1201.78																			
1201.78																							
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Wages Candidate Name	<input type="checkbox"/> Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
C. Full Name (Last, First, Middle Initial) Theresa Lehman		Transaction ID: SB17.28802 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	7		2	0	0	6														
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1201.78</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		1201.78																			
1201.78																							
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Wages Candidate Name	<input type="checkbox"/> Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						

SUBTOTAL of Disbursements This Page (optional)

3605.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mack Crouse Group LLC

Mailing Address 4900 Seminary Road
Suite 1020

City Alexandria State VA Zip Code 22311

Purpose of Disbursement
Mass Mailing Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27947

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

23030.35

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

Full Name (Last, First, Middle Initial)

B. Mack Crouse Group LLC

Mailing Address 4900 Seminary Road
Suite 1020

City Alexandria State VA Zip Code 22311

Purpose of Disbursement
Mass Mailing Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28069

Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

48458.46

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

Full Name (Last, First, Middle Initial)

C. Mack Crouse Group LLC

Mailing Address 4900 Seminary Road
Suite 1020

City Alexandria State VA Zip Code 22311

Purpose of Disbursement
Mass Mailing Exp

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28792

Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

47008.69

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

SUBTOTAL of Disbursements This Page (optional)

118497.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Mark Critz Full Name (Last, First, Middle Initial) Mailing Address 825 Highland Avenue City Johnstown State PA Zip Code 15902 Purpose of Disbursement Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28801 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6 Amount of Each Disbursement this Period 4180.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Martinair Inc Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 485 City Sandston State VA Zip Code 23150 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27935 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 10096.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Mary Catherine Voytko Full Name (Last, First, Middle Initial) Mailing Address 920 Fronheiser Street City Johnstown State PA Zip Code 15902 Purpose of Disbursement Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27801 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 62.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

14339.94

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mary Catherine Voytko

Mailing Address 920 Fronheiser Street

City Johnstown State PA Zip Code 15902

Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27929

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Mary Catherine Voytko

Mailing Address 920 Fronheiser Street

City Johnstown State PA Zip Code 15902

Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28643

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Matthew Mazonkey

Mailing Address 3405 Waugaman Drive

City Lower Burrell State PA Zip Code 15068

Purpose of Disbursement
Reimb Travel & Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28031

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

180.36

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mon Valley Friends of NRA

Mailing Address 504 10 St

City Donora State PA Zip Code 15033

Purpose of Disbursement
Tickets & Adv.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28738

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1400.00

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

Full Name (Last, First, Middle Initial)

B. Myers Strategies LLC

Mailing Address 914 Evarts St NE

City Washington State DC Zip Code 20018

Purpose of Disbursement
Rally Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28742

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

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

Full Name (Last, First, Middle Initial)

C. Myers Strategies LLC

Mailing Address 914 Evarts St NE

City Washington State DC Zip Code 20018

Purpose of Disbursement
Rally Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28837

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

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

SUBTOTAL of Disbursements This Page (optional)

7400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. PA Dept. of Revenue

Mailing Address Dept. 280401

City Harrisburg State PA Zip Code 17128-0401

Purpose of Disbursement
PA SIT W/H

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27856

Date of Disbursement

/ /

Amount of Each Disbursement this Period

97.53

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

Full Name (Last, First, Middle Initial)

B. PA Dept. of Revenue

Mailing Address Dept. 280401

City Harrisburg State PA Zip Code 17128-0401

Purpose of Disbursement
PA State IT W/H

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28102

Date of Disbursement

/ /

Amount of Each Disbursement this Period

128.23

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

Full Name (Last, First, Middle Initial)

C. PA Dept. of Revenue

Mailing Address Dept. 280401

City Harrisburg State PA Zip Code 17128-0401

Purpose of Disbursement
PA SIT W/H

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28645

Date of Disbursement

/ /

Amount of Each Disbursement this Period

282.91

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

SUBTOTAL of Disbursements This Page (optional)

508.67

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. PA UC Fund

Mailing Address Seventh & Forster Streets
P.O. Box 68568

City Harrisburg State PA Zip Code 17106-8568

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27812

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.17

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

Full Name (Last, First, Middle Initial)

B. Penn Air Inc

Mailing Address 3 Airport Drive

City Martinsburg State PA Zip Code 16862

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28705

Date of Disbursement

/ /

Amount of Each Disbursement this Period

737.45

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

Full Name (Last, First, Middle Initial)

C. Penn National Insurance

Mailing Address P.O. Box 13746

City Philadelphia State PA Zip Code 19101-3746

Purpose of Disbursement

Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27806

Date of Disbursement

/ /

Amount of Each Disbursement this Period

903.00

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

SUBTOTAL of Disbursements This Page (optional)

1655.62

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
Vol Exp, Camp. Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27825

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27840

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
See Detail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27942

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

164.44

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27942.0

Date of Disbursement

08 / 02 / 2006

Amount of Each Disbursement this Period

9.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
Volunteer Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27942.1

Date of Disbursement

08 / 02 / 2006

Amount of Each Disbursement this Period

22.79

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27942.2

Date of Disbursement

08 / 02 / 2006

Amount of Each Disbursement this Period

28.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
Tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27942.3

Date of Disbursement

/ /

Amount of Each Disbursement this Period

37.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
See Detail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27999

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.34

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

Full Name (Last, First, Middle Initial)

C. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
Rally Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27999.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14.88

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

100.34

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27999.1

Date of Disbursement

08 / 09 / 2006

Amount of Each Disbursement this Period

20.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27999.2

Date of Disbursement

08 / 09 / 2006

Amount of Each Disbursement this Period

5.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27999.3

Date of Disbursement

08 / 09 / 2006

Amount of Each Disbursement this Period

63.46

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
Travel, Tickets Meeting Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28033

Date of Disbursement

/ /

Amount of Each Disbursement this Period

46.65

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

Full Name (Last, First, Middle Initial)

B. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
Meeting Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28051

Date of Disbursement

/ /

Amount of Each Disbursement this Period

75.24

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

Full Name (Last, First, Middle Initial)

C. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
Meeting Exp, Camp Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28082

Date of Disbursement

/ /

Amount of Each Disbursement this Period

59.13

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

SUBTOTAL of Disbursements This Page (optional)

181.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☒ 17 ☐ 18 ☐ 19a ☐ 19b
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
Tickets Meeting Exp Camp Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28668

Date of Disbursement

/ /

Amount of Each Disbursement this Period

94.47

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

Full Name (Last, First, Middle Initial)

B. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
See Detail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28712

Date of Disbursement

/ /

Amount of Each Disbursement this Period

63.25

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

Full Name (Last, First, Middle Initial)

C. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28712.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2.02

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

157.72

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☒ 17 ☐ 18 ☐ 19a ☐ 19b
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
Tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28712.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
Volunteer Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28712.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.30

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
Meeting Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28712.3

Date of Disbursement

/ /

Amount of Each Disbursement this Period

26.93

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
Tickets, Meals & Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28750

Date of Disbursement

/ /

Amount of Each Disbursement this Period

83.36

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

Full Name (Last, First, Middle Initial)

B. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
See Detail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28814

Date of Disbursement

/ /

Amount of Each Disbursement this Period

90.89

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

Full Name (Last, First, Middle Initial)

C. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
Rally Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28814.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

19.08

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

174.25

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 164 / 211

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28814.1

Date of Disbursement

09 / 27 / 2006

Amount of Each Disbursement this Period

0.50

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement

Volunteer Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28814.2

Date of Disbursement

09 / 27 / 2006

Amount of Each Disbursement this Period

49.24

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Petty Cash

Mailing Address P.O. Box 1091

City Johnstown State PA Zip Code 15907

Purpose of Disbursement

Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28814.3

Date of Disbursement

09 / 27 / 2006

Amount of Each Disbursement this Period

22.07

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Pittsburgh Post Gazette		Transaction ID: SB17.28704 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 3 / 2 0 0 6</div> </div>
Mailing Address Box 400536		Amount of Each Disbursement this Period <div> <div></div> <div>368.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15268-0536	<div> <div></div> <div>Category/Type</div> </div>	
Purpose of Disbursement Subscription Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Precious Metals & Diamond Co.		Transaction ID: SB17.28809 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 7 / 2 0 0 6</div> </div>
Mailing Address 1011 Eisenhower Blvd		Amount of Each Disbursement this Period <div> <div></div> <div>1212.64</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15904-3305	<div> <div></div> <div>Category/Type</div> </div>	
Purpose of Disbursement Gifts Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Robert C. Ondick, CPA, PC		Transaction ID: SB17.27802 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 5 / 2 0 0 6</div> </div>
Mailing Address 551 Main Street, Suite 220		Amount of Each Disbursement this Period <div> <div></div> <div>2500.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15901	<div> <div></div> <div>Category/Type</div> </div>	
Purpose of Disbursement Accounting Service Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

4080.64

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Robert C. Ondick, CPA, PC		Transaction ID: SB17.27994 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 9 / 2 0 0 6</div> </div>
Mailing Address 551 Main Street, Suite 220		Amount of Each Disbursement this Period <div>2500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15901	<div>Category/Type</div>	
Purpose of Disbursement Accounting Service Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Robert C. Ondick, CPA, PC		Transaction ID: SB17.28659 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 6 / 2 0 0 6</div> </div>
Mailing Address 551 Main Street, Suite 220		Amount of Each Disbursement this Period <div>2500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15901	<div>Category/Type</div>	
Purpose of Disbursement Accounting Service Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Senior Times		Transaction ID: SB17.28752 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 0 / 2 0 0 6</div> </div>
Mailing Address 305 Chamber Plaza		Amount of Each Disbursement this Period <div>337.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Charleroi State PA Zip Code 15022-1607	<div>Category/Type</div>	
Purpose of Disbursement Advertising Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

5337.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Smith Bus Co		Transaction ID: SB17.28796 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 5 / 2 0 0 6</div> </div>	
Mailing Address 271 Old William Penn Hwy		Amount of Each Disbursement this Period <div> <div></div> <div>295.00</div> </div>	
City Blairsville State PA Zip Code 15717	Purpose of Disbursement Rally Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Special Tax Collector		Transaction ID: SB17.27814 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 0 6</div> </div>	
Mailing Address Bloomfield Street		Amount of Each Disbursement this Period <div> <div></div> <div>92.28</div> </div>	
City Johnstown, State PA Zip Code 15904	Purpose of Disbursement Local I/T W/H	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) State Workers Ins. Fund		Transaction ID: SB17.27800 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 5 / 2 0 0 6</div> </div>	
Mailing Address 100 Lackawanna Avenue P.O. Box 5100		Amount of Each Disbursement this Period <div> <div></div> <div>4.00</div> </div>	
City Scranton State PA Zip Code 18505-5100	Purpose of Disbursement Insurance	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

391.28

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Susan O'Neill & Assoc.

Mailing Address 5910 Gloster Road

City	State	Zip Code
Bethesda	MD	20816

Purpose of Disbursement
Public Relations Expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27855

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	6	/	2	0	0	6

Amount of Each Disbursement this Period

4166.67

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

Full Name (Last, First, Middle Initial)

B. Susan O'Neill & Assoc.

Mailing Address 5910 Gloster Road

City	State	Zip Code
Bethesda	MD	20816

Purpose of Disbursement
Public Relations Exp

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28096

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	0	/	2	0	0	6

Amount of Each Disbursement this Period

4166.67

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

Full Name (Last, First, Middle Initial)

C. Susan O'Neill & Assoc.

Mailing Address 5910 Gloster Road

City	State	Zip Code
Bethesda	MD	20816

Purpose of Disbursement
Public Relations Exp

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28826

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	7	/	2	0	0	6

Amount of Each Disbursement this Period

4166.67

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

SUBTOTAL of Disbursements This Page (optional)

12500.01

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. The Mirage Banquet Facility

Mailing Address 800 Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement

Rally Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27998

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1800.00

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

Full Name (Last, First, Middle Initial)

B. The Mirage Banquet Facility

Mailing Address 800 Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement

Rally Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28081

Date of Disbursement

/ /

Amount of Each Disbursement this Period

108.00

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

Full Name (Last, First, Middle Initial)

C. The New Republic

Mailing Address 145 Center Street

City Meyersdale State PA Zip Code 15552

Purpose of Disbursement

Subscription

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27932

Date of Disbursement

/ /

Amount of Each Disbursement this Period

27.00

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

SUBTOTAL of Disbursements This Page (optional)

1935.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Thomas Automotive Family

Mailing Address 750 Eisenhower Blvd.

City Johnstown State PA Zip Code 15904

Purpose of Disbursement

Vehicle Repairs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28015

Date of Disbursement

/ /

Amount of Each Disbursement this Period

725.95

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

Full Name (Last, First, Middle Initial)

B. Tribune-Review

Mailing Address 622 Cabin Hill Drive

City Greensburg State PA Zip Code 15601

Purpose of Disbursement

Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27997

Date of Disbursement

/ /

Amount of Each Disbursement this Period

270.00

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

Full Name (Last, First, Middle Initial)

C. Tribune Democrat

Mailing Address 425 Locust Street
P.O. Box 340

City Johnstown State PA Zip Code 15907-0340

Purpose of Disbursement

Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28059

Date of Disbursement

/ /

Amount of Each Disbursement this Period

180.00

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

SUBTOTAL of Disbursements This Page (optional)

1175.95

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Tribune Democrat

Mailing Address 425 Locust Street
P.O. Box 340

City Johnstown State PA Zip Code 15907-0340

Purpose of Disbursement

Subscription

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28080

Date of Disbursement

08 / 30 / 2006

Amount of Each Disbursement this Period

141.00

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

Full Name (Last, First, Middle Initial)

B. UMWA Activity Fund

Mailing Address 2121 K Street NW
Suite 350

City Washington State PA Zip Code 20037

Purpose of Disbursement

Tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28669

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

1500.00

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

Full Name (Last, First, Middle Initial)

C. United Labor Comm of Wash. Co.

Mailing Address P.O. Box 293

City Canonsburg State PA Zip Code 15317-0293

Purpose of Disbursement

Adv. & Tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28719

Date of Disbursement

09 / 13 / 2006

Amount of Each Disbursement this Period

310.00

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

SUBTOTAL of Disbursements This Page (optional)

1951.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. United Way Full Name (Last, First, Middle Initial) Mailing Address 422 Main Street Suite 203 City Johnstown State PA Zip Code 15901 Purpose of Disbursement Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28685 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. UPS Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27810 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 39.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. UPS Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27819 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 30.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional)		320.00
TOTAL This Period (last page this line number only)		

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. UPS Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27832 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 72.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. UPS Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27848 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 52.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. UPS Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27934 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 28.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

152.45

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. UPS Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27992 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 16.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. UPS Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28019 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 1.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. UPS Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28020 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 54.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

72.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. UPS Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28048 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 159.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. UPS Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28074 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 59.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. UPS Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28660 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 40.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional) ▶		259.42
TOTAL This Period (last page this line number only) ▶		

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. UPS Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28699 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 77.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. UPS Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28741 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 42.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. UPS Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28804 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 85.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

205.62

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Valenty Bottled Water

Mailing Address P.O. Box 1055

City Northern Cambira State PA Zip Code 15714-3055

Purpose of Disbursement
Campaign Office Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27821

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.03

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

Full Name (Last, First, Middle Initial)

B. Valenty Bottled Water

Mailing Address P.O. Box 1055

City Northern Cambira State PA Zip Code 15714-3055

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27990

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.03

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

Full Name (Last, First, Middle Initial)

C. Valenty Bottled Water

Mailing Address P.O. Box 1055

City Northern Cambira State PA Zip Code 15714-3055

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28709

Date of Disbursement

/ /

Amount of Each Disbursement this Period

108.03

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

SUBTOTAL of Disbursements This Page (optional)

168.09

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Valley News Dispatch

Mailing Address PO Box 74709

City
PittsburghState
PAZip Code
15274-7009

Purpose of Disbursement

Subscription

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.27933

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	2	/	2	0	0	6

Amount of Each Disbursement this Period

275.00

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

Full Name (Last, First, Middle Initial)

B. Valley Printing

Mailing Address 667 Main Street

City
JohnstownState
PAZip Code
15901

Purpose of Disbursement

Rally Expense

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.28023

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	6	/	2	0	0	6

Amount of Each Disbursement this Period

47.70

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

Full Name (Last, First, Middle Initial)

C. Valley Printing

Mailing Address 667 Main Street

City
JohnstownState
PAZip Code
15901

Purpose of Disbursement

Advertsing

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.28049

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	0	6

Amount of Each Disbursement this Period

1344.08

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

SUBTOTAL of Disbursements This Page (optional)

1666.78

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Valley Printing

Mailing Address 667 Main Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28707

Date of Disbursement

/ /

Amount of Each Disbursement this Period

146.28

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

Full Name (Last, First, Middle Initial)

B. Valley Printing

Mailing Address 667 Main Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28806

Date of Disbursement

/ /

Amount of Each Disbursement this Period

110.24

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

Full Name (Last, First, Middle Initial)

C. Valley Printing

Mailing Address 667 Main Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28807

Date of Disbursement

/ /

Amount of Each Disbursement this Period

395.38

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

SUBTOTAL of Disbursements This Page (optional)

651.90

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Vee Neal Aviation

Mailing Address 200 Pleasant Unity Rd
Ste 109

City Latrobe State PA Zip Code 15650-9549

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28026

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3903.00

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

Full Name (Last, First, Middle Initial)

B. Vee Neal Aviation

Mailing Address 200 Pleasant Unity Rd
Ste 109

City Latrobe State PA Zip Code 15650-9549

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28661

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1988.75

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

Full Name (Last, First, Middle Initial)

C. Verizon North

Mailing Address P.O. Box 920041

City Dallas State TX Zip Code 75392-0041

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27808

Date of Disbursement

/ /

Amount of Each Disbursement this Period

432.75

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

SUBTOTAL of Disbursements This Page (optional)

6324.50

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Verizon North Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 920041 City Dallas State TX Zip Code 75392-0041 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.27939 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 443.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Verizon North Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 920041 City Dallas State TX Zip Code 75392-0041 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28665 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 463.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Veteran Comm. Initiatives Inc Full Name (Last, First, Middle Initial) Mailing Address Westmont Prof Bldg 1650 Menoher Blvd. City Johnstown State PA Zip Code 15905 Purpose of Disbursement Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28819 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional)		2906.37
TOTAL This Period (last page this line number only)		

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Ruth Villa		Transaction ID: SB17.28014 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 9 / 2 0 0 6</div> </div>
Mailing Address 126 Somerset Pike		Amount of Each Disbursement this Period <div>1783.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jerome State PA Zip Code 15937		
Purpose of Disbursement Wages	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Washington Co Chamber of Comm.		Transaction ID: SB17.28088 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 6</div> </div>
Mailing Address 20 East Beau Street		Amount of Each Disbursement this Period <div>160.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State PA Zip Code 15301		
Purpose of Disbursement Tickets	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Washington Greene CLC		Transaction ID: SB17.28672 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 6 / 2 0 0 6</div> </div>
Mailing Address One South College Street		Amount of Each Disbursement this Period <div>200.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State PA Zip Code 15301		
Purpose of Disbursement Advertising	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

2143.80

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Weekly Recorder

Mailing Address P.O. Box F

City Claysville State PA Zip Code 15327

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28034

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

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

Full Name (Last, First, Middle Initial)

B. Weekly Recorder

Mailing Address P.O. Box F

City Claysville State PA Zip Code 15327

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28674

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

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

Full Name (Last, First, Middle Initial)

C. Westmont Mobil

Mailing Address 1735 Goucher Street

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.28810

Date of Disbursement

/ /

Amount of Each Disbursement this Period

184.98

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

SUBTOTAL of Disbursements This Page (optional)

884.98

TOTAL This Period (last page this line number only)

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Wheeling Athletic Trust

Mailing Address C/O Trust Dept Ameriserv Finl
P.O. Box 520

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
Tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28671

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

330.00

TOTAL This Period (last page this line number only)

348930.58

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) 4 H Livestock Clubs		Transaction ID: SB21.28057 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 3 / 2 0 0 6</div> </div>
Mailing Address 26 West High Street		Amount of Each Disbursement this Period <div> <div></div> <div>870.75</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Waynesburg State PA Zip Code 15370		
Purpose of Disbursement Contribution	<div> <div></div> <div>Category/Type</div> </div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) ABERCROMBIE FOR CONGRESS		Transaction ID: SB21.28694 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 3 / 2 0 0 6</div> </div>
Mailing Address c/o 1357 Kapiolani Blvd. Ste. 1005 c/o 1357 Kapiolani Blvd. Ste. 1005		Amount of Each Disbursement this Period <div> <div></div> <div>2000.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Honolulu State HI Zip Code 96814		
Purpose of Disbursement Contribution	<div> <div></div> <div>Category/Type</div> </div>	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS		Transaction ID: SB21.28680 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 6 / 2 0 0 6</div> </div>
Mailing Address P.O. Box 8508		Amount of Each Disbursement this Period <div> <div></div> <div>2000.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Utica State NY Zip Code 13505		
Purpose of Disbursement Contribution	<div> <div></div> <div>Category/Type</div> </div>	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

4870.75

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Armstrong Co. Democratic Comm		Transaction ID: SB21.27957 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 2 / 2 0 0 6</div> </div>	
Mailing Address Box 172, RR #1		Amount of Each Disbursement this Period <div> <div></div> <div>40.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City New Bethlehem	State PA		Zip Code 16242
Purpose of Disbursement Tickets			<div> <div></div> <div>Category/ Type</div> </div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Armstrong Co. Democratic Comm		Transaction ID: SB21.28087 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 6</div> </div>	
Mailing Address Box 172, RR #1		Amount of Each Disbursement this Period <div> <div></div> <div>2500.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City New Bethlehem	State PA		Zip Code 16242
Purpose of Disbursement Contribution			<div> <div></div> <div>Category/ Type</div> </div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Armstrong Co. Democratic Comm		Transaction ID: SB21.28764 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 0 / 2 0 0 6</div> </div>	
Mailing Address Box 172, RR #1		Amount of Each Disbursement this Period <div> <div></div> <div>300.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City New Bethlehem	State PA		Zip Code 16242
Purpose of Disbursement Tickets & Adv			<div> <div></div> <div>Category/ Type</div> </div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

2840.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
BARBARA LEE FOR CONGRESS

Mailing Address 1736 FRANKLIN STREET #500

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 09

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.27826

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

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

B. Full Name (Last, First, Middle Initial)
Betty Sutton for Congress

Mailing Address 13488 Walnut Trace

City Chardon State OH Zip Code 44024

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 13

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.28678

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

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

C. Full Name (Last, First, Middle Initial)
BRALEY FOR CONGRESS

Mailing Address PO Box 390

City Waterloo State IA Zip Code 50704

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: IA District: 01

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.27966

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. BROWN FOR CONGRESS

Mailing Address P. O. Box 4506

City Auburn State CA Zip Code 95604

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 04

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.28827

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

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

Full Name (Last, First, Middle Initial)

B. BUSANSKY, PHYLLIS H

Mailing Address 3611 SCHEFFLERA ROAD

City TAMPA State FL Zip Code 33618

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 09

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.28682

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

C. Cambria County Democratic Comm.

Mailing Address 104 S. Center Street
P.O. Box 92

City Ebensburg State PA Zip Code 15931

Purpose of Disbursement
Contrib. Poll Watcher Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.28992

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6800.00

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

SUBTOTAL of Disbursements This Page (optional)

9800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. CAP PAC Full Name (Last, First, Middle Initial) Mailing Address 38 IVY ST SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21.28771 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. CLARKE FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address 111-36 200TH STREET City HOLLIS State NY Zip Code 11412 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 11 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21.28731 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Comm. To Elect Ed Cernic Jr Full Name (Last, First, Middle Initial) Mailing Address 500 Cooper AVenue City Johnstown State PA Zip Code 15906 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21.28730 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

7300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO BRING BACK BARON

Mailing Address PO BOX 1071

City SEYMOUR State IN Zip Code 47274

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 09

Transaction ID: SB21.27972

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

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

Full Name (Last, First, Middle Initial)

B. Committee to Re-elect Ed Towns

Mailing Address 438 Lewis Avenue

City Brooklyn State NY Zip Code 11207

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.27964

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

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

Full Name (Last, First, Middle Initial)

C. Comm to Re-Elect Barb Kline

Mailing Address 218 E. Horner Street

City Ebensburg State PA Zip Code 15931

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.28007

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

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

SUBTOTAL of Disbursements This Page (optional)

4200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) CRANLEY FOR CONGRESS		Transaction ID: SB21.28098 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 6</div> </div>
Mailing Address 37 W 7TH ST SUITE 804		Amount of Each Disbursement this Period <div>2000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City CINCINNATI State OH Zip Code 45202	<div>Category/Type</div>	
Purpose of Disbursement Contribution	<div>Category/Type</div>	
Candidate Name	<div>Category/Type</div>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) D.C.C.C.		Transaction ID: SB21.27811 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 5 / 2 0 0 6</div> </div>
Mailing Address 430 S. Capitol Street, SE		Amount of Each Disbursement this Period <div>15000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	<div>Category/Type</div>	
Purpose of Disbursement Excess Contribution	<div>Category/Type</div>	
Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) D.C.C.C.		Transaction ID: SB21.27984 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 2 / 2 0 0 6</div> </div>
Mailing Address 430 S. Capitol Street, SE		Amount of Each Disbursement this Period <div>12500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	<div>Category/Type</div>	
Purpose of Disbursement See Memo	<div>Category/Type</div>	
Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

29500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) D.C.C.C.		Transaction ID: SB21.28725 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	3		2	0	0	6														
Mailing Address 430 S. Capitol Street, SE		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">15000.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		15000.00																			
15000.00																							
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution	<input type="checkbox"/> Category/ Type																					
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) D.C.C.C.		Transaction ID: SB21.28790 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	2		2	0	0	6														
Mailing Address 430 S. Capitol Street, SE		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">200000.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		200000.00																			
200000.00																							
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution	<input type="checkbox"/> Category/ Type																					
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) DEFAZIO FOR CONGRESS		Transaction ID: SB21.28733 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	4		2	0	0	6														
Mailing Address PO Box 1316		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		2000.00																			
2000.00																							
City Springfield State OR Zip Code 97477	Purpose of Disbursement Contribution	<input type="checkbox"/> Category/ Type																					
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
SUBTOTAL of Disbursements This Page (optional)		<table border="1"> <tr> <td>217000.00</td> </tr> </table>		217000.00																			
217000.00																							
TOTAL This Period (last page this line number only)		<table border="1"> <tr> <td></td> </tr> </table>																					

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEEA. Full Name (Last, First, Middle Initial)
DONNELLY FOR CONGRESS

Mailing Address PO BOX 515

City BUFFALO State NY Zip Code 14223

Purpose of Disbursement
Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 28

Transaction ID: SB21.28005

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	6

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53B. Full Name (Last, First, Middle Initial)
ELLSWORTH FOR CONGRESS COMMITTEE

Mailing Address PO BOX 62

City EVANSVILLE State IN Zip Code 47708

Purpose of Disbursement
Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 08

Transaction ID: SB21.28060

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53C. Full Name (Last, First, Middle Initial)
ERLANDSON FOR U S REPRESENTATIVE

Mailing Address PO BOX 14805

City MINNEAPOLIS State MN Zip Code 55414

Purpose of Disbursement
Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 05

Transaction ID: SB21.28066

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	6

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. ERLANDSON FOR U S REPRESENTATIVE

Mailing Address PO BOX 14805

City
MINNEAPOLISState
MNZip Code
55414Purpose of Disbursement
Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 05

Transaction ID: SB21.28068

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	6

Amount of Each Disbursement this Period

2000.00

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

Full Name (Last, First, Middle Initial)

B. Flight 93 Natl Memorial FundMailing Address Natl Park Foundation
Suite 600City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.27952

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	0	6

Amount of Each Disbursement this Period

2000.00

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

Full Name (Last, First, Middle Initial)

C. Fred L. Lebder Democrat Picnic

Mailing Address 14 Judith Street

City
UniontownState
PAZip Code
15401Purpose of Disbursement
Contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.27851

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	0	6

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
FRIENDS OF CHARLIE WILSON

Mailing Address 7 CADIZ PIKE

City BRIDGEPORT State OH Zip Code 43912

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 06

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.27853

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

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

B. Full Name (Last, First, Middle Initial)
FRIENDS OF MAZIE HIRONO

Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: HI District: 02

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB21.28834

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

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

C. Full Name (Last, First, Middle Initial)
FRIENDS OF TAMMY DUCKWORTH

Mailing Address 416 W. 22nd St.

City Lombard State IL Zip Code 60148

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 06

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.27974

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends of Tim Mahoney

Mailing Address Box 1592

City Uniontown State PA Zip Code 15401

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.28721

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

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

Full Name (Last, First, Middle Initial)

B. GIFFORDS FOR CONGRESS

Mailing Address PO Box 27565

City Tucson State AZ Zip Code 85726

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 08

Transaction ID: SB21.28785

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

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

Full Name (Last, First, Middle Initial)

C. GIFFORDS FOR CONGRESS

Mailing Address PO Box 27565

City Tucson State AZ Zip Code 85726

Purpose of Disbursement
Contrib, Debt Retirement Only

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 08

Transaction ID: SB21.28789

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
GOLDMARK FOR CONGRESS

Mailing Address 400 TIMENTWA ROAD

City OKANOGAN State WA Zip Code 98840

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 05

Transaction ID: SB21.28735

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

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

B. Full Name (Last, First, Middle Initial)
GOLDMARK FOR CONGRESS

Mailing Address 400 TIMENTWA ROAD

City OKANOGAN State WA Zip Code 98840

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 05

Transaction ID: SB21.28737

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

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

C. Full Name (Last, First, Middle Initial)
JAY FAWCETT FOR CONGRESS 2006

Mailing Address PO Box 7124

City Colorado Springs State CO Zip Code 80933

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 05

Transaction ID: SB21.27978

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. JAY FAWCETT FOR CONGRESS 2006

Mailing Address PO Box 7124

City Colorado Springs State CO Zip Code 80933

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District: 05

Transaction ID: SB21.27980

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

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

Full Name (Last, First, Middle Initial)

B. Joe Baca for Congress

Mailing Address 201 North E Street Suite 102

City San Bernardino State CA Zip Code 92401

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 43

Transaction ID: SB21.28773

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

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

Full Name (Last, First, Middle Initial)

C. LAMPSON FOR CONGRESS

Mailing Address P.O. Box 21578

City Beaumont State TX Zip Code 77720

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 09

Transaction ID: SB21.27983

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. LINDA STENDER FOR US CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 730

City State Zip Code
Scotch Plains NJ 07076

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 07

Transaction ID: SB21.27981

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

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

B. LOIS MURPHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 312

City State Zip Code
Narberth PA 19072

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: SB21.28836

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

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

C. MADRID FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 25626

City State Zip Code
Albuquerque NM 87125

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NM District: 01

Transaction ID: SB21.28787

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. MASSA FOR CONGRESS

Mailing Address 59 EAST MARKET STREET SUITE 244

City
CORNINGState
NYZip Code
14830

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 29

Transaction ID: SB21.28829

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	6

Amount of Each Disbursement this Period

2000.00

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

Full Name (Last, First, Middle Initial)

B. MEJIAS FOR CONGRESS

Mailing Address 124 SUNRISE DRIVE

City
N MASSAPEQUAState
NYZip Code
11758Purpose of Disbursement
Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 03

Transaction ID: SB21.28690

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	0	6

Amount of Each Disbursement this Period

2000.00

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

Full Name (Last, First, Middle Initial)

C. MITCHELL FOR CONGRESS COMMITTEEMailing Address 312 FLORENCE STREET
SOUTH STATIONCity
FALL RIVERState
MAZip Code
02720Purpose of Disbursement
Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 03

Transaction ID: SB21.27962

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	0	6

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. NAMI Pennsylvania

Mailing Address 240 Vine Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.28973

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

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

Full Name (Last, First, Middle Initial)

B. NEW HOUSE PAC

Mailing Address 607 14th Street NW Suite 800
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.27960

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

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

Full Name (Last, First, Middle Initial)

C. PA Victory 06

Mailing Address 300 North 2nd St
8th Floor

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.28676

Date of Disbursement

/ /

Amount of Each Disbursement this Period

750.00

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

SUBTOTAL of Disbursements This Page (optional)

6250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. People for Deberah Kula

Mailing Address 71 N. Mt. Vernon Avenue

City Uniontown State PA Zip Code 15401

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.28723

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

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

Full Name (Last, First, Middle Initial)

B. PERLMUTTER FOR CONGRESS

Mailing Address 3440 Youngfield St #264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 07

Transaction ID: SB21.28688

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

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

Full Name (Last, First, Middle Initial)

C. PHYLLIS BUSANSKY FOR CONGRESS

Mailing Address 3611 SCHEFFLERA ROAD

City TAMPA State FL Zip Code 33618

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 09

Transaction ID: SB21.27968

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Robet H. Mollohan Foundation		Transaction ID: SB21.28100 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 6</div> </div>
Mailing Address 1000 Tech Drive Suite 2000		Amount of Each Disbursement this Period <div>2500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fairview State WV Zip Code 26554		
Purpose of Disbursement Contribution	<input type="checkbox"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) ROWLEY, COLEEN MARIE		Transaction ID: SB21.28726 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 3 / 2 0 0 6</div> </div>
Mailing Address 193 BEAUMONT CT		Amount of Each Disbursement this Period <div>2000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City APPLE VALLEY State MN Zip Code 55124		
Purpose of Disbursement Contribution	<input type="checkbox"/> Category/ Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) TIM WALZ FOR US CONGRESS		Transaction ID: SB21.28728 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 3 / 2 0 0 6</div> </div>
Mailing Address PO BOX 938		Amount of Each Disbursement this Period <div>2000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City MANKATO State MN Zip Code 56002		
Purpose of Disbursement Contribution	<input type="checkbox"/> Category/ Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. United Democratic Comm Full Name (Last, First, Middle Initial) Mailing Address C/O Glenn Embree RD 1, Box 353 City Mt. Pleasant State PA Zip Code 15666 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21.27838 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. WEAVER FOR CONGRESS 2006 Full Name (Last, First, Middle Initial) Mailing Address PO BOX 807 City RADCLIFF State KY Zip Code 40159 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21.27976 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. WELCH FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address PO Box 1086 City Montpelier State VT Zip Code 05601 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21.28061 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. WETTERLING '06 Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 2295 City St. Cloud State MN Zip Code 56302 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21.27970 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. WINTER FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) Mailing Address 558 CASTLE PINES PKWY UNIT B4-409 City CASTLE ROCK State CO Zip Code 80108 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 06 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21.27958 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. WULSIN FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address 7440 Montgomery Road City Cincinnati State OH Zip Code 45236 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21.27985 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional)		6000.00
TOTAL This Period (last page this line number only)		356260.75

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
A T&TNature of Debt (Purpose):
Telephone

Mailing Address P.O. Box 9001309

City State ZIP Code
Louisville KY 40290-1309

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.28999

Amount Incurred This Period

534.71

Payment This Period

0.00

Outstanding Balance at Close of This Period

534.71

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Brett Insurance AgencyNature of Debt (Purpose):
Insurance

Mailing Address 225 Vine St

City State ZIP Code
Johnstown PA 15901

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.28993

Amount Incurred This Period

5050.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5050.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Edward Mitchell CommunicationsNature of Debt (Purpose):
Rally Expense

Mailing Address P.O. Box 2237

City State ZIP Code
Wilkes-Barre PA 18703

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.28996

Amount Incurred This Period

3882.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 207 / 211

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Layton Graphic & SignNature of Debt (Purpose):
Rally Expense

Mailing Address 129 Carwyn Drive

City State ZIP Code
Johnstown PA 15904

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.28995

Amount Incurred This Period

689.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

689.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Penn National InsuranceNature of Debt (Purpose):
Insurance

Mailing Address P.O. Box 13746

City State ZIP Code
Philadelphia PA 19101-3746

Outstanding Balance Beginning This Period

903.00

Transaction ID: SD10.27684

Amount Incurred This Period

0.00

Payment This Period

903.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Penn National InsuranceNature of Debt (Purpose):
Vehicle Insurance

Mailing Address P.O. Box 13746

City State ZIP Code
Philadelphia PA 19101-3746

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.28998

Amount Incurred This Period

894.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

894.00

1) SUBTOTALS This Period This Page (optional).....

1583.00

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 Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 208 / 211

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Robert ShawNature of Debt (Purpose):
Rally Expense

Mailing Address 940 Frankstown Road

City State ZIP Code
Johnstown PA 15902

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.29000

Amount Incurred This Period

1076.27

Payment This Period

0.00

Outstanding Balance at Close of This Period

1076.27

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Valley PrintingNature of Debt (Purpose):
Advertising

Mailing Address 667 Main Street

City State ZIP Code
Johnstown PA 15901

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.28997

Amount Incurred This Period

1365.28

Payment This Period

0.00

Outstanding Balance at Close of This Period

1365.28

1) **SUBTOTALS** This Period This Page (optional).....

2441.55

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

13491.26

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary 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 INFORMATION IS NEEDED BECAUSE IT IS REQUIRED BY FEC LAW. A SECOND LETTER IS SEND, IF WE DO NOT RECEIVE A RESPONSE. 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 PRESENTS AN UNLIMITED TRANSFER TO A NATIONAL PARTY COMMITTEE
Transaction ID: **SB21.28790**
