

# 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 120, 551 Main Street

Check if different than previously reported. (ACC)

JOHNSTOWN PA 15901

2. **FEC IDENTIFICATION NUMBER** C00019075

**CITY** STATE ZIP CODE STATE DISTRICT

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 10 01 2009 through 12 31 2009

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 Mr. Robert C. Ondick, Treasurer

Signature of Treasurer Electronically Filed by Mr. Robert C. Ondick, Treasurer Date 01 26 2010

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

**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

MURTHA FOR CONGRESS COMMITTEE

Report Covering the Period:

From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<hr/>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	97757.33	821656.33
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	5200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	97757.33	816456.33
<hr/>		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	121456.41	984452.24
(b) Total Offsets to Operating Expenditures (from Line 14).....	1397.69	84432.77
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	120058.72	900019.47
<hr/>		
8. Cash on Hand at Close of Reporting Period (from Line 27).....	388212.00	
<hr/>		
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
<hr/>		
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	24259.14	

**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 12/2003)

Write or Type Committee Name  
MURTHA FOR CONGRESS COMMITTEE

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

**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).....

61150.00

484800.00

(ii) Unitemized.....

225.00

9049.00

(iii) TOTAL of contributions

61375.00

493849.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

36382.33

327807.33

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

97757.33

821656.33

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.).....

1397.69

84432.77

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

1213.36

3376.53

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

100368.38

909465.63

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	121456.41	984452.24
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	5000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	200.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5200.00
21. OTHER DISBURSEMENTS.....	35600.00	137682.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	157056.41	1127334.24

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	444900.03
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	100368.38
25. SUBTOTAL (add Line 23 and Line 24).....	545268.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	157056.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	388212.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 160  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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

**A.**

Full Name (Last, First, Middle Initial)  
Gabriel Bevilacqua

Mailing Address 1000 Susan Road

City Philadelphia State PA Zip Code 19115

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

Name of Employer Saul Ewing LLP Occupation Attorney

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 12 / 09 / 2009  
**Transaction ID: SA11AI.44338**  
Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Christopher Bossi

Mailing Address 405 Granda Way

City Altoona State PA Zip Code 16601

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

Name of Employer Inrange System Inc Occupation President Medl Equip

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 12 / 29 / 2009  
**Transaction ID: SA11AI.44369**  
Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Frank Calandra

Mailing Address 1330 Old Freeport Road

City Pittsburgh State PA Zip Code 15238

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

Name of Employer Jennmar Corp. Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 03 / 2009  
**Transaction ID: SA11AI.44184**  
Amount of Each Receipt this Period 1000.00

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 160
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Sara Carlin		Date of Receipt
	Mailing Address 21921 Bellair Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 9 / 2 0 0 9
	City	State	Zip Code
	Ashburn	VA	20147
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.44370
Name of Employer N/A		Occupation Housewife	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1400.00
		<input type="text"/> 3800.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sara Carlin		Date of Receipt
	Mailing Address 21921 Bellair Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 9 / 2 0 0 9
	City	State	Zip Code
	Ashburn	VA	20147
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.44371
Name of Employer N/A		Occupation Housewife	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 600.00
		<input type="text"/> 4400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeffrey Cooper		Date of Receipt
	Mailing Address 290 Tappan Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 7 / 2 0 0 9
	City	State	Zip Code
	Brookline	MA	02445-5309
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.44094
Name of Employer Massachusetts General Hospital		Occupation Director/Partners Biomedical	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 160
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**MURTHA FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Donald Croftcheck**

Mailing Address **P.O. Box 795**

City **Republic** State **PA** Zip Code **15475**

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

Name of Employer **Redstone Twp.** Occupation **Tax Collector**

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt **11 / 03 / 2009**

**Transaction ID: SA11AI.44192**

Amount of Each Receipt this Period **1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Scott Croftcheck**

Mailing Address **340 Twin Hills Road**

City **Grindstone** State **PA** Zip Code **15442**

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

Name of Employer **Turnkey Industires** Occupation **Executive**

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt **11 / 03 / 2009**

**Transaction ID: SA11AI.44183**

Amount of Each Receipt this Period **1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Nicholas Deiuiliis**

Mailing Address **1130 Grouse Drive**

City **Pittsburgh** State **PA** Zip Code **15243**

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

Name of Employer **Consol Energy** Occupation **Executive VP**

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt **11 / 03 / 2009**

**Transaction ID: SA11AI.44178**

Amount of Each Receipt this Period **1000.00**

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 160  
(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)  
C. Les Delloma

Mailing Address 105 McBeth Court

City State Zip Code  
St Clairsville OH 43950

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Consol Energy, Inc. Mining

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

**Transaction ID:** SA11AI.44179

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Phillip Dilucente

Mailing Address 116 Ashley Ct

City State Zip Code  
Pittsburgh PA 15221

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Dilucente & Tellow LLC Attorney

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

**Transaction ID:** SA11AI.44311

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
M. Keith Dolan

Mailing Address 1536 Chestnut Ridge Rd

City State Zip Code  
Blairsville PA 15717-7765

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Conveyor Services Corp VP

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

**Transaction ID:** SA11AI.44185

Amount of Each Receipt this Period  
1000.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 160  
(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)  
Michael Dunn

Mailing Address 1668 Tire Hill Rd

City State Zip Code  
Davidsville PA 15928

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

Name of Employer Occupation  
Windber Research Inst. Chief Medl Officer

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

**Transaction ID:** SA11AI.44346

Amount of Each Receipt this Period  
1000.00

3400.00

**B.** Full Name (Last, First, Middle Initial)  
Douglas Farnham

Mailing Address 119 Saratoga Drive

City State Zip Code  
McMurray PA 15317

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

Name of Employer Occupation  
Farnham & Pfile President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

**Transaction ID:** SA11AI.44197

Amount of Each Receipt this Period  
1000.00

1000.00

**C.** 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 Occupation  
NDIC Executive

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

**Transaction ID:** SA11AI.44344

Amount of Each Receipt this Period  
200.00

450.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 160  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	<input type="checkbox"/>	15
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr Barbara Gilcrest

Mailing Address Union Wharf  
Townhouse # 27

City Boston State MA Zip Code 02109

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

Name of Employer Boston Univ Dermatology Occupation Medical Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
10 / 13 / 2009

Transaction ID: SA11AI.43924

Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Eli Glatstein

Mailing Address 220 W. Rittenhouse Sq Apt 12D

City Philadelphia State PA Zip Code 19103

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

Name of Employer Self Employed Occupation MD, Oncology

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
12 / 09 / 2009

Transaction ID: SA11AI.44339

Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Gary Gottlieb

Mailing Address 1 Huntington Ave

City Boston State MA Zip Code 02116

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

Name of Employer Brigham Women's Hospital Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
10 / 27 / 2009

Transaction ID: SA11AI.44092

Amount of Each Receipt this Period: 1000.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 160  
(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)  
Deborah Grube

Mailing Address 5160 White Oak Dr

City State Zip Code  
Indiana PA 15701

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

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

**Transaction ID:** SA11AI.44189

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
John Grube

Mailing Address 10126 Old Rt 56 Hwy W

City State Zip Code  
Sholocta PA 15774

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

Name of Employer Electro Mec Inc Occupation Business Manager

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

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

**Transaction ID:** SA11AI.44199

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
J. Joseph Hardy, III

Mailing Address PO Box 584, Route 519

City State Zip Code  
Eighty Four PA 15330

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

Name of Employer 84 Lumber Co Occupation CEO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

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

**Transaction ID:** SA11AI.44362

Amount of Each Receipt this Period  
1000.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 160

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

J. Brett Harvey

Mailing Address 1800 Washington Road

City State Zip Code  
Pittsburgh PA 15241

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

Name of Employer Occupation  
Consol Energy Inc President, CEO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2400.00

Date of Receipt

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

Transaction ID: SA11AI.44174

Amount of Each Receipt this Period

2400.00

**B.**

Full Name (Last, First, Middle Initial)

Brent Lee Henry

Mailing Address 119 Commonwealth Ave

City State Zip Code  
Chestnut MA 02467

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

Name of Employer Occupation  
Partners Healthcare System VP & General Counsel

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.43926

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Bart Hyita

Mailing Address 4 Intermediate Dr

City State Zip Code  
Coat Center PA 15423

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

Name of Employer Occupation  
Consol Energy, Inc VP Coal Operations Support

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: SA11AI.44172

Amount of Each Receipt this Period

500.00

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

3400.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 160  
(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)  
John B. Hynes, III

Mailing Address 190 Malborough St

City State Zip Code  
Boston MA 02116

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

Name of Employer Occupation  
The Gale Company Principal

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.43928

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Mary Ann Jacobs

Mailing Address 120 Glory Drive

City State Zip Code  
Windber PA 15963

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

Name of Employer Occupation  
Hagerich & Assoc Real Estate Agent

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.44337

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Walter J Keller, III

Mailing Address 103 Firwodd Drive

City State Zip Code  
Bridgeville PA 15022

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

Name of Employer Occupation  
Nokomis Inc President & CEO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

**Transaction ID:** SA11AI.44313

Amount of Each Receipt this Period  
3400.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 160

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Brian Kelly	Date of Receipt MM / DD / YYYY 11 / 03 / 2009
	Mailing Address 1005 Old Washington Dr	<b>Transaction ID:</b> SA11AI.44170
	City State Zip Code McMurray PA 15317-3231	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Consol Energy Inc Plant Super.	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Pradeep K. Khosla	Date of Receipt MM / DD / YYYY 12 / 09 / 2009
	Mailing Address 1121 Sunrise Dr.	<b>Transaction ID:</b> SA11AI.44314
	City State Zip Code Pittsburgh PA 15243-1945	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Carnegie Mellon University Professor	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms Colleen Kigin	Date of Receipt MM / DD / YYYY 10 / 13 / 2009
	Mailing Address 53 Dale Street	<b>Transaction ID:</b> SA11AI.43925
	City State Zip Code Swampscott MA 01907	Amount of Each Receipt this Period 900.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Massachusetts General Hospital Chief of Staff, CIMIT	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2400.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 15 / 160  
(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. L. Robert Kimball

Mailing Address 619 West Horner Street

City State Zip Code  
Ebensburg PA 15931

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

Name of Employer L. Robert Kimball & Assoc. Occupation Chairman & CEO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

**Transaction ID:** SA11AI.44357

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Robert King

Mailing Address 113 Golden Eagle Drive

City State Zip Code  
Venetia PA 15367

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

Name of Employer Consol Energy, Inc Occupation Sr VP

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

**Transaction ID:** SA11AI.44175

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Judson Kroh

Mailing Address 80 Waterfront Drive

City State Zip Code  
Pittsburgh PA 15222

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

Name of Employer Robindale Energy Services Inc Occupation Director

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

**Transaction ID:** SA11AI.44315

Amount of Each Receipt this Period  
1000.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 160  
(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)  
Judson Kroh

Mailing Address 80 Waterfront Drive

City Pittsburgh State PA Zip Code 15222

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

Name of Employer Robindale Energy Services Inc Occupation Director

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 12 / 09 / 2009  
**Transaction ID: SA11AI.44340**  
 Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
William Lyons

Mailing Address 3203 Washington Pike

City Bridgeville State PA Zip Code 15017

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

Name of Employer Consol Energy Inc Occupation VP & CFO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 03 / 2009  
**Transaction ID: SA11AI.44181**  
 Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
John D. MacKay

Mailing Address 165 Druid Drive

City McMurray State PA Zip Code 15317

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

Name of Employer Progeny Sytems Occupation Engineer Mgr

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 09 / 2009  
**Transaction ID: SA11AI.44317**  
 Amount of Each Receipt this Period 1000.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 160  
(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)  
Joseph, Jr. Mahoney  
Mailing Address 733 Waverly Road  
City State Zip Code  
Bryn Mawr PA 19010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Philadelphia Chamber of Comm.  
Occupation Exec. VP  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2000.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9  
Transaction ID: SA11AI.44341  
Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David J Malone  
Mailing Address 444 Liberty Ave  
Ste 750  
City State Zip Code  
Pittsburgh PA 15222  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gateway Finl Grp. Inc.  
Occupation Insurance Consultant  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1000.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9  
Transaction ID: SA11AI.44320  
Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
William McCann  
Mailing Address 1654 Beekman Place NW  
City State Zip Code  
Washington DC 20009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SMI Inc  
Occupation COO  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2400.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9  
Transaction ID: SA11AI.43930  
Amount of Each Receipt this Period  
1000.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 160

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Robert McGowan

Mailing Address 245 Tall Timber Drive

City State Zip Code  
Johnstown PA 15904

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

Name of Employer Occupation  
Coherent Dir of Marketing

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt

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

Transaction ID: SA11AI.44345

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Timothy McNulty

Mailing Address 106 S Linden Avenue

City State Zip Code  
Pittsburgh PA 15208

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

Name of Employer Occupation  
Carnegie Mellon Univ Assoc VP

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.44321

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Christopher Mellon

Mailing Address 1157 Stringer Bottom

City State Zip Code  
Laughlintown PA 15655

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

Name of Employer Occupation  
Mellon Consulting President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4800.00

Date of Receipt

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

Transaction ID: SA11AI.44347

Amount of Each Receipt this Period

900.00

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

2400.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 160

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
James H. Miller

Mailing Address 701 Technology Dr

City State Zip Code  
Canonsburg PA 15317-9529

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

Name of Employer Occupation  
Aker Philadelphia Shipyard President & CEO

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

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

Transaction ID: SA11AI.44323

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)  
George Morrell

Mailing Address 542 Beallsville Road

City State Zip Code  
Scenery Hill PA 15360-1334

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

Name of Employer Occupation  
Royal Hydraulics Executive

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.44187

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert Perkins

Mailing Address 2640 Bickerstaff Road

City State Zip Code  
Irwin PA 15642

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

Name of Employer Occupation  
Precision Defense Service President

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

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

Transaction ID: SA11AI.44358

Amount of Each Receipt this Period

1000.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 160  
(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)  
John Polacek  
Mailing Address 221 Curtis Drive  
City Johnstown State PA Zip Code 15904  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JWF Defense Occupation COO  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2400.00  
Date of Receipt 12 / 16 / 2009  
Transaction ID: SA11AI.44359  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
John Polacek  
Mailing Address 221 Curtis Drive  
City Johnstown State PA Zip Code 15904  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JWF Defense Occupation COO  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2900.00  
Date of Receipt 12 / 16 / 2009  
Transaction ID: SA11AI.44449  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
William Polacek  
Mailing Address Leventry Road  
City Johnstown State PA Zip Code 15904  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JWFI Occupation Business Owner  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2400.00  
Date of Receipt 12 / 16 / 2009  
Transaction ID: SA11AI.44360  
Amount of Each Receipt this Period 1000.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 160  
(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)  
Theodore C. Prettiman

Mailing Address P.O. Box 828

City State Zip Code  
Latrobe PA 15650

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

Name of Employer Tooling Specialists Inc. Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 9 / 2 0 0 9

**Transaction ID:** SA11AI.44325

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert Pusateri

Mailing Address 83 Alexander Drive

City State Zip Code  
McMurray PA 15317

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

Name of Employer Consol Energy Occupation VP

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 3 / 2 0 0 9

**Transaction ID:** SA11AI.44177

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 127 Fees Road

City State Zip Code  
Carrolltown PA 15722

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

Name of Employer Cambria Medical Supply Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 9 / 2 0 0 9

**Transaction ID:** SA11AI.44348

Amount of Each Receipt this Period  
1000.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 160  
(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)  
Elaine Richardson

Mailing Address 4 Charlesgate East  
No 802

City Boston State MA Zip Code 02215

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

Name of Employer Partners Healthcare Occupation Director

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

**Transaction ID:** SA11AI.44091

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
James E. Rooney

Mailing Address 110 Fan Court

City Sewickley State PA Zip Code 15143

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

**Transaction ID:** SA11AI.44326

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Stephanie Rooney

Mailing Address 110 Fan Court

City Sewickley State PA Zip Code 15143

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

**Transaction ID:** SA11AI.44327

Amount of Each Receipt this Period  
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 160

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Joy Rosen

Mailing Address 34 Chestnut Ter.

City	State	Zip Code
Newton	MA	02459

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

Name of Employer Partners Healthcare	Occupation Dir of Govt Relations
---	-------------------------------------

Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input 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
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.44372

Amount of Each Receipt this Period

250.00
--------

**B.**

Full Name (Last, First, Middle Initial)  
Clifford Rowe, Jr.

Mailing Address 707 Amberson Avenue

City	State	Zip Code
Pittsburgh	PA	15232

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

Name of Employer PJ Dick Inc	Occupation CEO
---------------------------------	-------------------

Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input 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
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.44328

Amount of Each Receipt this Period

1000.00
---------

**C.**

Full Name (Last, First, Middle Initial)  
Carol R Scheman

Mailing Address 151 Beacon St  
Unit 4

City	State	Zip Code
Boston	MA	02116

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

Name of Employer VP External Affairs	Occupation Northeastern Univ
---	---------------------------------

Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input 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
1 0 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.43936

Amount of Each Receipt this Period

250.00
--------

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

1500.00
---------

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

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

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

FOR LINE NUMBER: PAGE 24 / 160  
(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)  
Patricia Serotkin

Mailing Address 1072 N Center Street

City State Zip Code  
Ebensburg PA 15931

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

Name of Employer Occupation  
St Francis University VP

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

**Transaction ID:** SA11AI.44342

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Charles Shaynak

Mailing Address 20 Carrage Trade Dr

City State Zip Code  
Washington PA 15301-8790

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

Name of Employer Occupation  
Consol Energy Inc General Super.

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

**Transaction ID:** SA11AI.44168

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Edward Sheehan

Mailing Address 809 Luzerne Street

City State Zip Code  
Johnstown PA 15905-2301

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

Name of Employer Occupation  
Concurrent Technologies Corp. Executive

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

**Transaction ID:** SA11AI.44329

Amount of Each Receipt this Period  
1000.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 160

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Julie Sheehan

Mailing Address 802 Luzerne Street

City State Zip Code  
Johnstown PA 15905-2349

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

Name of Employer Occupation  
N/A Homemaker

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.44330

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Eli Shumar, Jr.

Mailing Address 432 Stone Church Road

City State Zip Code  
Grindstone PA 15442

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

Name of Employer Occupation  
Shumar's Welding & Machine President

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 4800.00

Date of Receipt

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

Transaction ID: SA11AI.44373

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert Shuster

Mailing Address 320 N. 30th Street

City State Zip Code  
Camp Hill PA 17011-2807

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

Name of Employer Occupation  
Klett Lieber Ronney & Schorlin Attorney

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.44374

Amount of Each Receipt this Period

1000.00

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

2750.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 160  
(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)  
Richard P Simmons

Mailing Address Quaker Hollow Road

City State Zip Code  
Sewickley PA 15143

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

Name of Employer N/A Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

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

**Transaction ID:** SA11AI.44351

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mark Singel

Mailing Address 137 Laurel Drive

City State Zip Code  
Hershey PA 17033

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

Name of Employer Self Employed Occupation Lobbyist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

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

**Transaction ID:** SA11AI.44331

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Scott Turer

Mailing Address 201 Robb Lane

City State Zip Code  
Greensburg PA 15601

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

Name of Employer Three Rivers Marine & Rail Occupation CFO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

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

**Transaction ID:** SA11AI.44352

Amount of Each Receipt this Period  
1000.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 160  
(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 Wiesmann

Mailing Address 1231-28th Street, NW

City State Zip Code  
Washington DC 20007

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

Name of Employer Occupation  
BoiStar Inc. President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.44375

Amount of Each Receipt this Period  
1000.00

1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	61150.00

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

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

FOR LINE NUMBER: PAGE 28 / 160  
(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)  
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt: MM / DD / YYYY  
10 / 08 / 2009

Transaction ID: SA11C.43934

Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN FEDERATION OF TEACHERS COMMITTEE ON POLITICAL EDUCATION

Mailing Address 555 NEW JERSEY AVENUE N W

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: MM / DD / YYYY  
12 / 22 / 2009

Transaction ID: SA11C.44364

Amount of Each Receipt this Period: 2500.00

**C.** Full Name (Last, First, Middle Initial)  
COMCAST CORP. POLITICAL ACTION COMMITTEE

Mailing Address 1500 Market Street  
35th Floor

City Philadelphia State PA Zip Code 19102

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY  
12 / 29 / 2009

Transaction ID: SA11C.44367

Amount of Each Receipt this Period: 2500.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 160  
(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)  
COMCAST CORP. POLITICAL ACTION COMMITTEE

Mailing Address 1500 Market Street  
35th Floor

City Philadelphia State PA Zip Code 19102

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt: 12 / 29 / 2009  
**Transaction ID:** SA11C.44368  
 Amount of Each Receipt this Period: 2500.00

**B.** Full Name (Last, First, Middle Initial)  
Comm to Elect Frank Burns

Mailing Address 1654 William Penn Avenue

City Johnstown State PA Zip Code 15909

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 10 / 22 / 2009  
**Transaction ID:** SA11C.44067  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
CONSOL ENERGY INC & CNX GAS CORPORATION PAC

Mailing Address 1000 CONSOL ENERGY DRIVE  
1000 CONSOL ENERGY DRIVE

City CANONSBURG State PA Zip Code 15317

FEC ID number of contributing federal political committee. **C** C00279331

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1600.00

Date of Receipt: 11 / 03 / 2009  
**Transaction ID:** SA11C.44195  
 Amount of Each Receipt this Period: 1600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4600.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 160  
(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)  
DUANE MORRIS GOVERNMENT COMMITTEE

Mailing Address Attn: Charles J. O'Donnell  
One Liberty Place

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00364133

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 8 / 2 0 0 9

**Transaction ID:** SA11C.43933

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
HOGAN & HARTSON POLITICAL ACTION COMMITTEE

Mailing Address 555 THIRTEENTH STREET NW 8TH FL  
WEST TOWER

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00261339

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 6 / 2 0 0 9

**Transaction ID:** SA11C.44353

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
JOY GLOBAL INC POLITICAL ACTION COMMITTEE (JOY GLOBAL PAC)

Mailing Address 100 EAST WISCONSIN AVE SUITE 2780

City MILWAUKEE State WI Zip Code 53202

FEC ID number of contributing federal political committee. **C** C00334581

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 3 / 2 0 0 9

**Transaction ID:** SA11C.44193

Amount of Each Receipt this Period  
1000.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 160  
(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)  
LATROBE SPECIALTY STEEL COMPANY BETTER GOVERNMENT FUND

Date of Receipt  

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

**Transaction ID:** SA11C.44355

Mailing Address 2626 LIGONIER STREET  
PO BOX 31

City LATROBE State PA Zip Code 15650

FEC ID number of contributing federal political committee. **C** C00447144

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Amount of Each Receipt this Period 1400.00

**B.** Full Name (Last, First, Middle Initial)  
LATROBE SPECIALTY STEEL COMPANY BETTER GOVERNMENT FUND

Date of Receipt  

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

**Transaction ID:** SA11C.44450

Mailing Address 2626 LIGONIER STREET  
PO BOX 31

City LATROBE State PA Zip Code 15650

FEC ID number of contributing federal political committee. **C** C00447144

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4282.33

Amount of Each Receipt this Period 1882.33

**C.** Full Name (Last, First, Middle Initial)  
MACHINISTS NON-PARTISAN POLITICAL LEAGUE

Date of Receipt  

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

**Transaction ID:** SA11C.44365

Mailing Address 9000 MACHINISTS PLACE

City UPPER MARLBORO State MD Zip Code 20772

FEC ID number of contributing federal political committee. **C** C00002469

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8282.33**

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

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

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

FOR LINE NUMBER: PAGE 32 / 160

(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)  
MACHINISTS NON-PARTISAN POLITICAL LEAGUE

Mailing Address 9000 MACHINISTS PLACE

City State Zip Code  
UPPER MARLBORO MD 20772

FEC ID number of contributing federal political committee. **C** C00002469

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt

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

Transaction ID: SA11C.44366

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
NATIONAL FUNERAL DIRECTORS ASSOCIATION OF THE UNITED STATES INC

Mailing Address 13625 Bishops Drive

City State Zip Code  
Brookfield WI 53005

FEC ID number of contributing federal political committee. **C** C00204008

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt

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

Transaction ID: SA11C.44333

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)  
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: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

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

Transaction ID: SA11C.44335

Amount of Each Receipt this Period

1000.00

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

7500.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 160  
(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)  
UNITED STATES STEEL CORPORATION PAC

Mailing Address 600 Grant Street  
Room 685

City Pittsburgh State PA Zip Code 15219

FEC ID number of contributing federal political committee. **C** C00030676

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt 12 / 16 / 2009  
**Transaction ID:** SA11C.44356  
 Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
UNITED STEELWORKERS OF AMERICA POLITICAL ACTION FUND

Mailing Address FIVE GATEWAY CENTER

City PITTSBURGH State PA Zip Code 15222

FEC ID number of contributing federal political committee. **C** C00003590

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 12 / 09 / 2009  
**Transaction ID:** SA11C.44336  
 Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

**TOTAL** This Period (last page this line number only) ..... ► 36382.33

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

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

FOR LINE NUMBER: PAGE 34 / 160  
(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)  
Buchanan Ingersoll & Rooney

Mailing Address One Oxford Centre  
301 Grant St

City Pittsburgh State PA Zip Code 15219-1410

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Election Cycle-to-Date ▼ 589.69

Date of Receipt 12 / 31 / 2009

Transaction ID: SA14.44465

Amount of Each Receipt this Period 392.29

Fund Raiser Rcpt Exp, Void Ck

**B.** Full Name (Last, First, Middle Initial)  
Mr. JOHN P MURTHA

Mailing Address 2238 WOODCREST DRIVE

City JOHNSTOWN State PA Zip Code 15905

FEC ID number of contributing federal political committee. **C** H6PA12030

Name of Employer Occupation

Receipt For: 2010  Primary  General  Other (specify) ▼

Election Cycle-to-Date ▼ 1147.50

Date of Receipt 10 / 15 / 2009

Transaction ID: SA14.43923

Amount of Each Receipt this Period 234.00

Travel Reimbursement

**C.** Full Name (Last, First, Middle Initial)  
Mr. JOHN P MURTHA

Mailing Address 2238 WOODCREST DRIVE

City JOHNSTOWN State PA Zip Code 15905

FEC ID number of contributing federal political committee. **C** H6PA12030

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Election Cycle-to-Date ▼ 1341.50

Date of Receipt 11 / 18 / 2009

Transaction ID: SA14.44166

Amount of Each Receipt this Period 194.00

Reimbursement, Travel

**SUBTOTAL** of Receipts This Page (optional) ..... ► **820.29**

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

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

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

FOR LINE NUMBER: PAGE 35 / 160  
(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. JOHN P MURTHA

Mailing Address 2238 WOODCREST DRIVE

City State Zip Code  
JOHNSTOWN PA 15905

FEC ID number of contributing federal political committee. **C** H6PA12030

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Election Cycle-to-Date ▼ 1463.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

**Transaction ID:** SA14.44343

Amount of Each Receipt this Period  
122.00

Reimb. Travel

**B.** Full Name (Last, First, Middle Initial)  
Need a Handy Man Service

Mailing Address 1142 Hester Street

City State Zip Code  
Johnstown PA 15905

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Election Cycle-to-Date ▼ 218.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID:** SA14.44467

Amount of Each Receipt this Period  
218.00

Camp. Office Exp, Void Ck

**SUBTOTAL** of Receipts This Page (optional) ..... ► **340.00**

**TOTAL** This Period (last page this line number only) ..... ► **1160.29**

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

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

FOR LINE NUMBER: PAGE 36 / 160

(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)

1st Summit Bank

Mailing Address Donald Lane

City State Zip Code  
Johnstown PA 15904

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
 Election Cycle-to-Date ▼ 1847.13

Date of Receipt

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

Transaction ID: SA15.44160

Amount of Each Receipt this Period  
309.72

Interest Income

**B.**

Full Name (Last, First, Middle Initial)

1st Summit Bank

Mailing Address Donald Lane

City State Zip Code  
Johnstown PA 15904

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
 Election Cycle-to-Date ▼ 2201.67

Date of Receipt

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

Transaction ID: SA15.44471

Amount of Each Receipt this Period  
354.54

Interest

**C.**

Full Name (Last, First, Middle Initial)

1st Summit Bank

Mailing Address Donald Lane

City State Zip Code  
Johnstown PA 15904

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
 Election Cycle-to-Date ▼ 2545.73

Date of Receipt

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

Transaction ID: SA15.44462

Amount of Each Receipt this Period  
344.06

Interest

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

1008.32

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

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

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

FOR LINE NUMBER: PAGE 37 / 160

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
First Commonwealth Bank

Mailing Address 1047 Franklin Street  
8th Ward Office

City State Zip Code  
Johnstown PA 15905

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Election Cycle-to-Date ▼ 332.47

Date of Receipt

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

Transaction ID: SA15.44158

Amount of Each Receipt this Period

41.30
-------

Interest Income

**B.**

Full Name (Last, First, Middle Initial)  
First Commonwealth Bank

Mailing Address 1047 Franklin Street  
8th Ward Office

City State Zip Code  
Johnstown PA 15905

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Election Cycle-to-Date ▼ 372.46

Date of Receipt

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

Transaction ID: SA15.44469

Amount of Each Receipt this Period

39.99
-------

Interest

**C.**

Full Name (Last, First, Middle Initial)  
First Commonwealth Bank

Mailing Address 1047 Franklin Street  
8th Ward Office

City State Zip Code  
Johnstown PA 15905

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Election Cycle-to-Date ▼ 413.60

Date of Receipt

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

Transaction ID: SA15.44460

Amount of Each Receipt this Period

41.14
-------

Interest

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

122.43
--------

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

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# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 160  
(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 National Bank of PA  
Mailing Address 534 Main Street

City State Zip Code  
Johnstown PA 15901

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 10 / 31 / 2009  
Transaction ID: SA15.44159  
Amount of Each Receipt this Period: 27.95  
Interest Income: 247.54

**B.** Full Name (Last, First, Middle Initial)  
First National Bank of PA  
Mailing Address 534 Main Street

City State Zip Code  
Johnstown PA 15901

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 11 / 30 / 2009  
Transaction ID: SA15.44470  
Amount of Each Receipt this Period: 27.97  
Interest: 275.51

**C.** Full Name (Last, First, Middle Initial)  
First National Bank of PA  
Mailing Address 534 Main Street

City State Zip Code  
Johnstown PA 15901

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 12 / 31 / 2009  
Transaction ID: SA15.44461  
Amount of Each Receipt this Period: 26.69  
Interest: 302.20

**SUBTOTAL** of Receipts This Page (optional) ..... ► **82.61**

**TOTAL** This Period (last page this line number only) ..... ► **1213.36**

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Army Navy Country Club  Mailing Address 2400 18th Street S  City Arlington State VA Zip Code 22204  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) ▼	<b>Transaction ID:</b> SB17.43968 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 300.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Army Navy Country Club  Mailing Address 2400 18th Street S  City Arlington State VA Zip Code 22204  Purpose of Disbursement Entertainment Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.44428 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 2762.19
<b>C.</b>	Full Name (Last, First, Middle Initial) A T&T  Mailing Address P.O. Box 9001309  City Louisville State KY Zip Code 40290-1309  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) ▼	<b>Transaction ID:</b> SB17.43938 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 683.35

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3745.54</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<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) A T&T	Transaction ID: SB17.44083 Date of Disbursement 10 / 28 / 2009
	Mailing Address P.O. Box 9001309	Amount of Each Disbursement this Period 105.31
	City Louisville State KY Zip Code 40290-1309	
	Purpose of Disbursement Telephone 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) A T&T	Transaction ID: SB17.44138 Date of Disbursement 11 / 10 / 2009
	Mailing Address P.O. Box 9001309	Amount of Each Disbursement this Period 587.83
	City Louisville State KY Zip Code 40290-1309	
	Purpose of Disbursement Telephone 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) A T&T	Transaction ID: SB17.44387 Date of Disbursement 12 / 02 / 2009
	Mailing Address P.O. Box 9001309	Amount of Each Disbursement this Period 120.64
	City Louisville State KY Zip Code 40290-1309	
	Purpose of Disbursement Telephone 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) ..... ▶

813.78

**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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
A T&T

Mailing Address P.O. Box 9001309

City State Zip Code  
Louisville KY 40290-1309

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.44394  
Date of Disbursement

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

Amount of Each Disbursement this Period

525.62
--------

B.

Full Name (Last, First, Middle Initial)  
Atlantic Broadband

Mailing Address 120 Southmont Blvd

City State Zip Code  
Johnstown PA 15905

Purpose of Disbursement  
Utilities

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.43948  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	0	9

Amount of Each Disbursement this Period

79.18
-------

C.

Full Name (Last, First, Middle Initial)  
Atlantic Broadband

Mailing Address 120 Southmont Blvd

City State Zip Code  
Johnstown PA 15905

Purpose of Disbursement  
Utilities

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.44113  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	0	9

Amount of Each Disbursement this Period

79.18
-------

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

**683.98**

**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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Atlantic Broadband</p> <p>Mailing Address 120 Southmont Blvd</p> <p>City Johnstown State PA Zip Code 15905</p> <p>Purpose of Disbursement Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.44398</p> <p>Date of Disbursement</p> <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>1</td><td>2</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">79.18</td> </tr> </table> <p>Category/Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	9	/	2	0	0	9	79.18
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	0	9	/	2	0	0	9													
79.18																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) B &amp; B Floral</p> <p>Mailing Address 1199 Scalp Avenue</p> <p>City Johnstown State PA Zip Code 15904</p> <p>Purpose of Disbursement Floral Arrangements</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.44110</p> <p>Date of Disbursement</p> <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>1</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">70.49</td> </tr> </table> <p>Category/Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	4	/	2	0	0	9	70.49
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	4	/	2	0	0	9													
70.49																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Babcor Packaging Corp</p> <p>Mailing Address 855 South Canal Street</p> <p>City Pittsburgh State PA Zip Code 15212</p> <p>Purpose of Disbursement Gifts</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.43954</p> <p>Date of Disbursement</p> <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>1</td><td>0</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">39.48</td> </tr> </table> <p>Category/Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	7	/	2	0	0	9	39.48
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	0	7	/	2	0	0	9													
39.48																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>189.15</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Babcor Packaging Corp <hr/> Mailing Address 855 South Canal Street <hr/> City Pittsburgh State PA Zip Code 15212 <hr/> Purpose of Disbursement Gifts Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43977 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 13.52
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Babcor Packaging Corp <hr/> Mailing Address 855 South Canal Street <hr/> City Pittsburgh State PA Zip Code 15212 <hr/> Purpose of Disbursement Gifts Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.44072 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 13.51
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Babcor Packaging Corp <hr/> Mailing Address 855 South Canal Street <hr/> City Pittsburgh State PA Zip Code 15212 <hr/> Purpose of Disbursement Gifts Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.44080 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 6.64
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	33.67
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Babcor Packaging Corp <hr/> Mailing Address 855 South Canal Street <hr/> City Pittsburgh State PA Zip Code 15212 <hr/> Purpose of Disbursement Gifts Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44120 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9	Amount of Each Disbursement this Period 37.53
B.	Full Name (Last, First, Middle Initial) Bittner Long Floral & Greenhouse <hr/> Mailing Address 339 Stoystown Road <hr/> City Somerset State PA Zip Code 15501 <hr/> Purpose of Disbursement Floral Arrangements Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44112 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9	Amount of Each Disbursement this Period 87.45
C.	Full Name (Last, First, Middle Initial) Bittner Long Floral & Greenhouse <hr/> Mailing Address 339 Stoystown Road <hr/> City Somerset State PA Zip Code 15501 <hr/> Purpose of Disbursement Floral Arrangements Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44409 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 9	Amount of Each Disbursement this Period 108.20

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	233.18
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER: (check only one)

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

Any Information copied from such Reports and Statements and 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

<b>A.</b> Full Name (Last, First, Middle Initial) Cambria Business Machines Mailing Address P.O. Box 456 City Johnstown State PA Zip Code 15907-0456 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: SB17.44075 Date of Disbursement 10 / 21 / 2009
	Amount of Each Disbursement this Period 322.24
<b>B.</b> Full Name (Last, First, Middle Initial) Cam Co Dept of Emer Services Mailing Address 401 Candlelight Drive Suite 100 City Ebensburg State PA Zip Code 15931-1959 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: SB17.44385 Date of Disbursement 12 / 02 / 2009
	Amount of Each Disbursement this Period 75.00
<b>C.</b> Full Name (Last, First, Middle Initial) Carriage House Floral Mailing Address 163 Village Street City Johnstown State PA Zip Code 15902 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: SB17.44070 Date of Disbursement 10 / 21 / 2009
	Amount of Each Disbursement this Period 70.97

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

468.21

**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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Carriage House Floral <hr/> Mailing Address 163 Village Street <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Floral Arrangements Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44155 Date of Disbursement 11 / 18 / 2009 <hr/> Amount of Each Disbursement this Period 44.52
B.	Full Name (Last, First, Middle Initial) Carriage House Floral <hr/> Mailing Address 163 Village Street <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Floral Arrangements Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44403 Date of Disbursement 12 / 09 / 2009 <hr/> Amount of Each Disbursement this Period 186.56
C.	Full Name (Last, First, Middle Initial) Central Tax Bureau of PA, Inc. <hr/> Mailing Address 1610 Bedford Street <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Local LST Tax Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.43970 Date of Disbursement 10 / 14 / 2009 <hr/> Amount of Each Disbursement this Period 18.00

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

249.08

**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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Central Tax Bureau of PA, Inc.

Transaction ID: SB17.43971  
Date of Disbursement

Mailing Address 1610 Bedford Street

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	9

City State Zip Code  
Johnstown PA 15902

Amount of Each Disbursement this Period

110.29
--------

Purpose of Disbursement

Local Tax W/H

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Christian Book Store

Transaction ID: SB17.44076  
Date of Disbursement

Mailing Address 1238 Scalp Avenue

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

City State Zip Code  
Johnstown PA 15904

Amount of Each Disbursement this Period

204.50
--------

Purpose of Disbursement

Campaign Office Exp

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Christian Book Store

Transaction ID: SB17.44416  
Date of Disbursement

Mailing Address 1238 Scalp Avenue

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	0	9

City State Zip Code  
Johnstown PA 15904

Amount of Each Disbursement this Period

283.38
--------

Purpose of Disbursement

Campaign Office Exp

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

598.17
--------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Christian Book Store

Transaction ID: SB17.44430  
Date of Disbursement

Mailing Address 1238 Scalp Avenue

/   /

City Johnstown State PA Zip Code 15904

Amount of Each Disbursement this Period

Purpose of Disbursement  
Campaign Office Exp

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Chuck Mamula Photography

Transaction ID: SB17.44071  
Date of Disbursement

Mailing Address 186 Fairfield Avenue

/   /

City Johnstown State PA Zip Code 15906

Amount of Each Disbursement this Period

Purpose of Disbursement  
Photo Expense

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Clubhouse Grille

Transaction ID: SB17.44417  
Date of Disbursement

Mailing Address 215 Route 981

/   /

City Belle Vernon State PA Zip Code 15012

Amount of Each Disbursement this Period

Purpose of Disbursement  
Fund Raiser Recpt Exp

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**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)

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Colony Cleaning Company <hr/> Mailing Address 160 Engbert Road <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Cleaning Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.43952 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 9
	Amount of Each Disbursement this Period 216.24
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Colony Cleaning Company <hr/> Mailing Address 160 Engbert Road <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Cleaning Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.44116 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 270.30
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Colony Cleaning Company <hr/> Mailing Address 160 Engbert Road <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Cleaning Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.44402 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 216.24
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	702.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Credit Card Dept.

Mailing Address 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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.43981  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	9

Amount of Each Disbursement this Period

16843.54
----------

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

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.43981.1  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	9

Amount of Each Disbursement this Period

20.53
-------

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Exxonmobile

Mailing Address Service Station

City Arlington State VA Zip Code 22210

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.43981.2  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	9

Amount of Each Disbursement this Period

28.91
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[MEMO ITEM]

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

16843.54
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TOTAL This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) On Star  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: SB17.43981.3 Date of Disbursement 10 / 14 / 2009  Amount of Each Disbursement this Period 28.90  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Athena Pallas  Mailing Address 556 22nd Street  City Arlington State VA Zip Code 22202  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: SB17.43981.4 Date of Disbursement 10 / 14 / 2009  Amount of Each Disbursement this Period 150.95  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Co Go  Mailing Address Scalp Avenue  City Johnstown State PA Zip Code 15904  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: SB17.43981.6 Date of Disbursement 10 / 14 / 2009  Amount of Each Disbursement this Period 34.86  <b>[MEMO ITEM]</b>

**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)

PAGE 52 / 160

<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)  
Symon's Auto Wash

Mailing Address Menoher Blvd

City Johnstown State PA Zip Code 15905

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.43981.7  
Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	0	9

Amount of Each Disbursement this Period

19.25

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
On Star

Mailing Address P.O. Box 278

City Sheldon State IA Zip Code 51201

Purpose of Disbursement Telephone

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.43981.8  
Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	0	9

Amount of Each Disbursement this Period

28.90

[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:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.43981.9  
Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	0	9

Amount of Each Disbursement this Period

4.48

[MEMO ITEM]

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

0.00

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**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)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sunoco <hr/> Mailing Address 1735 Market Street <hr/> City Philadelphia State PA Zip Code 19103-7583 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43981.10 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>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">19.16</td> </tr> </table> <hr/> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0	9	19.16
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	4		2	0	0	9														
19.16																							
<b>B.</b>	Full Name (Last, First, Middle Initial) Texaco Inc <hr/> Mailing Address 2000 Westchester Avenue <hr/> City White Plains State NY Zip Code 10650 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43981.11 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>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">23.81</td> </tr> </table> <hr/> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0	9	23.81
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	4		2	0	0	9														
23.81																							
<b>C.</b>	Full Name (Last, First, Middle Initial) Coffee Whiz.Com <hr/> Mailing Address 221 Church Street <hr/> City Philadelphia State PA Zip Code 19107 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43981.13 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>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">168.67</td> </tr> </table> <hr/> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0	9	168.67
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	4		2	0	0	9														
168.67																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<table border="1"> <tr> <td style="font-size: 1.2em;">0.00</td> </tr> </table>	0.00
0.00		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td style="height: 20px;"> </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: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Distad's BP

Transaction ID: SB17.43981.15  
Date of Disbursement

Mailing Address 823 Pennsylvania Ave SE

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	9

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel

25.00
-------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

[MEMO ITEM]

State: District:

B.

Full Name (Last, First, Middle Initial)  
Texaco Inc

Transaction ID: SB17.43981.16  
Date of Disbursement

Mailing Address 2000 Westchester Avenue

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	9

City White Plains State NY Zip Code 10650

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel

31.01
-------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

[MEMO ITEM]

State: District:

C.

Full Name (Last, First, Middle Initial)  
Distad's BP

Transaction ID: SB17.43981.17  
Date of Disbursement

Mailing Address 823 Pennsylvania Ave SE

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	9

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel

10.20
-------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

[MEMO ITEM]

State: District:

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

0.00
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TOTAL This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Gallina's Pizza  Mailing Address Market 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: SB17.43981.18 Date of Disbursement 10 / 14 / 2009  Amount of Each Disbursement this Period 21.76  [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: SB17.43981.19 Date of Disbursement 10 / 14 / 2009  Amount of Each Disbursement this Period 32.33  [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Sunoco  Mailing Address 1735 Market Street  City Philadelphia State PA Zip Code 19103-7583 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: SB17.43981.20 Date of Disbursement 10 / 14 / 2009  Amount of Each Disbursement this Period 41.08  [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)

<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

<b>A.</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: SB17.43981.21 Date of Disbursement 10 / 14 / 2009  Amount of Each Disbursement this Period 23.50  [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) Sheetz  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: SB17.43981.22 Date of Disbursement 10 / 14 / 2009  Amount of Each Disbursement this Period 8.70  [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) Symon's Auto Wash  Mailing Address Menoher Blvd  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: SB17.43981.23 Date of Disbursement 10 / 14 / 2009  Amount of Each Disbursement this Period 32.00  [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)

<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) U.S. Postal Service	Transaction ID: SB17.43981.25 Date of Disbursement 10 / 14 / 2009
	Mailing Address Locust & Franklin Streets	Amount of Each Disbursement this Period 220.00
	City Johnstown	State PA
	Zip Code 15901	Category/ Type
Purpose of Disbursement Postage		[MEMO ITEM]
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) Sheetz	Transaction ID: SB17.43981.29 Date of Disbursement 10 / 14 / 2009
	Mailing Address 5700 Sixth Avenue	Amount of Each Disbursement this Period 17.00
	City Altoona	State PA
	Zip Code 16602	Category/ Type
Purpose of Disbursement Travel		[MEMO ITEM]
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) Sheetz	Transaction ID: SB17.43981.30 Date of Disbursement 10 / 14 / 2009
	Mailing Address 5700 Sixth Avenue	Amount of Each Disbursement this Period 12.20
	City Altoona	State PA
	Zip Code 16602	Category/ Type
Purpose of Disbursement Travel		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Giant Eagle 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: SB17.43981.31 Date of Disbursement 10 / 14 / 2009 Amount of Each Disbursement this Period 164.32 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Get Go Mailing Address 3143 Natl Pike Road City Richeyville State PA Zip Code 15358 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: SB17.43981.32 Date of Disbursement 10 / 14 / 2009 Amount of Each Disbursement this Period 34.25 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Gallina's Pizza Mailing Address Market 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: SB17.43981.33 Date of Disbursement 10 / 14 / 2009 Amount of Each Disbursement this Period 16.64 [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)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Co Go  Mailing Address Scalp Avenue  City Johnstown State PA Zip Code 15904  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: SB17.43981.34 Date of Disbursement 10 / 14 / 2009  Amount of Each Disbursement this Period 15.60  [MEMO ITEM]	
<b>B.</b>	Full Name (Last, First, Middle Initial) U.S. Capitol Historical Society  Mailing Address 200 Maryland Ave N.E.  City Washington State DC Zip Code 20000  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: SB17.43981.35 Date of Disbursement 10 / 14 / 2009  Amount of Each Disbursement this Period 4344.95  [MEMO ITEM]	
<b>C.</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: SB17.43981.36 Date of Disbursement 10 / 14 / 2009  Amount of Each Disbursement this Period 23.01  [MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</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: SB17.43981.38 Date of Disbursement 10 / 14 / 2009  Amount of Each Disbursement this Period 25.00  [MEMO ITEM]
<b>B.</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: SB17.43981.39 Date of Disbursement 10 / 14 / 2009  Amount of Each Disbursement this Period 35.25  [MEMO ITEM]
<b>C.</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: SB17.43981.40 Date of Disbursement 10 / 14 / 2009  Amount of Each Disbursement this Period 38.00  [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)

<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)  
Symon's Auto Wash

Transaction ID: SB17.43981.42  
Date of Disbursement

Mailing Address Menoher Blvd

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	9

City Johnstown State PA Zip Code 15905

Amount of Each Disbursement this Period

20.75
-------

Purpose of Disbursement  
Travel

Category/ Type
-------------------

Candidate Name

[MEMO ITEM]

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Symon's Auto Wash

Transaction ID: SB17.43981.43  
Date of Disbursement

Mailing Address Menoher Blvd

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	9

City Johnstown State PA Zip Code 15905

Amount of Each Disbursement this Period

20.75
-------

Purpose of Disbursement  
Travel

Category/ Type
-------------------

Candidate Name

[MEMO ITEM]

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
The Fish Boat

Transaction ID: SB17.43981.44  
Date of Disbursement

Mailing Address Main Street

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	9

City Johnstown State PA Zip Code 15901

Amount of Each Disbursement this Period

21.73
-------

Purpose of Disbursement  
Volunteer Exp

Category/ Type
-------------------

Candidate Name

[MEMO ITEM]

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

0.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Holiday Inn</p> <p>Mailing Address    3 Ravinia Drive</p> <hr/> <p>City    State                                  Zip Code Atlanta    GA    30346-2149</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought:   <input type="checkbox"/> House                                  Disbursement For:   <input type="checkbox"/> Primary   <input type="checkbox"/> General                           <input type="checkbox"/> Senate    <input type="checkbox"/> Other (specify) ▼                           <input type="checkbox"/> President</p> <p>State:                  District:</p>	<p><b>Transaction ID:</b> SB17.43981.45 <b>Date of Disbursement</b> <table style="border: none; width: 100%;"><tr><td style="text-align: center; width: 25%;">M M</td><td style="width: 10%;">/</td><td style="text-align: center; width: 25%;">D D</td><td style="width: 10%;">/</td><td style="text-align: center; width: 25%;">Y Y Y Y</td></tr><tr><td style="text-align: center;">1 0</td><td></td><td style="text-align: center;">1 4</td><td></td><td style="text-align: center;">2 0 0 9</td></tr></table></p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; height: 20px;"><tr><td style="text-align: center;">217.98</td></tr></table></p> <p><b>[MEMO ITEM]</b></p>	M M	/	D D	/	Y Y Y Y	1 0		1 4		2 0 0 9	217.98
M M	/	D D	/	Y Y Y Y								
1 0		1 4		2 0 0 9								
217.98												
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sheetz</p> <p>Mailing Address    5700 Sixth Avenue</p> <hr/> <p>City    State                                  Zip Code Altoona    PA    16602</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought:   <input type="checkbox"/> House                                  Disbursement For:   <input type="checkbox"/> Primary   <input type="checkbox"/> General                           <input type="checkbox"/> Senate    <input type="checkbox"/> Other (specify) ▼                           <input type="checkbox"/> President</p> <p>State:                  District:</p>	<p><b>Transaction ID:</b> SB17.43981.46 <b>Date of Disbursement</b> <table style="border: none; width: 100%;"><tr><td style="text-align: center; width: 25%;">M M</td><td style="width: 10%;">/</td><td style="text-align: center; width: 25%;">D D</td><td style="width: 10%;">/</td><td style="text-align: center; width: 25%;">Y Y Y Y</td></tr><tr><td style="text-align: center;">1 0</td><td></td><td style="text-align: center;">1 4</td><td></td><td style="text-align: center;">2 0 0 9</td></tr></table></p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; height: 20px;"><tr><td style="text-align: center;">30.09</td></tr></table></p> <p><b>[MEMO ITEM]</b></p>	M M	/	D D	/	Y Y Y Y	1 0		1 4		2 0 0 9	30.09
M M	/	D D	/	Y Y Y Y								
1 0		1 4		2 0 0 9								
30.09												
<p><b>C.</b> Full Name (Last, First, Middle Initial) U.S. Capitol Historical Society</p> <p>Mailing Address    200 Maryland Ave N.E.</p> <hr/> <p>City    State                                  Zip Code Washington    DC    20000</p> <p>Purpose of Disbursement Gifts</p> <p>Candidate Name</p> <p>Office Sought:   <input type="checkbox"/> House                                  Disbursement For:   <input type="checkbox"/> Primary   <input type="checkbox"/> General                           <input type="checkbox"/> Senate    <input type="checkbox"/> Other (specify) ▼                           <input type="checkbox"/> President</p> <p>State:                  District:</p>	<p><b>Transaction ID:</b> SB17.43981.47 <b>Date of Disbursement</b> <table style="border: none; width: 100%;"><tr><td style="text-align: center; width: 25%;">M M</td><td style="width: 10%;">/</td><td style="text-align: center; width: 25%;">D D</td><td style="width: 10%;">/</td><td style="text-align: center; width: 25%;">Y Y Y Y</td></tr><tr><td style="text-align: center;">1 0</td><td></td><td style="text-align: center;">1 4</td><td></td><td style="text-align: center;">2 0 0 9</td></tr></table></p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; height: 20px;"><tr><td style="text-align: center;">735.60</td></tr></table></p> <p><b>[MEMO ITEM]</b></p>	M M	/	D D	/	Y Y Y Y	1 0		1 4		2 0 0 9	735.60
M M	/	D D	/	Y Y Y Y								
1 0		1 4		2 0 0 9								
735.60												

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►	<table border="1" style="width: 100%; height: 20px;"><tr><td style="text-align: center;">0.00</td></tr></table>	0.00
0.00		
<b>TOTAL</b> This Period (last page this line number only) ..... ►	<table border="1" style="width: 100%; height: 20px;"><tr><td style="text-align: center;"> </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: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Boston Harbor Hotel <hr/> Mailing Address 70 Rivers Whart <hr/> City Boston State MA Zip Code 02110 <hr/> Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43981.48 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 385.30
	[MEMO ITEM]
	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) U.S. Capitol Historical Society <hr/> Mailing Address 200 Maryland Ave N.E. <hr/> City Washington State DC Zip Code 20000 <hr/> Purpose of Disbursement Gifts Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43981.49 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 35.00
	[MEMO ITEM]
	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Boston Harbor Hotel <hr/> Mailing Address 70 Rivers Whart <hr/> City Boston State MA Zip Code 02110 <hr/> Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43981.50 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 4839.91
	[MEMO ITEM]
	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 160

<input checked="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) Gallina's Pizza	Transaction ID: SB17.43981.51
	Mailing Address Market Street	Date of Disbursement 10 / 14 / 2009
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period 15.37
	Purpose of Disbursement Volunteer Exp	[MEMO ITEM]
	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) Sheetz	Transaction ID: SB17.43981.53
	Mailing Address 5700 Sixth Avenue	Date of Disbursement 10 / 14 / 2009
	City Altoona State PA Zip Code 16602	Amount of Each Disbursement this Period 20.80
	Purpose of Disbursement Travel	[MEMO ITEM]
	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) Sheetz	Transaction ID: SB17.43981.54
	Mailing Address 5700 Sixth Avenue	Date of Disbursement 10 / 14 / 2009
	City Altoona State PA Zip Code 16602	Amount of Each Disbursement this Period 10.50
	Purpose of Disbursement Travel	[MEMO ITEM]
	Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Sheetz

Transaction ID: SB17.43981.55  
Date of Disbursement

Mailing Address 5700 Sixth Avenue

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	9	

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

Purpose of Disbursement

Travel

--

43.00
-------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

B.

Full Name (Last, First, Middle Initial)  
House Gift Shop

Transaction ID: SB17.43981.56  
Date of Disbursement

Mailing Address 529 15th St NW

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	9	

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement

Gifts

--

3072.00
---------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

C.

Full Name (Last, First, Middle Initial)  
Credit Card Dept.

Transaction ID: SB17.43981.57  
Date of Disbursement

Mailing Address P.O. Box 0537

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	9	

City Indiana State PA Zip Code 15701-0537

Amount of Each Disbursement this Period

Purpose of Disbursement

Finance Charges

--

88.10
-------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

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)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sassy's Airport Restaurant	Transaction ID: SB17.43981.58	
	Mailing Address Airport Road	Date of Disbursement 10 / 14 / 2009	
	City Johnstown State PA Zip Code 15904	Amount of Each Disbursement this Period 89.74	
	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 [MEMO ITEM]	
<b>B.</b>	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB17.43981.59	
	Mailing Address Galleria Drive	Date of Disbursement 10 / 14 / 2009	
	City Johnstown State PA Zip Code 15904	Amount of Each Disbursement this Period 5.25	
	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 [MEMO ITEM]	
<b>C.</b>	Full Name (Last, First, Middle Initial) Sheetz	Transaction ID: SB17.43981.62	
	Mailing Address 5700 Sixth Avenue	Date of Disbursement 10 / 14 / 2009	
	City Altoona State PA Zip Code 16602	Amount of Each Disbursement this Period 32.00	
	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 [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)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) EM's Sub Shop  Mailing Address 1111 Scalp Avenue  City Johnstown State PA Zip Code 15904-3036  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: SB17.43981.63 Date of Disbursement 10 / 14 / 2009  Amount of Each Disbursement this Period 60.59  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) EM's Sub Shop  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: SB17.43981.64 Date of Disbursement 10 / 14 / 2009  Amount of Each Disbursement this Period 5.11  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) A T&T  Mailing Address P.O. Box 9001309  City Louisville State KY Zip Code 40290-1309  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: SB17.43981.67 Date of Disbursement 10 / 14 / 2009  Amount of Each Disbursement this Period 63.58  <b>[MEMO ITEM]</b>

**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)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) A T&T Mailing Address P.O. Box 9001309 City Louisville State KY Zip Code 40290-1309 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: SB17.43981.68 Date of Disbursement 10 / 14 / 2009 Amount of Each Disbursement this Period 31.79 [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) Co Go Mailing Address Scalp Avenue City Johnstown State PA Zip Code 15904 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: SB17.43981.69 Date of Disbursement 10 / 14 / 2009 Amount of Each Disbursement this Period 34.46 [MEMO ITEM]
<b>C.</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: SB17.43981.70 Date of Disbursement 10 / 14 / 2009 Amount of Each Disbursement this Period 44.00 [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)

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Giant Eagle</p> <p>Mailing Address Scalp Avenue</p> <p>City Johnstown State PA Zip Code 15904</p> <p>Purpose of Disbursement Campaign Office Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.43981.71</p> <p>Date of Disbursement</p> <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>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">21.26</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0	9	21.26
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	4		2	0	0	9													
21.26																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Fish Boat</p> <p>Mailing Address Main Street</p> <p>City Johnstown State PA Zip Code 15901</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.43981.72</p> <p>Date of Disbursement</p> <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>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">33.55</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0	9	33.55
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	4		2	0	0	9													
33.55																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Get Go</p> <p>Mailing Address 3143 Natl Pike Road</p> <p>City Richeyville State PA Zip Code 15358</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.43981.73</p> <p>Date of Disbursement</p> <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>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">27.00</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0	9	27.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	4		2	0	0	9													
27.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Giant Eagle  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: SB17.43981.74 Date of Disbursement 10 / 14 / 2009  Amount of Each Disbursement this Period 398.94  [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: SB17.43981.78 Date of Disbursement 10 / 14 / 2009  Amount of Each Disbursement this Period 0.20  [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Credit Card Dept.  Mailing Address 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: SB17.44132 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 11541.54

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11541.54
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Distad's BP</p> <p>Mailing Address 823 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003</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><b>Transaction ID:</b> SB17.44132.0</p> <p>Date of Disbursement 11 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 8.75</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Coffee Whiz.Com</p> <p>Mailing Address 221 Church Street</p> <p>City Philadelphia State PA Zip Code 19107</p> <p>Purpose of Disbursement Campaign Office 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><b>Transaction ID:</b> SB17.44132.1</p> <p>Date of Disbursement 11 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 165.25</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Distad's BP</p> <p>Mailing Address 823 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003</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><b>Transaction ID:</b> SB17.44132.3</p> <p>Date of Disbursement 11 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 29.50</p> <p><b>[MEMO ITEM]</b></p>

**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)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sunoco  Mailing Address 1735 Market Street  City Philadelphia State PA Zip Code 19103-7583 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: SB17.44132.4 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 31.50  [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) Distad's BP  Mailing Address 823 Pennsylvania Ave SE  City Washington State DC Zip Code 20003 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: SB17.44132.5 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 8.00  [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) Distad's BP  Mailing Address 823 Pennsylvania Ave SE  City Washington State DC Zip Code 20003 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: SB17.44132.7 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 18.05  [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)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Athena Pallas  Mailing Address 556 22nd Street  City Arlington State VA Zip Code 22202  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: SB17.44132.8 Date of Disbursement 11 / 10 / 2009	Amount of Each Disbursement this Period 74.46  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) On Star  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: SB17.44132.9 Date of Disbursement 11 / 10 / 2009	Amount of Each Disbursement this Period 28.90  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Athena Pallas  Mailing Address 556 22nd Street  City Arlington State VA Zip Code 22202  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: SB17.44132.10 Date of Disbursement 11 / 10 / 2009	Amount of Each Disbursement this Period 75.46  <b>[MEMO ITEM]</b>

**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)

<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 and 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

A.	Full Name (Last, First, Middle Initial) National First Ladies Library  Mailing Address 331 Market Avenue South  City Canton State OH Zip Code 44702  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: SB17.44132.11 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 244.70  [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: SB17.44132.12 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 42.62  [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Sunoco  Mailing Address 1735 Market Street  City Philadelphia State PA Zip Code 19103-7583  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: SB17.44132.13 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 44.01  [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Angelos Restaurant <hr/> Mailing Address 955 W Chestnut Street <hr/> City Washington State PA Zip Code 15301 <hr/> Purpose of Disbursement Meeting Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44132.15 Date of Disbursement 11 / 10 / 2009	Amount of Each Disbursement this Period 25.17 [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) Sheetz <hr/> Mailing Address 5700 Sixth Avenue <hr/> City Altoona State PA Zip Code 16602 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44132.16 Date of Disbursement 11 / 10 / 2009	Amount of Each Disbursement this Period 44.12 [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) Sheetz <hr/> Mailing Address 5700 Sixth Avenue <hr/> City Altoona State PA Zip Code 16602 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44132.17 Date of Disbursement 11 / 10 / 2009	Amount of Each Disbursement this Period 22.44 [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)

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Get Go <hr/> Mailing Address 3143 Natl Pike Road <hr/> City Richeyville State PA Zip Code 15358 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44132.18 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 49.64
	[MEMO ITEM]
	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Sheetz <hr/> Mailing Address 5700 Sixth Avenue <hr/> City Altoona State PA Zip Code 16602 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44132.20 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 34.67
	[MEMO ITEM]
	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Co Go <hr/> Mailing Address Scalp Avenue <hr/> City Johnstown State PA Zip Code 15904 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44132.22 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 33.49
	[MEMO ITEM]
	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Get Go  Mailing Address 3143 Natl Pike Road  City Richeyville State PA Zip Code 15358 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: SB17.44132.23 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 31.71  [MEMO ITEM]
<b>B.</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: SB17.44132.24 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 12.36  [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) On Star  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: SB17.44132.25 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 28.90  [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

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

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.44132.26  
Date of Disbursement

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

Amount of Each Disbursement this Period

59.78
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[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.44132.27  
Date of Disbursement

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

Amount of Each Disbursement this Period

15.00
-------

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
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: SB17.44132.28  
Date of Disbursement

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

Amount of Each Disbursement this Period

6.19
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[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)

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Homewood Suites <hr/> Mailing Address 4850 Leesburg Pike <hr/> City Alexandria State VA Zip Code 22302 <hr/> Purpose of Disbursement Lodging Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.44132.29 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 253.97
	[MEMO ITEM]
	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Ruby Tuesday <hr/> Mailing Address 150 W Church Avenue <hr/> City Maryville State TN Zip Code 37801 <hr/> Purpose of Disbursement Meeting Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.44132.31 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 62.53
	[MEMO ITEM]
	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Staples <hr/> Mailing Address Galleria Drive <hr/> City Johnstown State PA Zip Code 15904 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.44132.33 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 48.71
	[MEMO ITEM]
	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Get Go Mailing Address 3143 Natl Pike Road City Richeyville State PA Zip Code 15358 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: SB17.44132.34 Date of Disbursement 11 / 10 / 2009 Amount of Each Disbursement this Period 51.50 [MEMO ITEM]	
<b>B.</b>	Full Name (Last, First, Middle Initial) Sassy's Airport Restaurant 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: SB17.44132.35 Date of Disbursement 11 / 10 / 2009 Amount of Each Disbursement this Period 28.00 [MEMO ITEM]	
<b>C.</b>	Full Name (Last, First, Middle Initial) Co Go Mailing Address Scalp Avenue City Johnstown State PA Zip Code 15904 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: SB17.44132.36 Date of Disbursement 11 / 10 / 2009 Amount of Each Disbursement this Period 44.25 [MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Co Go  Mailing Address Scalp Avenue  City Johnstown State PA Zip Code 15904  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: SB17.44132.37 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 26.32  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Giant Eagle  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: SB17.44132.39 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 23.54  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) KFC  Mailing Address 526 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: SB17.44132.40 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 15.19  <b>[MEMO ITEM]</b>

**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)

<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)  
Giant Eagle

Transaction ID: SB17.44132.41  
Date of Disbursement

Mailing Address Scalp Avenue

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

City Johnstown State PA Zip Code 15904

Amount of Each Disbursement this Period

26.49
-------

Purpose of Disbursement  
Campaign Office Exp  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Sheetz

Transaction ID: SB17.44132.43  
Date of Disbursement

Mailing Address 5700 Sixth Avenue

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

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

28.50
-------

Purpose of Disbursement  
Travel  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Giant Eagle

Transaction ID: SB17.44132.44  
Date of Disbursement

Mailing Address Scalp Avenue

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

City Johnstown State PA Zip Code 15904

Amount of Each Disbursement this Period

24.16
-------

Purpose of Disbursement  
Campaign Office Exp  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

[MEMO ITEM]

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

0.00
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TOTAL This Period (last page this line number only) ..... ►

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Sheetz

Transaction ID: SB17.44132.46  
Date of Disbursement

Mailing Address 5700 Sixth Avenue

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

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

Purpose of Disbursement

Travel

39.25
-------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

[MEMO ITEM]

State: District:

B.

Full Name (Last, First, Middle Initial)  
Hoss's

Transaction ID: SB17.44132.47  
Date of Disbursement

Mailing Address Theatre Drive

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

City Johnstown State PA Zip Code 15904

Amount of Each Disbursement this Period

Purpose of Disbursement

Meeting Exp

307.70
--------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

[MEMO ITEM]

State: District:

C.

Full Name (Last, First, Middle Initial)  
Gallina's Pizza

Transaction ID: SB17.44132.48  
Date of Disbursement

Mailing Address Market Street

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

City Johnstown State PA Zip Code 15901

Amount of Each Disbursement this Period

Purpose of Disbursement

Meeting Exp

22.00
-------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

[MEMO ITEM]

State: District:

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

0.00
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TOTAL This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Gallina's Pizza				<b>Transaction ID:</b> SB17.44132.49 <b>Date of Disbursement</b> 11 / 10 / 2009			
Mailing Address Market Street				Amount of Each Disbursement this Period 7.69			
City Johnstown		State PA		Zip Code 15901		[MEMO ITEM]	
Purpose of Disbursement Meeting Exp Candidate Name				Category/Type			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:		[MEMO ITEM]	
<b>B.</b> Full Name (Last, First, Middle Initial) Giant Eagle				<b>Transaction ID:</b> SB17.44132.51 <b>Date of Disbursement</b> 11 / 10 / 2009			
Mailing Address Scalp Avenue				Amount of Each Disbursement this Period 86.59			
City Johnstown		State PA		Zip Code 15904		[MEMO ITEM]	
Purpose of Disbursement Campaign Office Exp Candidate Name				Category/Type			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:		[MEMO ITEM]	
<b>C.</b> Full Name (Last, First, Middle Initial) Giant Eagle				<b>Transaction ID:</b> SB17.44132.52 <b>Date of Disbursement</b> 11 / 10 / 2009			
Mailing Address Scalp Avenue				Amount of Each Disbursement this Period 31.16			
City Johnstown		State PA		Zip Code 15904		[MEMO ITEM]	
Purpose of Disbursement Campaign Office Exp Candidate Name				Category/Type			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:		[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)

<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)  
Co Go

Transaction ID: SB17.44132.54  
Date of Disbursement

Mailing Address Scalp Avenue

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

City Johnstown State PA Zip Code 15904

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel

--

30.50
-------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

B.

Full Name (Last, First, Middle Initial)  
Sheetz

Transaction ID: SB17.44132.55  
Date of Disbursement

Mailing Address 5700 Sixth Avenue

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

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel

--

19.09
-------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

C.

Full Name (Last, First, Middle Initial)  
Giant Eagle

Transaction ID: SB17.44132.56  
Date of Disbursement

Mailing Address Scalp Avenue

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

City Johnstown State PA Zip Code 15904

Amount of Each Disbursement this Period

Purpose of Disbursement  
Campaign Office Exp

--

84.53
-------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

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

0.00
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TOTAL This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</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: SB17.44132.57 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 40.50  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Giant Eagle  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: SB17.44132.58 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 31.78  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Get Go  Mailing Address 3143 Natl Pike Road  City Richeyville State PA Zip Code 15358  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: SB17.44132.59 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 31.50  <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB17.44132.60  
Date of Disbursement

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

Amount of Each Disbursement this Period

37.41
-------

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB17.44132.61  
Date of Disbursement

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

Amount of Each Disbursement this Period

82.21
-------

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Sunoco

Mailing Address 1735 Market Street

City Philadelphia State PA Zip Code 19103-7583

Purpose of Disbursement Travel  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB17.44132.63  
Date of Disbursement

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

Amount of Each Disbursement this Period

22.00
-------

[MEMO ITEM]

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

0.00
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TOTAL This Period (last page this line number only) ..... ►

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Lowe's <hr/> Mailing Address 630 Solomon Run Road <hr/> City Johnstown State PA Zip Code 15904 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.44132.66 Date of Disbursement 11 / 10 / 2009
	Amount of Each Disbursement this Period 147.94
	[MEMO ITEM]
	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Get Go <hr/> Mailing Address 3143 Natl Pike Road <hr/> City Richeyville State PA Zip Code 15358 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.44132.67 Date of Disbursement 11 / 10 / 2009
	Amount of Each Disbursement this Period 46.25
	[MEMO ITEM]
	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Symon's Auto Wash <hr/> Mailing Address Menoher Blvd <hr/> City Johnstown State PA Zip Code 15905 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.44132.68 Date of Disbursement 11 / 10 / 2009
	Amount of Each Disbursement this Period 14.75
	[MEMO ITEM]
	Category/Type

**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)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) EM's Sub Shop  Mailing Address 1111 Scalp Avenue  City Johnstown State PA Zip Code 15904-3036  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: SB17.44132.69 Date of Disbursement 11 / 10 / 2009	Amount of Each Disbursement this Period 56.58  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Exxonmobile  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: SB17.44132.71 Date of Disbursement 11 / 10 / 2009	Amount of Each Disbursement this Period 5.17  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Gallina's Pizza  Mailing Address Market 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: SB17.44132.72 Date of Disbursement 11 / 10 / 2009	Amount of Each Disbursement this Period 9.46  <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Sunoco  Mailing Address 1735 Market Street  City Philadelphia State PA Zip Code 19103-7583  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: SB17.44132.73 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 20.00  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) 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  Office Sought: <input type="checkbox"/> House <input 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: SB17.44132.74 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 15.00  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) U.S. Postal Service  Mailing Address Locust & Franklin Streets  City Johnstown State PA Zip Code 15901  Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.44132.75 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 220.00  <b>[MEMO ITEM]</b>

**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)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Keurig at Home  Mailing Address 101 Edgewater  City Wakefield State MA Zip Code 01880  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: SB17.44132.76 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 238.00  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Sheetz  Mailing Address 5700 Sixth Avenue  City Altoona State PA Zip Code 16602  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: SB17.44132.79 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 10.50  <b>[MEMO ITEM]</b>
<b>C.</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: SB17.44132.80 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 40.00  <b>[MEMO ITEM]</b>

**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)

<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)  
U.S. Capitol Historical Society

Mailing Address 200 Maryland Ave N.E.

City Washington State DC Zip Code 20000

Purpose of Disbursement  
Gifts

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.44132.81  
Date of Disbursement

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

Amount of Each Disbursement this Period

1104.95
---------

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
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: SB17.44132.82  
Date of Disbursement

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

Amount of Each Disbursement this Period

45.37
-------

[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

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.44132.83  
Date of Disbursement

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

Amount of Each Disbursement this Period

45.01
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[MEMO ITEM]

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

0.00
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TOTAL This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Sheetz	<b>Transaction ID:</b> SB17.44132.84	
	Mailing Address 5700 Sixth Avenue	Date of Disbursement 11 / 10 / 2009	
	City Altoona State PA Zip Code 16602	Amount of Each Disbursement this Period 16.98	
	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 [MEMO ITEM]	
<b>B.</b>	Full Name (Last, First, Middle Initial) Sheetz	<b>Transaction ID:</b> SB17.44132.86	
	Mailing Address 5700 Sixth Avenue	Date of Disbursement 11 / 10 / 2009	
	City Altoona State PA Zip Code 16602	Amount of Each Disbursement this Period 14.01	
	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) ▼	Category/Type [MEMO ITEM]	
<b>C.</b>	Full Name (Last, First, Middle Initial) Sheetz	<b>Transaction ID:</b> SB17.44132.87	
	Mailing Address 5700 Sixth Avenue	Date of Disbursement 11 / 10 / 2009	
	City Altoona State PA Zip Code 16602	Amount of Each Disbursement this Period 25.00	
	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 [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)

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) The Fish Boat</p> <p>Mailing Address Main Street</p> <p>City Johnstown State PA Zip Code 15901</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.44132.88</p> <p>Date of Disbursement</p> <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>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">26.87</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0	9	26.87
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	0	/	2	0	0	9													
26.87																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) AMTRAK</p> <p>Mailing Address 60 Massachusetts Avenue</p> <p>City Washington State DC Zip Code 20002</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.44132.91</p> <p>Date of Disbursement</p> <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>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">194.00</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0	9	194.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	0	/	2	0	0	9													
194.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) AMTRAK</p> <p>Mailing Address 60 Massachusetts Avenue</p> <p>City Washington State DC Zip Code 20002</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.44132.92</p> <p>Date of Disbursement</p> <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>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">194.00</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0	9	194.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	0	/	2	0	0	9													
194.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<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

<b>A.</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: SB17.44132.93 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 10.37  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) First Commonwealth Bank  Mailing Address 1047 Franklin Street 8th Ward Office  City Johnstown State PA Zip Code 15905  Purpose of Disbursement Refund, Finance Chrg 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: SB17.44132.94 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period -88.10  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Gallina's Pizza  Mailing Address Market 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: SB17.44132.95 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 9.63  <b>[MEMO ITEM]</b>

**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)

<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

<b>A.</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: SB17.44132.96 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 25.00  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Symon's Auto Wash  Mailing Address Menoher Blvd  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: SB17.44132.97 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 20.75  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Symon's Auto Wash  Mailing Address Menoher Blvd  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: SB17.44132.98 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 20.75  <b>[MEMO ITEM]</b>

**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)

<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) Keurig at Home	Transaction ID: SB17.44132.100 Date of Disbursement 11 / 10 / 2009
	Mailing Address 101 Edgewater	Amount of Each Disbursement this Period 215.14
	City Wakefield State MA Zip Code 01880	
	Purpose of Disbursement Campaign Office Exp 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) Sheetz	Transaction ID: SB17.44132.101 Date of Disbursement 11 / 10 / 2009
	Mailing Address 5700 Sixth Avenue	Amount of Each Disbursement this Period 30.38
	City Altoona State PA Zip Code 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) ▼
C.	Full Name (Last, First, Middle Initial) Sheetz	Transaction ID: SB17.44132.102 Date of Disbursement 11 / 10 / 2009
	Mailing Address 5700 Sixth Avenue	Amount of Each Disbursement this Period 24.10
	City Altoona State PA Zip Code 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) ▼

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)

<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)  
Sheetz

Transaction ID: SB17.44132.103  
Date of Disbursement

Mailing Address 5700 Sixth Avenue

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

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

Purpose of Disbursement

Travel

--

39.50
-------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

[MEMO ITEM]

State: District:

B.

Full Name (Last, First, Middle Initial)  
U.S. Postal Service

Transaction ID: SB17.44132.104  
Date of Disbursement

Mailing Address Locust & Franklin Streets

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

City Johnstown State PA Zip Code 15901

Amount of Each Disbursement this Period

Purpose of Disbursement

Postage

--

644.00
--------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

[MEMO ITEM]

State: District:

C.

Full Name (Last, First, Middle Initial)  
U.S. Postal Service

Transaction ID: SB17.44132.105  
Date of Disbursement

Mailing Address Locust & Franklin Streets

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

City Johnstown State PA Zip Code 15901

Amount of Each Disbursement this Period

Purpose of Disbursement

Postage

--

4840.00
---------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

[MEMO ITEM]

State: District:

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

0.00
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Credit Card Dept.  Mailing Address 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: SB17.44406 Date of Disbursement 12 / 16 / 2009  Amount of Each Disbursement this Period 4614.69  Category/Type
<b>B.</b>	Full Name (Last, First, Middle Initial) 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  Office Sought: <input type="checkbox"/> House <input 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: SB17.44406.0 Date of Disbursement 12 / 16 / 2009  Amount of Each Disbursement this Period 39.85  [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) 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  Office Sought: <input type="checkbox"/> House <input 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: SB17.44406.1 Date of Disbursement 12 / 16 / 2009  Amount of Each Disbursement this Period 50.65  [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4614.69
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.44406.2

Date of Disbursement

12 / 16 / 2009

Amount of Each Disbursement this Period

28.90

[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

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.44406.5

Date of Disbursement

12 / 16 / 2009

Amount of Each Disbursement this Period

53.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Sassy's Airport Restaurant

Mailing Address Airport Road

City Johnstown State PA Zip Code 15904

Purpose of Disbursement

Meeting Exp

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.44406.6

Date of Disbursement

12 / 16 / 2009

Amount of Each Disbursement this Period

40.88

[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)

PAGE 101 / 160

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) On Star  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: SB17.44406.7 Date of Disbursement 12 / 16 / 2009	Amount of Each Disbursement this Period 28.90  [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) Holiday Inn  Mailing Address 3 Ravinia Drive  City Atlanta State GA Zip Code 30346-2149  Purpose of Disbursement Meeting 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: SB17.44406.8 Date of Disbursement 12 / 16 / 2009	Amount of Each Disbursement this Period 665.58  [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) Distad's BP  Mailing Address 823 Pennsylvania Ave SE  City Washington State DC Zip Code 20003  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: SB17.44406.10 Date of Disbursement 12 / 16 / 2009	Amount of Each Disbursement this Period 25.00  [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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<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Distad's BP  Mailing Address 823 Pennsylvania Ave SE  City Washington State DC Zip Code 20003 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: SB17.44406.12 Date of Disbursement 12 / 16 / 2009	Amount of Each Disbursement this Period 20.00  [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) Safeway Store  Mailing Address 1201 E Street NW  City Washington State DC Zip Code 20240 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: SB17.44406.13 Date of Disbursement 12 / 16 / 2009	Amount of Each Disbursement this Period 47.31  [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) Texaco Inc  Mailing Address 2000 Westchester Avenue  City White Plains State NY Zip Code 10650 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: SB17.44406.14 Date of Disbursement 12 / 16 / 2009	Amount of Each Disbursement this Period 12.25  [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)

<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) Coffee Whiz.Com  Mailing Address 221 Church Street  City Philadelphia State PA Zip Code 19107 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: SB17.44406.15 Date of Disbursement 12 / 16 / 2009  Amount of Each Disbursement this Period 212.28  [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) U.S. House Member's Dining  Mailing Address H 118 U.S. Capitol  City Washington State DC Zip Code 20515 Purpose of Disbursement Meeting 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: SB17.44406.16 Date of Disbursement 12 / 16 / 2009  Amount of Each Disbursement this Period 102.40  [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Distad's BP  Mailing Address 823 Pennsylvania Ave SE  City Washington State DC Zip Code 20003 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: SB17.44406.17 Date of Disbursement 12 / 16 / 2009  Amount of Each Disbursement this Period 10.00  [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)

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Get Go <hr/> Mailing Address 3143 Natl Pike Road <hr/> City Richeyville State PA Zip Code 15358 Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44406.18 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 36.00
	[MEMO ITEM]
	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Get Go <hr/> Mailing Address 3143 Natl Pike Road <hr/> City Richeyville State PA Zip Code 15358 Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44406.21 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 36.00
	[MEMO ITEM]
	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Get Go <hr/> Mailing Address 3143 Natl Pike Road <hr/> City Richeyville State PA Zip Code 15358 Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44406.22 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 30.00
	[MEMO ITEM]
	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Giant Eagle	Transaction ID: SB17.44406.23 Date of Disbursement 12 / 16 / 2009
	Mailing Address Scalp Avenue	Amount of Each Disbursement this Period 164.27
	City Johnstown State PA Zip Code 15904	
	Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) KFC	Transaction ID: SB17.44406.25 Date of Disbursement 12 / 16 / 2009
	Mailing Address 526 Main Street	Amount of Each Disbursement this Period 27.01
	City Johnstown State PA Zip Code 15901	
	Purpose of Disbursement Volunteer Exp Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Ernie Vallozzi's	Transaction ID: SB17.44406.26 Date of Disbursement 12 / 16 / 2009
	Mailing Address Route 30 E	Amount of Each Disbursement this Period 213.73
	City Greensburg State PA Zip Code 15601	
	Purpose of Disbursement Meeting Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Sheetz

Transaction ID: SB17.44406.27  
Date of Disbursement

Mailing Address 5700 Sixth Avenue

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

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel



Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

[MEMO ITEM]

State: District:

B.

Full Name (Last, First, Middle Initial)  
Giant Eagle

Transaction ID: SB17.44406.29  
Date of Disbursement

Mailing Address Scalp Avenue

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

City Johnstown State PA Zip Code 15904

Amount of Each Disbursement this Period

Purpose of Disbursement  
Campaign Office Exp



Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

[MEMO ITEM]

State: District:

C.

Full Name (Last, First, Middle Initial)  
EM's Sub Shop

Transaction ID: SB17.44406.30  
Date of Disbursement

Mailing Address 1111 Scalp Avenue

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

City Johnstown State PA Zip Code 15904-3036

Amount of Each Disbursement this Period

Purpose of Disbursement  
Volunteer Expense



Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

[MEMO ITEM]

State: District:

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)

<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) Get Go  Mailing Address 3143 Natl Pike Road  City Richeyville State PA Zip Code 15358  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: SB17.44406.31 Date of Disbursement 12 / 16 / 2009  Amount of Each Disbursement this Period 44.65  [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Get Go  Mailing Address 3143 Natl Pike Road  City Richeyville State PA Zip Code 15358  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: SB17.44406.33 Date of Disbursement 12 / 16 / 2009  Amount of Each Disbursement this Period 15.00  [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) A T&T  Mailing Address P.O. Box 9001309  City Louisville State KY Zip Code 40290-1309  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: SB17.44406.34 Date of Disbursement 12 / 16 / 2009  Amount of Each Disbursement this Period 31.79  [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)

<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) Get Go Mailing Address 3143 Natl Pike Road City Richeyville State PA Zip Code 15358 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: SB17.44406.37 Date of Disbursement 12 / 16 / 2009 Amount of Each Disbursement this Period 50.00 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) KFC Mailing Address 526 Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Meeting 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: SB17.44406.38 Date of Disbursement 12 / 16 / 2009 Amount of Each Disbursement this Period 27.01 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Giant Eagle 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: SB17.44406.39 Date of Disbursement 12 / 16 / 2009 Amount of Each Disbursement this Period 24.01 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Sheetz

Transaction ID: SB17.44406.41  
Date of Disbursement

Mailing Address 5700 Sixth Avenue

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

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

42.00
-------

Purpose of Disbursement  
Travel

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

B.

Full Name (Last, First, Middle Initial)  
The Fish Boat

Transaction ID: SB17.44406.45  
Date of Disbursement

Mailing Address Main Street

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

City Johnstown State PA Zip Code 15901

Amount of Each Disbursement this Period

38.85
-------

Purpose of Disbursement  
Meeting Expense

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

C.

Full Name (Last, First, Middle Initial)  
Get Go

Transaction ID: SB17.44406.46  
Date of Disbursement

Mailing Address 3143 Natl Pike Road

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

City Richeyville State PA Zip Code 15358

Amount of Each Disbursement this Period

39.00
-------

Purpose of Disbursement  
Travel

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

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

0.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Giant Eagle  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: SB17.44406.47 Date of Disbursement 12 / 16 / 2009  Amount of Each Disbursement this Period 79.21  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Get Go  Mailing Address 3143 Natl Pike Road  City Richeyville State PA Zip Code 15358  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: SB17.44406.48 Date of Disbursement 12 / 16 / 2009  Amount of Each Disbursement this Period 37.00  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Franco's  Mailing Address 308 Central Avenue  City Johnstown State PA Zip Code 15902  Purpose of Disbursement Meeting 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: SB17.44406.53 Date of Disbursement 12 / 16 / 2009  Amount of Each Disbursement this Period 73.38  <b>[MEMO ITEM]</b>

**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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<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Capri Pizza			Transaction ID: SB17.44406.55 Date of Disbursement 12 / 16 / 2009	
	Mailing Address Main Street			Amount of Each Disbursement this Period 15.70	
	City Johnstown	State PA	Zip Code 15901		
	Purpose of Disbursement Volunteer Expense			[MEMO ITEM]	
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>B.</b>	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.44406.57 Date of Disbursement 12 / 16 / 2009	
	Mailing Address 5700 Sixth Avenue			Amount of Each Disbursement this Period 178.20	
	City Altoona	State PA	Zip Code 16602		
	Purpose of Disbursement Travel			[MEMO ITEM]	
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>C.</b>	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.44406.58 Date of Disbursement 12 / 16 / 2009	
	Mailing Address 5700 Sixth Avenue			Amount of Each Disbursement this Period 30.00	
	City Altoona	State PA	Zip Code 16602		
	Purpose of Disbursement Travel			[MEMO ITEM]	
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) ..... ►

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)

<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

<b>A.</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: SB17.44406.59 Date of Disbursement 12 / 16 / 2009	Amount of Each Disbursement this Period 35.50 [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) Gallina's Pizza Mailing Address Market Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Volunteer 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: SB17.44406.60 Date of Disbursement 12 / 16 / 2009	Amount of Each Disbursement this Period 12.72 [MEMO ITEM]
<b>C.</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: SB17.44406.62 Date of Disbursement 12 / 16 / 2009	Amount of Each Disbursement this Period 37.00 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</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: SB17.44406.66 Date of Disbursement 12 / 16 / 2009  Amount of Each Disbursement this Period 25.65  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) House Gift Shop  Mailing Address 529 15th St NW  City Washington State DC Zip Code 20002  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: SB17.44406.67 Date of Disbursement 12 / 16 / 2009  Amount of Each Disbursement this Period 130.60  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) U.S. Postal Service  Mailing Address Locust & Franklin Streets  City Johnstown State PA Zip Code 15901  Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.44406.68 Date of Disbursement 12 / 16 / 2009  Amount of Each Disbursement this Period 334.40  <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</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: SB17.44406.70 Date of Disbursement 12 / 16 / 2009  Amount of Each Disbursement this Period 31.37  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Westin Hotels  Mailing Address 17 Chestnut Lane  City Philadelphia State PA Zip Code 19115  Purpose of Disbursement Fund Raiser Recept 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: SB17.44406.71 Date of Disbursement 12 / 16 / 2009  Amount of Each Disbursement this Period 500.00  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Giant Eagle  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: SB17.44406.72 Date of Disbursement 12 / 16 / 2009  Amount of Each Disbursement this Period 5.99  <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 115 / 160

<input checked="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) Gallina's Pizza	Transaction ID: SB17.44406.73 Date of Disbursement 12 / 16 / 2009
	Mailing Address Market Street	Amount of Each Disbursement this Period 16.47
	City Johnstown State PA Zip Code 15901	
	Purpose of Disbursement Volunteer Expense	[MEMO ITEM]
	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) Sheetz	Transaction ID: SB17.44406.74 Date of Disbursement 12 / 16 / 2009
	Mailing Address 5700 Sixth Avenue	Amount of Each Disbursement this Period 20.01
	City Altoona State PA Zip Code 16602	
	Purpose of Disbursement Travel	[MEMO ITEM]
	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) Gallina's Pizza	Transaction ID: SB17.44406.75 Date of Disbursement 12 / 16 / 2009
	Mailing Address Market Street	Amount of Each Disbursement this Period 23.14
	City Johnstown State PA Zip Code 15901	
	Purpose of Disbursement Volunteer Expense	[MEMO ITEM]
	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) ..... ▶

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)

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. ISP <hr/> Mailing Address P.O. Box 369 <hr/> City Indiana State PA Zip Code 15701 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44073 Date of Disbursement 10 / 21 / 2009
	Amount of Each Disbursement this Period 60.00
	Category/Type
	(Empty box for Category/Type)
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. ISP <hr/> Mailing Address P.O. Box 369 <hr/> City Indiana State PA Zip Code 15701 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44154 Date of Disbursement 11 / 18 / 2009
	Amount of Each Disbursement this Period 60.00
	Category/Type
	(Empty box for Category/Type)
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. ISP <hr/> Mailing Address P.O. Box 369 <hr/> City Indiana State PA Zip Code 15701 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44410 Date of Disbursement 12 / 16 / 2009
	Amount of Each Disbursement this Period 60.00
	Category/Type
	(Empty box for Category/Type)

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	180.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Feeder Canal Building</p> <p>Mailing Address 647 Main Street 4th Floor</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.44069</p> <p>Date of Disbursement</p> <p><input type="text" value="10"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1463.18"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Feeder Canal Building</p> <p>Mailing Address 647 Main Street 4th Floor</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.44397</p> <p>Date of Disbursement</p> <p><input type="text" value="12"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1463.18"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) First Commonwealth Bank</p> <p>Mailing Address 1047 Franklin Street 8th Ward Office</p> <p>City Johnstown State PA Zip Code 15905</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.43946</p> <p>Date of Disbursement</p> <p><input type="text" value="10"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="840.72"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3767.08"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) 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  Office Sought: <input type="checkbox"/> House <input 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: SB17.44161 Date of Disbursement 10 / 31 / 2009  Amount of Each Disbursement this Period 172.48
B.	Full Name (Last, First, Middle Initial) 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  Office Sought: <input type="checkbox"/> House <input 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: SB17.44162 Date of Disbursement 10 / 31 / 2009  Amount of Each Disbursement this Period 98.04
C.	Full Name (Last, First, Middle Initial) 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  Office Sought: <input type="checkbox"/> House <input 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: SB17.44455 Date of Disbursement 11 / 02 / 2009  Amount of Each Disbursement this Period 171.45

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>441.97</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) First Commonwealth Bank <hr/> Mailing Address 1047 Franklin Street 8th Ward Office <hr/> City Johnstown State PA Zip Code 15905 <hr/> Purpose of Disbursement Bank Charges Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44456 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 4.57
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) First Commonwealth Bank <hr/> Mailing Address 1047 Franklin Street 8th Ward Office <hr/> City Johnstown State PA Zip Code 15905 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44099 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 720.22
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) First Commonwealth Bank <hr/> Mailing Address 1047 Franklin Street 8th Ward Office <hr/> City Johnstown State PA Zip Code 15905 <hr/> Purpose of Disbursement Bank Charges Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44457 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 78.88
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

803.67

**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:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) 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  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.44380 Date of Disbursement 12 / 02 / 2009  Amount of Each Disbursement this Period 925.71	
<b>B.</b>	Full Name (Last, First, Middle Initial) 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  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.44463 Date of Disbursement 12 / 31 / 2009  Amount of Each Disbursement this Period 67.05	
<b>C.</b>	Full Name (Last, First, Middle Initial) First National Bank of PA  Mailing Address 534 Main Street  City Johnstown State PA Zip Code 15901  Purpose of Disbursement Loan Pymt Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.43940 Date of Disbursement 10 / 07 / 2009  Amount of Each Disbursement this Period 937.32	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>1930.08</b>	
<b>TOTAL</b> This Period (last page this line number only) .....			



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)  
First National Bank of PA

Transaction ID: SB17.44101  
Date of Disbursement

Mailing Address 534 Main Street

<sup>M</sup> 1	<sup>M</sup> 1	/	<sup>D</sup> 0	<sup>D</sup> 4	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 9	<sup>Y</sup> 9
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

City Johnstown State PA Zip Code 15901

Amount of Each Disbursement this Period

937.32
--------

Purpose of Disbursement  
Loan Pymt

--

Candidate Name

Category/ Type
-------------------

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
First National Bank of PA

Transaction ID: SB17.44382  
Date of Disbursement

Mailing Address 534 Main Street

<sup>M</sup> 1	<sup>M</sup> 2	/	<sup>D</sup> 0	<sup>D</sup> 2	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 9	<sup>Y</sup> 9
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

City Johnstown State PA Zip Code 15901

Amount of Each Disbursement this Period

937.32
--------

Purpose of Disbursement  
Loan Pymt

--

Candidate Name

Category/ Type
-------------------

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
First Natl Bank of PA

Transaction ID: SB17.44078  
Date of Disbursement

Mailing Address P O Box 703769

<sup>M</sup> 1	<sup>M</sup> 0	/	<sup>D</sup> 2	<sup>D</sup> 1	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 9	<sup>Y</sup> 9
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

City Dallas State TX Zip Code 75370

Amount of Each Disbursement this Period

924.64
--------

Purpose of Disbursement  
Loan Payment

--

Candidate Name

Category/ Type
-------------------

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

2799.28
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TOTAL This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
First Natl Bank of PA

Transaction ID: SB17.44424  
Date of Disbursement

Mailing Address P O Box 703769

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	9	9

City Dallas State TX Zip Code 75370

Amount of Each Disbursement this Period

924.64
--------

Purpose of Disbursement  
Loan Pymt

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
First Natl Bank of PA

Transaction ID: SB17.44434  
Date of Disbursement

Mailing Address P O Box 703769

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

City Dallas State TX Zip Code 75370

Amount of Each Disbursement this Period

924.64
--------

Purpose of Disbursement  
Loan Pymt

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Flower Barn

Transaction ID: SB17.43974  
Date of Disbursement

Mailing Address Millcreek at Bucknell

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	9	9

City Johnstown State PA Zip Code 15905

Amount of Each Disbursement this Period

59.36
-------

Purpose of Disbursement  
Floral Arrangements

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

1908.64
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Flower Barn  Mailing Address Millcreek at Bucknell  City Johnstown State PA Zip Code 15905  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: SB17.44418 Date of Disbursement 11 / 25 / 2009  Amount of Each Disbursement this Period 87.98
B.	Full Name (Last, First, Middle Initial) Flower Barn  Mailing Address Millcreek at Bucknell  City Johnstown State PA Zip Code 15905  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: SB17.44429 Date of Disbursement 12 / 23 / 2009  Amount of Each Disbursement this Period 217.30
C.	Full Name (Last, First, Middle Initial) Gtr Johnstown Chamber of Commerce  Mailing Address 111 Market St  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: SB17.43960 Date of Disbursement 10 / 07 / 2009  Amount of Each Disbursement this Period 65.00

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

**370.28**

**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 Page

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Gtr Johnstown Chamber of Commerce

Mailing Address 111 Market St

City Johnstown State PA Zip Code 15901

Purpose of Disbursement  
Dues

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.44388

Date of Disbursement

12 / 02 / 2009

Amount of Each Disbursement this Period

47.00

**B.** Full Name (Last, First, Middle Initial)  
Highmark Blue Cross - Blue Shield

Mailing Address P.O. Box 371477

City Pittsburgh State PA Zip Code 15250-7477

Purpose of Disbursement  
Employee Benefits

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.44079

Date of Disbursement

10 / 28 / 2009

Amount of Each Disbursement this Period

156.60

**C.** Full Name (Last, First, Middle Initial)  
Highmark Blue Cross - Blue Shield

Mailing Address P.O. Box 371477

City Pittsburgh State PA Zip Code 15250-7477

Purpose of Disbursement  
Employee Benefits

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.44151

Date of Disbursement

11 / 18 / 2009

Amount of Each Disbursement this Period

156.60

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

360.20

**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)

<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)  
Highmark Blue Cross - Blue Shield

Mailing Address P.O. Box 371477

City Pittsburgh State PA Zip Code 15250-7477

Purpose of Disbursement  
Employee Benefits

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.44438

Date of Disbursement

12 / 29 / 2009

Amount of Each Disbursement this Period

156.60

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

Mailing Address 399 Liberty Avenue

City Johnstown State PA Zip Code 15905

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.43941

Date of Disbursement

10 / 02 / 2009

Amount of Each Disbursement this Period

86.06

**C.** Full Name (Last, First, Middle Initial)  
David Howard

Mailing Address 399 Liberty Avenue

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: SB17.44423

Date of Disbursement

11 / 25 / 2009

Amount of Each Disbursement this Period

25.00

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

267.66

**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 126 / 160

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Howard  Mailing Address 399 Liberty Avenue  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) ▼	Transaction ID: SB17.44392 Date of Disbursement 12 / 08 / 2009  Amount of Each Disbursement this Period 2372.10  Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) David Howard  Mailing Address 399 Liberty Avenue  City Johnstown State PA Zip Code 15905  Purpose of Disbursement Travel & Tips 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: SB17.44404 Date of Disbursement 12 / 09 / 2009  Amount of Each Disbursement this Period 199.00  Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Indiana Co Chamber of Commerce  Mailing Address 1019 Philadelphia Street  City Indiana State PA Zip Code 15701-1689  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: SB17.44421 Date of Disbursement 11 / 25 / 2009  Amount of Each Disbursement this Period 120.00  Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2691.10
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Indiana Gazette <hr/> Mailing Address P.O. Box 10 <hr/> City Indiana State PA Zip Code 15701 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44111 Date of Disbursement 11 / 04 / 2009
	Amount of Each Disbursement this Period 189.07
	Category/ Type
	Disbursement For:
<b>B.</b> Full Name (Last, First, Middle Initial) Johnstown Branch NAACP <hr/> Mailing Address P.O. Box 1064 <hr/> City Johnstown State PA Zip Code 15907 <hr/> Purpose of Disbursement Tickets & Adv Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.43964 Date of Disbursement 10 / 07 / 2009
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Disbursement For:
<b>C.</b> Full Name (Last, First, Middle Initial) Johnstown Oldtimers <hr/> Mailing Address P.O. Box 277 <hr/> City Johnstown State PA Zip Code 15907 <hr/> Purpose of Disbursement Tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44077 Date of Disbursement 10 / 21 / 2009
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For:

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

539.07

**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)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Theresa Lehman <hr/> Mailing Address 1258 Frances Street <hr/> City Johnstown State PA Zip Code 15904 <hr/> Purpose of Disbursement Wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.44149 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>1</td><td>1</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">49.45</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	8	/	2	0	0	9	49.45
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	1	8	/	2	0	0	9														
49.45																							
<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Catherine Voytko <hr/> Mailing Address 920 Fronheiser Street <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43943 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>1</td><td>0</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">62.92</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	7	/	2	0	0	9	62.92
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	0	7	/	2	0	0	9														
62.92																							
<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Catherine Voytko <hr/> Mailing Address 920 Fronheiser Street <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.44096 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>1</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">62.92</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	4	/	2	0	0	9	62.92
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	4	/	2	0	0	9														
62.92																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<table border="1"> <tr> <td style="font-size: 1.2em;">175.29</td> </tr> </table>	175.29
175.29		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td style="height: 20px;"> </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:  
(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

<b>A.</b> Full Name (Last, First, Middle Initial) Mary Catherine Voytko <hr/> Mailing Address 920 Fronheiser Street <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44377 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 62.92
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) McAneny Brothers, Inc. <hr/> Mailing Address 470 Industrial Park Road <hr/> City Ebensburg State PA Zip Code 15931-4114 <hr/> Purpose of Disbursement Gifts Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44432 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 508.73
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Erin Moffat <hr/> Mailing Address 1156 Bedford Street <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.43944 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 9
	Amount of Each Disbursement this Period 1047.53
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1619.18
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 130 / 160

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Erin Moffat  Mailing Address 1156 Bedford 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) ▼	<b>Transaction ID:</b> SB17.44068 <b>Date of Disbursement</b> 10 / 21 / 2009	Amount of Each Disbursement this Period 1047.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Erin Moffat  Mailing Address 1156 Bedford 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) ▼	<b>Transaction ID:</b> SB17.44097 <b>Date of Disbursement</b> 11 / 04 / 2009	Amount of Each Disbursement this Period 1047.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Erin Moffat  Mailing Address 1156 Bedford 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) ▼	<b>Transaction ID:</b> SB17.44148 <b>Date of Disbursement</b> 11 / 18 / 2009	Amount of Each Disbursement this Period 1047.53

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

**3142.59**

**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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<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

<b>A.</b> Full Name (Last, First, Middle Initial) Erin Moffat <hr/> Mailing Address 1156 Bedford Street <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.44378 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1047.53
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Erin Moffat <hr/> Mailing Address 1156 Bedford Street <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.44390 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 2337.60
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Erin Moffat <hr/> Mailing Address 1156 Bedford Street <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.44405 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1047.53
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4432.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Erin Moffat Mailing Address 1156 Bedford 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) ▼	<b>Transaction ID:</b> SB17.44437 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9	Amount of Each Disbursement this Period 1047.53
<b>B.</b>	Full Name (Last, First, Middle Initial) National Democratic Club Mailing Address 30 Ivy Street S.E. City Washington State DC Zip Code 20003-4071 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) ▼	<b>Transaction ID:</b> SB17.44114 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9	Amount of Each Disbursement this Period 1209.64
<b>C.</b>	Full Name (Last, First, Middle Initial) NGP Software Inc 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) ▼	<b>Transaction ID:</b> SB17.43978 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 9	Amount of Each Disbursement this Period 3450.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5707.17
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Olivera Music Entertainment

Transaction ID: SB17.44425  
Date of Disbursement

Mailing Address 42960 Deer Chase Place

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

City Ashburn State VA Zip Code 20147-4005

Amount of Each Disbursement this Period

725.00
--------

Purpose of Disbursement  
Fund Raiser Recpt Exp

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
PA Dept. of Revenue

Transaction ID: SB17.43945  
Date of Disbursement

Mailing Address Dept. 280401

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	9	

City Harrisburg State PA Zip Code 17128-0401

Amount of Each Disbursement this Period

95.87
-------

Purpose of Disbursement  
PA SIT W/H

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
PA Dept. of Revenue

Transaction ID: SB17.44095  
Date of Disbursement

Mailing Address Dept. 280401

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

City Harrisburg State PA Zip Code 17128-0401

Amount of Each Disbursement this Period

926.77
--------

Purpose of Disbursement  
Use Tax

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

1747.64
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TOTAL This Period (last page this line number only) .....

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# 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 134 / 160

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) 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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.44098 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9	Amount of Each Disbursement this Period 85.73
<b>B.</b>	Full Name (Last, First, Middle Initial) 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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.44379 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 9	Amount of Each Disbursement this Period 122.99
<b>C.</b>	Full Name (Last, First, Middle Initial) 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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.43969 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 9	Amount of Each Disbursement this Period 35.76

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>244.48</b>
<b>TOTAL</b> This Period (last page this line number only) .....		

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Penelec  Mailing Address PO Box 3687  City Akron State OH Zip Code 44309-3687  Purpose of Disbursement Utilities Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.44085 <b>Date of Disbursement</b> 10 / 28 / 2009  Amount of Each Disbursement this Period 155.57	
<b>B.</b>	Full Name (Last, First, Middle Initial) Penelec  Mailing Address PO Box 3687  City Akron State OH Zip Code 44309-3687  Purpose of Disbursement Utilities Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.44419 <b>Date of Disbursement</b> 11 / 25 / 2009  Amount of Each Disbursement this Period 89.36	
<b>C.</b>	Full Name (Last, First, Middle Initial) Penelec  Mailing Address PO Box 3687  City Akron State OH Zip Code 44309-3687  Purpose of Disbursement Utilities Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.44442 <b>Date of Disbursement</b> 12 / 29 / 2009  Amount of Each Disbursement this Period 92.16	

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

**337.09**

**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 Page

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Penn National Insurance <hr/> Mailing Address P.O. Box 13746 <hr/> City Philadelphia State PA Zip Code 19101-3746 Purpose of Disbursement Vehicle Insurance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.43939 <b>Date of Disbursement</b> 10 / 07 / 2009
	Amount of Each Disbursement this Period 839.00
	Category/Type
	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street <hr/> City Johnstown State PA Zip Code 15901 Purpose of Disbursement Travel, Tickets, Camp Office Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.43947 <b>Date of Disbursement</b> 10 / 07 / 2009
	Amount of Each Disbursement this Period 95.35
	Category/Type
	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street <hr/> City Johnstown State PA Zip Code 15901 Purpose of Disbursement Tickets & Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.43973 <b>Date of Disbursement</b> 10 / 14 / 2009
	Amount of Each Disbursement this Period 99.10
	Category/Type
	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1033.45
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement See Detail Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44102 Date of Disbursement 11 / 04 / 2009 <hr/> Amount of Each Disbursement this Period 99.77 <hr/> Category/Type
B.	Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Meeting Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44102.0 Date of Disbursement 11 / 04 / 2009 <hr/> Amount of Each Disbursement this Period 11.00 <hr/> Category/Type [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44102.1 Date of Disbursement 11 / 04 / 2009 <hr/> Amount of Each Disbursement this Period 69.00 <hr/> Category/Type [MEMO ITEM]

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

99.77

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)

<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) Petty Cash <hr/> Mailing Address 647 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Volunteer Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44102.2 Date of Disbursement 11 / 04 / 2009 <hr/> Amount of Each Disbursement this Period 4.77 <hr/> [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44102.3 Date of Disbursement 11 / 04 / 2009 <hr/> Amount of Each Disbursement this Period 5.00 <hr/> [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44102.4 Date of Disbursement 11 / 04 / 2009 <hr/> Amount of Each Disbursement this Period 10.00 <hr/> [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement See Detail Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44381 Date of Disbursement 12 / 02 / 2009 <hr/> Amount of Each Disbursement this Period 99.20
B.	Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Tickets Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44381.0 Date of Disbursement 12 / 02 / 2009 <hr/> Amount of Each Disbursement this Period 52.00  [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Travel Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44381.1 Date of Disbursement 12 / 02 / 2009 <hr/> Amount of Each Disbursement this Period 23.99  [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	99.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44381.2 Date of Disbursement 12 / 02 / 2009 <hr/> Amount of Each Disbursement this Period 5.30 <hr/> [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Volunteer Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44381.3 Date of Disbursement 12 / 02 / 2009 <hr/> Amount of Each Disbursement this Period 9.51 <hr/> [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Meeting Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44381.4 Date of Disbursement 12 / 02 / 2009 <hr/> Amount of Each Disbursement this Period 8.40 <hr/> [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)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Travel, Tickets, Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44393 Date of Disbursement 12 / 09 / 2009 <hr/> Amount of Each Disbursement this Period 100.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement See Detail Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.44407 Date of Disbursement 12 / 16 / 2009 <hr/> Amount of Each Disbursement this Period 95.26
<b>C.</b>	Full Name (Last, First, Middle Initial) Reschini Agency Inc <hr/> Mailing Address 922 Philadelphia St <hr/> City Indiana State PA Zip Code 15701 <hr/> Purpose of Disbursement Insurance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: SB17.43975 Date of Disbursement 10 / 14 / 2009 <hr/> Amount of Each Disbursement this Period 5050.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5245.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Robert C. Ondick, CPA, PC

Transaction ID: SB17.43949  
Date of Disbursement

Mailing Address 551 Main Street, Suite 120

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	0	9

City Johnstown State PA Zip Code 15901

Amount of Each Disbursement this Period

Purpose of Disbursement  
Accounting Services

Category/ Type
-------------------

2500.00
---------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Robert C. Ondick, CPA, PC

Transaction ID: SB17.44115  
Date of Disbursement

Mailing Address 551 Main Street, Suite 120

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	0	9

City Johnstown State PA Zip Code 15901

Amount of Each Disbursement this Period

Purpose of Disbursement  
Accounting Service

Category/ Type
-------------------

2500.00
---------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Robert C. Ondick, CPA, PC

Transaction ID: SB17.44401  
Date of Disbursement

Mailing Address 551 Main Street, Suite 120

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

City Johnstown State PA Zip Code 15901

Amount of Each Disbursement this Period

Purpose of Disbursement  
Accounting Services

Category/ Type
-------------------

2500.00
---------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

7500.00
---------

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Robert C. Ondick, CPA, PC

Transaction ID: SB17.44408  
Date of Disbursement

Mailing Address 551 Main Street, Suite 120

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

City Johnstown State PA Zip Code 15901

Amount of Each Disbursement this Period

874.69
--------

Purpose of Disbursement  
Campaign Office Exp, Postage  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Rouse's Flower & Garden Center

Transaction ID: SB17.43955  
Date of Disbursement

Mailing Address 3903 Bigler Avenue

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	0	9

City Northern Cambria State PA Zip Code 16714

Amount of Each Disbursement this Period

58.30
-------

Purpose of Disbursement  
Floral Arrangements  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Dorothy Rudzik

Transaction ID: SB17.44157  
Date of Disbursement

Mailing Address 2126 Connecticut N.W.  
Suite 41

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	0	9

City Washington State DC Zip Code 20008-1729

Amount of Each Disbursement this Period

850.00
--------

Purpose of Disbursement  
Fund Raiser Recpt Exp  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

1782.99
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
State Workers Ins. Fund

Transaction ID: SB17.43959  
Date of Disbursement

Mailing Address 100 Lackawanna Avenue  
P.O. Box 5100

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	0	9

City Scranton State PA Zip Code 18505-5100

Amount of Each Disbursement this Period

376.00
--------

Purpose of Disbursement  
Insurance

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Susan O'Neill & Assoc.

Transaction ID: SB17.44087  
Date of Disbursement

Mailing Address 5910 Gloster Road

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	0	9

City Bethesda State MD Zip Code 20816

Amount of Each Disbursement this Period

4166.67
---------

Purpose of Disbursement  
Public Relations Expense

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Susan O'Neill & Assoc.

Transaction ID: SB17.44422  
Date of Disbursement

Mailing Address 5910 Gloster Road

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	0	9

City Bethesda State MD Zip Code 20816

Amount of Each Disbursement this Period

4166.67
---------

Purpose of Disbursement  
Public Relations Exp

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

8709.34
---------

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

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# 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 145 / 160

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Susan O'Neill &amp; Assoc.</p> <p>Mailing Address 5910 Gloster Road</p> <p>City Bethesda State MD Zip Code 20816</p> <p>Purpose of Disbursement Public Relations Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.44443</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4166.67"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Thomas Automotive Family</p> <p>Mailing Address 750 Eisenhower Blvd.</p> <p>City Johnstown State PA Zip Code 15904</p> <p>Purpose of Disbursement Vehicle Repairs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.43957</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="104.94"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Thomas Automotive Family</p> <p>Mailing Address 750 Eisenhower Blvd.</p> <p>City Johnstown State PA Zip Code 15904</p> <p>Purpose of Disbursement Vehicle Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.44140</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="47.89"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="4319.50"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
U.S. Capitol Historical Society

Mailing Address 200 Maryland Ave N.E.

City Washington State DC Zip Code 20000

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: SB17.44141  
Date of Disbursement

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

Amount of Each Disbursement this Period

6173.35
---------

B.

Full Name (Last, First, Middle Initial)  
UPS

Mailing Address P.O. Box 7247-0244

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement  
Freight  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17.43953  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	0	9

Amount of Each Disbursement this Period

35.09
-------

C.

Full Name (Last, First, Middle Initial)  
UPS

Mailing Address P.O. Box 7247-0244

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement  
Freight  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17.44074  
Date of Disbursement

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

Amount of Each Disbursement this Period

78.91
-------

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

6287.35

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)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) UPS 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) ▼	<b>Transaction ID:</b> SB17.44082 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 9	Amount of Each Disbursement this Period 107.95
<b>B.</b>	Full Name (Last, First, Middle Initial) UPS 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) ▼	<b>Transaction ID:</b> SB17.44109 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9	Amount of Each Disbursement this Period 69.94
<b>C.</b>	Full Name (Last, First, Middle Initial) UPS 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) ▼	<b>Transaction ID:</b> SB17.44137 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 9	Amount of Each Disbursement this Period 66.40

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	244.29
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) UPS 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: SB17.44152 Date of Disbursement 11 / 18 / 2009	Amount of Each Disbursement this Period 55.18
B.	Full Name (Last, First, Middle Initial) UPS 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: SB17.44386 Date of Disbursement 12 / 02 / 2009	Amount of Each Disbursement this Period 48.30
C.	Full Name (Last, First, Middle Initial) UPS 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: SB17.44395 Date of Disbursement 12 / 09 / 2009	Amount of Each Disbursement this Period 29.64

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

133.12

**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)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) UPS 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) ▼	<b>Transaction ID:</b> SB17.44411 Date of Disbursement 12 / 16 / 2009	Amount of Each Disbursement this Period 101.93
<b>B.</b>	Full Name (Last, First, Middle Initial) UPS 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) ▼	<b>Transaction ID:</b> SB17.44431 Date of Disbursement 12 / 23 / 2009	Amount of Each Disbursement this Period 89.46
<b>C.</b>	Full Name (Last, First, Middle Initial) UPS 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) ▼	<b>Transaction ID:</b> SB17.44440 Date of Disbursement 12 / 29 / 2009	Amount of Each Disbursement this Period 138.47

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

**329.86**

**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)

<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) 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  Office Sought: <input type="checkbox"/> House <input 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: SB17.43951 Date of Disbursement 10 / 07 / 2009	Amount of Each Disbursement this Period 8.43
B.	Full Name (Last, First, Middle Initial) 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  Office Sought: <input type="checkbox"/> House <input 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: SB17.44136 Date of Disbursement 11 / 10 / 2009	Amount of Each Disbursement this Period 8.43
C.	Full Name (Last, First, Middle Initial) 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  Office Sought: <input type="checkbox"/> House <input 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: SB17.44400 Date of Disbursement 12 / 09 / 2009	Amount of Each Disbursement this Period 8.43

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	25.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Valley Printing Mailing Address 667 Main Street City Johnstown State PA Zip Code 15901 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: SB17.44153 Date of Disbursement 11 / 18 / 2009	Amount of Each Disbursement this Period 4232.58
B.	Full Name (Last, First, Middle Initial) Valley Printing Mailing Address 667 Main Street City Johnstown State PA Zip Code 15901 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: SB17.44413 Date of Disbursement 12 / 16 / 2009	Amount of Each Disbursement this Period 89.04
C.	Full Name (Last, First, Middle Initial) Valley Printing Mailing Address 667 Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Fund Raiser Recpt 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: SB17.44415 Date of Disbursement 12 / 25 / 2009	Amount of Each Disbursement this Period 503.50

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4825.12
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Janet Vatauvuk  Mailing Address 1016 Berkey Road  City Windber State PA Zip Code 15963  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: SB17.44135 Date of Disbursement 11 / 10 / 2009	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Verizon  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: SB17.44103 Date of Disbursement 11 / 04 / 2009	Amount of Each Disbursement this Period 267.46
C.	Full Name (Last, First, Middle Initial) Verizon  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: SB17.44384 Date of Disbursement 12 / 02 / 2009	Amount of Each Disbursement this Period 271.72

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

1039.18

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)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Verizon  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: SB17.44439 Date of Disbursement 12 / 29 / 2009  Amount of Each Disbursement this Period 279.94
<b>B.</b>	Full Name (Last, First, Middle Initial) Ruth Villa  Mailing Address 126 Somerset Pike  City Jerome State PA Zip Code 15937  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: SB17.44391 Date of Disbursement 12 / 08 / 2009  Amount of Each Disbursement this Period 2372.10
<b>C.</b>	Full Name (Last, First, Middle Initial) Rita Wasnick  Mailing Address 428 Boyer St  City Johnstown State PA Zip Code 15906  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: SB17.44150 Date of Disbursement 11 / 18 / 2009  Amount of Each Disbursement this Period 500.00

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

**3152.04**

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

**119896.86**

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Cambria County Democratic Comm.

Transaction ID: SB21.44088

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	0	9

Mailing Address 104 S. Center Street  
P.O. Box 92

Amount of Each Disbursement this Period

1000.00
---------

City Ebensburg State PA Zip Code 15931

Purpose of Disbursement  
Contribution

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

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

Transaction ID: SB21.43967

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	0	9

Mailing Address 430 South Capitol Street SE  
2nd Floor

Amount of Each Disbursement this Period

12500.00
----------

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Excess Contribution

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

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

Transaction ID: SB21.44128

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	0	9

Mailing Address 430 South Capitol Street SE  
2nd Floor

Amount of Each Disbursement this Period

12500.00
----------

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Excess Contribution

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

26000.00
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TOTAL This Period (last page this line number only) ..... ▶

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**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 155 / 160

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) D.C.C.C.  Mailing Address 430 South Capitol Street SE 2nd Floor  City Washington State DC Zip Code 20003  Purpose of Disbursement Excess 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) ▼	<b>Transaction ID:</b> SB21.44557 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 2500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Fayette Co Democratic Comm.  Mailing Address C/O Fred Lebder 14 Judith Street  City Uniontown State PA Zip Code 15401  Purpose of Disbursement Donation Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21.44066 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 2500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Greene County Democratic Comm.  Mailing Address P.O. Box 493  City Waynesburg State PA Zip Code 15370  Purpose of Disbursement Tickets & Adv Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21.43963 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 365.00

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

**5365.00**

**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)

<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)  
Indiana Co. Democrat Comm.

Transaction ID: SB21.43983  
Date of Disbursement

Mailing Address Box 315

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	0	9

City Indiana State PA Zip Code 15701

Amount of Each Disbursement this Period

315.00
--------

Purpose of Disbursement

Tickets & Adv

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Johnstown Somerset Labor Counc.

Transaction ID: SB21.44147  
Date of Disbursement

Mailing Address P.O. Box 658

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	0	9

City Johnstown State PA Zip Code 15907-0658

Amount of Each Disbursement this Period

100.00
--------

Purpose of Disbursement

Contribution

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Judi Panasik

Transaction ID: SB21.44435  
Date of Disbursement

Mailing Address 35 Green Crescent Dr

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

City Washington State PA Zip Code 15301

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement

Contribution, Holiday Drive

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

915.00
--------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Washington Co. Demo Comm

Transaction ID: SB21.43980  
Date of Disbursement

Mailing Address 13 Grant Street

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	9

City State Zip Code  
Monongahela PA 15063

Amount of Each Disbursement this Period

1500.00
---------

Purpose of Disbursement  
Tickets & Adv

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Westmoreland Co Democratic Comm

Transaction ID: SB21.43962  
Date of Disbursement

Mailing Address 14 East Otterman Street

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	0	9

City State Zip Code  
Greensburg PA 15601

Amount of Each Disbursement this Period

400.00
--------

Purpose of Disbursement  
Tickets

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Women's Help Center

Transaction ID: SB21.43942  
Date of Disbursement

Mailing Address 809 Napoleon Street

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	0	9

City State Zip Code  
Johnstown PA 15901-2817

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

2900.00
---------

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

35180.00
----------

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> A T&T			Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 9001309			
City Louisville	State KY	ZIP Code 40290-1309	

Outstanding Balance Beginning This Period <input type="text" value="683.35"/>		<b>Transaction ID: SD10.43901</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="683.35"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> A T&T			Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 9001309			
City Louisville	State KY	ZIP Code 40290-1309	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.44472</b>	
Amount Incurred This Period <input type="text" value="536.08"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="536.08"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Feeder Canal Building			Nature of Debt (Purpose): Rent
Mailing Address 647 Main Street 4th Floor			
City Johnstown	State PA	ZIP Code 15901	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.44558</b>	
Amount Incurred This Period <input type="text" value="1463.18"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1463.18"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="1999.26"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor First National Bank of PA	Nature of Debt (Purpose): Vehicle
Mailing Address 534 Main Street	
City State ZIP Code Johnstown PA 15901	

Outstanding Balance Beginning This Period 14059.80	<b>Transaction ID:</b> SD10.41484	
Amount Incurred This Period 0.00	Payment This Period 2811.96	Outstanding Balance at Close of This Period 11247.84

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor First Natl Bank of PA	Nature of Debt (Purpose): Purchase Vehicle
Mailing Address P O Box 703769	
City State ZIP Code Dallas TX 75370	

Outstanding Balance Beginning This Period 12944.96	<b>Transaction ID:</b> SD10.41182	
Amount Incurred This Period 0.00	Payment This Period 2773.92	Outstanding Balance at Close of This Period 10171.04

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Penn National Insurance	Nature of Debt (Purpose): Insurance
Mailing Address P.O. Box 13746	
City State ZIP Code Philadelphia PA 19101-3746	

Outstanding Balance Beginning This Period 839.00	<b>Transaction ID:</b> SD10.43900	
Amount Incurred This Period 0.00	Payment This Period 839.00	Outstanding Balance at Close of This Period 0.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	21418.88
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> 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 160 / 160
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Penn National Insurance			Nature of Debt (Purpose): Insurance
Mailing Address P.O. Box 13746			
City Philadelphia	State PA	ZIP Code 19101-3746	

Outstanding Balance Beginning This Period		<b>Transaction ID: SD10.44473</b>	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
841.00	0.00	841.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	841.00
2) <b>TOTALS</b> This Period (last page this line number only).....	24259.14
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	24259.14