

**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** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00019075

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

PA

12

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☒

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2008

through

09

30

2008

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

10

14

2008

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

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

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

MURTHA FOR CONGRESS COMMITTEE

Report Covering the Period:

From:

M M  
0 7D D  
0 1Y Y Y Y  
2 0 0 8

To:

M M  
0 9D D  
3 0Y Y Y Y  
2 0 0 8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	469340.00	2097510.00
(b) Total Contribution Refunds (from Line 20(d)).....	12000.00	22000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	457340.00	2075510.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	460556.91	1744474.11
(b) Total Offsets to Operating Expenditures (from Line 14).....	90.00	10383.07
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	460466.91	1734091.04
8. Cash on Hand at Close of Reporting Period (from Line 27).....	590995.55	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	9104.18	

## 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)

Page 3

Write or Type Committee Name

MURTHA FOR CONGRESS COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

**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).....

330400.00

1392755.00

(ii) Unitemized.....

2690.00

41755.00

(iii) TOTAL of contributions

333090.00

1434510.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

136250.00

663000.00

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

469340.00

2097510.00

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.).....

90.00

10383.07

## 15. OTHER RECEIPTS

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

3235.54

27418.92

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

472665.54

2135311.99

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	460556.91	1744474.11
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.....	7800.00	12200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	4200.00	9800.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	12000.00	22000.00
21. OTHER DISBURSEMENTS.....	53356.77	370230.42
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	525913.68	2136704.53

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	644243.69
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	472665.54
25. SUBTOTAL (add Line 23 and Line 24).....	1116909.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	525913.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	590995.55

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

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

FOR LINE NUMBER: PAGE 5 / 302

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark Adams

Mailing Address 6258 Split Creek

City

Alexandria

State

VA

Zip Code

22312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Portal Dynamics

Occupation

President & CEO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: SA11AI.37811

Amount of Each Receipt this Period

250.00

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

**B.**

Full Name (Last, First, Middle Initial)

Daniel Addison

Mailing Address 2550 M St NW

City

Washington

State

DC

Zip Code

20037-1301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Patton Boggs LLP

Occupation

Partner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36717

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Brian Aiello

Mailing Address 1640 Oakleaf Lane

City

Pittsburgh

State

PA

Zip Code

15237

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ikon Public Affiars

Occupation

Sr Associate

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.36729

Amount of Each Receipt this Period

375.00

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

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

1125.00

**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 / 302

(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 Andahazy

Mailing Address 8 Prospect Bay Dr W

City

Grasonville

State

MD

Zip Code

21638

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ervin Tech Assoc.

Occupation  
Associate

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.37138

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

John Anuskeiwicz

Mailing Address 436 Marwood Road

City

Cabot

State

PA

Zip Code

16023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bacharach

Occupation  
Diesel Products Mgr

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36667

Amount of Each Receipt this Period

1500.00

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

**C.**

Full Name (Last, First, Middle Initial)

J. Gordon Arbuckle

Mailing Address 840 Pearl Street  
Ste A

City

Boulder

State

CO

Zip Code

80302-3601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Patton Boggs, LLP

Occupation  
Partner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37812

Amount of Each Receipt this Period

500.00

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

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

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 7 / 302

(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)

Micky Arison

Mailing Address 9999 Collins Avenue  
Apt 15GJ

City State Zip Code  
Bal Harbour FL 33154-1835

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carnival Corp

Occupation  
CEO

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36704

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Col. Gary Armistead

Mailing Address 1456 N. Lancaster St

City State Zip Code  
Arlington VA 22205-2225

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Autometric Inc.

Occupation  
Vice President

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt

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

Transaction ID: SA11AI.37814

Amount of Each Receipt this Period

2300.00

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

**C.**

Full Name (Last, First, Middle Initial)

Mr. Louis D. Astorino

Mailing Address 17 Holland Road

City State Zip Code  
Pittsburgh PA 15235

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
L.D. Astorino Companies

Occupation  
CEO

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

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

Transaction ID: SA11AI.37049

Amount of Each Receipt this Period

1000.00

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

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

**4300.00**

**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 / 302

(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)

Andrew Athy, Jr.

Mailing Address 1310 19th Street NW

City

Washington

State

DC

Zip Code

20037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
O'Neill, Athy & Casey

Occupation

Partner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37813

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Bryan Barbin

Mailing Address 300 Luzerne Street

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Gleason & Barbin PC

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.37139

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Margaret Barron

Mailing Address 133 Westland Drive

City

Pittsburgh

State

PA

Zip Code

15217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
West Penn Allegheny Health

Occupation

VP Legislative Affairs

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.36825

Amount of Each Receipt this Period

500.00

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

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

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 9 / 302

(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)

Kenneth Bayer

Mailing Address 206 Indlewood Dr

City

Pittsburgh

State

PA

Zip Code

15228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAIC

Occupation

Engineering

Receipt For: 2008

☐ Primary
☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.37141

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Scott Becker

Mailing Address 129 Laurel Way

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Conemaugh Health System

Occupation

CEO

Receipt For: 2008

☐ Primary
☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	6	/	2	0	0	8

Transaction ID: SA11AI.36776

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Mr. G. Nicholas Beckwith, III

Mailing Address 1 Little Lane

City

Pittsburgh

State

PA

Zip Code

15215-1552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beckwith Machinery Co.

Occupation

CEO &amp; President

Receipt For: 2008

☐ Primary
☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.37050

Amount of Each Receipt this Period

1000.00

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

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

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 10 / 302

(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)

Mike Benninger

Mailing Address 133 Benninger Road

City State Zip Code  
**Smithfield PA 15478**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wilson Frame Benninger

Occupation  
**Attorney**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

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

**Transaction ID: SA11AI.37274**

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mildred Bittman

Mailing Address 1419 Coventry Court

City State Zip Code  
**Johnstown PA 15905**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
**Retired**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt

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

**Transaction ID: SA11AI.37143**

Amount of Each Receipt this Period

1500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Blank

Mailing Address 3106 W. Coulter Street

City State Zip Code  
**Philadelphia PA 19129**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Drexel University

Occupation  
**Sr VP for Research**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 7 / 0 2 / 2 0 0 8**

**Transaction ID: SA11AI.36795**

Amount of Each Receipt this Period

500.00

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

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

**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 11 / 302

(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)

Daniel I. Booker

Mailing Address 429 Denniston Ave.

City

Pittsburgh

State

PA

Zip Code

15206-4441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Reed Smith LLPOccupation  
Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37051

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Robert A. Jr. Borski

Mailing Address 4015 Fitler St.

City

Philadelphia

State

PA

Zip Code

19114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Borski Assoc, LLCOccupation  
Member

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	0	8

Transaction ID: SA11AI.36765

Amount of Each Receipt this Period

1500.00

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

Full Name (Last, First, Middle Initial)

Robert A. Jr. Borski

Mailing Address 4015 Fitler St.

City

Philadelphia

State

PA

Zip Code

19114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Borski Assoc, LLCOccupation  
Member

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	8

Transaction ID: SA11AI.37945

Amount of Each Receipt this Period

800.00

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

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

3300.00

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 / 302

(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)

Beau Boulter

Mailing Address 6932 Fairfax Drive #204

City

Arlington

State

VA

Zip Code

22213-1030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Consultant

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36669

Amount of Each Receipt this Period

1500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Beau Boulter

Mailing Address 6932 Fairfax Drive #204

City

Arlington

State

VA

Zip Code

22213-1030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Consultant

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

Date of Receipt

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

Transaction ID: SA11AI.37052

Amount of Each Receipt this Period

800.00

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

**C.**

Full Name (Last, First, Middle Initial)

Rosemary Boulter

Mailing Address 6932-204 N Fairfax Dr

City

Arlington

State

VA

Zip Code

22213-1030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
Homemaker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: SA11AI.37816

Amount of Each Receipt this Period

1000.00

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

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

3300.00

**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 / 302

(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)

Arthur J. Boyle

Mailing Address Box 400

City

Laughlintown

State

PA

Zip Code

15655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37055

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Mr. William Boyle

Mailing Address 2809 Central Avenue

City

Alexandria

State

VA

Zip Code

22302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fibergate, Inc.

Occupation

Vice President

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

5800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	0	8

Transaction ID: SA11AI.36670

Amount of Each Receipt this Period

1500.00

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

Full Name (Last, First, Middle Initial)

John Bozic

Mailing Address 1531 Field Club Dr

City

Pittsburgh

State

PA

Zip Code

15237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pittsburgh Gateways Corp

Occupation

Consultant

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.37104

Amount of Each Receipt this Period

1000.00

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

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

3500.00

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 / 302

(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. Robert Bozzone

Mailing Address 311 Hillcrest Drive

City

Lower Burrell

State

PA

Zip Code

15068-2318

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allegheny Technologies

Occupation  
Chairman

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37057

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Jeanie Brandt

Mailing Address 1504 N Lancaster Street

City

Arlington

State

VA

Zip Code

22205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Home Design Gallery

Occupation  
Designer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: SA11AI.37815

Amount of Each Receipt this Period

2300.00

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

**C.**

Full Name (Last, First, Middle Initial)

Patrick Brier

Mailing Address 242 Vassar Avenue

City

Clarks Green

State

PA

Zip Code

18411

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Stevens & Lee, P.C.

Occupation  
Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: SA11AI.37817

Amount of Each Receipt this Period

1000.00

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

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

4300.00

**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 15 / 302

(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. Michael Brosig

Mailing Address 240 Theatre Drive

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Laurel Holdings Inc.

Occupation

Management

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Date of Receipt

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

Transaction ID: SA11AI.37058

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Kelly Brown, Jr.

Mailing Address 12700 Springfield Court

City

Dunkirk

State

MD

Zip Code

20754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EM Solutions

Occupation

CEO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2750.00

Date of Receipt

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

Transaction ID: SA11AI.37820

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Robert Brown

Mailing Address 1337 Carpers Farm Way

City

Vienna

State

VA

Zip Code

22182-1348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EM Solutions

Occupation

President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2650.00

Date of Receipt

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

Transaction ID: SA11AI.37821

Amount of Each Receipt this Period

1000.00

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

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

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 16 / 302

(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)

Ruth Brunotte

Mailing Address 3685 Deer Springs Dr

City State Zip Code  
**Rochester MI 48306**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/a

Occupation  
Homemaker

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

**08 / 26 / 2008**

**Transaction ID: SA11AI.37147**

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Louis Bucelli

Mailing Address 3016 W Coulter St

City State Zip Code  
**Philadelphia PA 19129**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Drexel University

Occupation  
Sr VP of Research

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

**07 / 02 / 2008**

**Transaction ID: SA11AI.36796**

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Richard Burkert

Mailing Address 309 Palliser Street

City State Zip Code  
**Johnstown PA 15905**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Johnstown Area Heritage  
Assoc

Occupation  
Executive Dir.

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt

**07 / 08 / 2008**

**Transaction ID: SA11AI.36789**

Amount of Each Receipt this Period

100.00

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

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

**1100.00**

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



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

FOR LINE NUMBER: PAGE 17 / 302

(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. Jack Calandra

Mailing Address 64 Country Club Road

City

Cresson

State

PA

Zip Code

16630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Calandra, Inc.

Occupation

President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.37445

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Joe Carlin

Mailing Address 21921 Bellair Court

City

Ashburn

State

VA

Zip Code

20147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Argon St

Occupation

Vice President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	0	8

Transaction ID: SA11AI.36705

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Karen Quinn Carr

Mailing Address 2249 Turk Road

City

Doylestown

State

PA

Zip Code

18901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coherent

Occupation

Director Marketing

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.37151

Amount of Each Receipt this Period

2300.00

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

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

4300.00

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 / 302

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Dennis Carroll

Mailing Address 6138 Barcelona Ct

City

Alta Loma

State

CA

Zip Code

91701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Raytheon

Occupation

VP

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.37152

Amount of Each Receipt this Period

300.00

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

**B.**

Full Name (Last, First, Middle Initial)

Gabrielle Carruth

Mailing Address 6749 Rock Brook Drive

City

Clifton

State

VA

Zip Code

20124-2525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Argon ST

Occupation

VP Govt Relations

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36671

Amount of Each Receipt this Period

1500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Ms Martha Casey

Mailing Address 1310 19th Street NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
O'Neill Athy & Casey

Occupation

Partner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36672

Amount of Each Receipt this Period

1500.00

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

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

3300.00

**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 / 302

(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)

Mrs. Loretta Cassidy

Mailing Address 1209 Stuart Robeson Dr

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.37818

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Thomas Caufield

Mailing Address 1021 Haverford Street

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VLP VCI

Occupation

Regional Director

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.37156

Amount of Each Receipt this Period

300.00

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

**C.**

Full Name (Last, First, Middle Initial)

Scott Caulfield

Mailing Address One Independence Pl

City

Philadelphia

State

PA

Zip Code

19106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WolfBlock LLP

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.37154

Amount of Each Receipt this Period

500.00

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

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

1800.00

**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 / 302

(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. Nicholas G. Cavarocchi

Mailing Address 817 G Street, SW

City

WASHINGTON

State

DC

Zip Code

20024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cavarocchi Puscio Dennis  
LLC

Occupation

Partner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2200.00

Date of Receipt

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

Transaction ID: SA11AI.37822

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mr. Nicholas Chabreja

Mailing Address 917 Douglass Drive

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
General Dynamics Corp

Occupation

Chairman & CEO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.36731

Amount of Each Receipt this Period

2300.00

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

**C.**

Full Name (Last, First, Middle Initial)

Stephen E. Chaudet

Mailing Address 2168 21st Court N

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lockheed Martin

Occupation

V.P.

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.36732

Amount of Each Receipt this Period

1000.00

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

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

4300.00

**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 / 302

(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)

Robert J. Cindrich

Mailing Address 154 St Ives Way

City

Zelienople

State

PA

Zip Code

16063

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UPMC

Occupation  
Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.37059

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jared Cohon

Mailing Address 5563 Northumberland Street

City

Pittsburgh

State

PA

Zip Code

15217-1163

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carnegie Mellon University

Occupation  
President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.37060

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Mr. Cordis Colburn

Mailing Address 2609 S Juen Street

City

Arlington

State

VA

Zip Code

22202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
General Dynamics

Occupation  
Government Relations

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

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

Transaction ID: SA11AI.37823

Amount of Each Receipt this Period

1000.00

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

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

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 / 302

(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)

Alisann Collins

Mailing Address 6713 Bellamy Ave

City

Springfield

State

VA

Zip Code

22152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.37824

Amount of Each Receipt this Period

2300.00

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

**B.**

Full Name (Last, First, Middle Initial)

Terry Collins

Mailing Address 613 Bellamy Avenue

City

Springfield

State

VA

Zip Code

22152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Argon Street

Occupation

President & Chairman

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: SA11AI.37825

Amount of Each Receipt this Period

2300.00

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

**C.**

Full Name (Last, First, Middle Initial)

Shannon Colosimo

Mailing Address 171 Minor Rd.

City

Summerhill

State

PA

Zip Code

15958

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Portage Chiropractic

Occupation

X Ray Tech.

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.37161

Amount of Each Receipt this Period

2300.00

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

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

6900.00

**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 / 302

(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)

Timothy Colosimo

Mailing Address 171 Minor Rd

City

Summerhill

State

PA

Zip Code

15958

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kuchera Ind.

Occupation

Circuit Board Assem.

Receipt For: 2300

☐ Primary ☐ General☒ Other (specify) ▼  
08-25-08

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.37162

Amount of Each Receipt this Period

2300.00

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

Full Name (Last, First, Middle Initial)

Lt.Gen John Conaway

Mailing Address 420 Canal Way West

City

Bethany Beach

State

DE

Zip Code

19930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Conaway Group LLC

Occupation

President / CEO

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

3750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	6	/	2	0	0	8

Transaction ID: SA11AI.36777

Amount of Each Receipt this Period

750.00

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

Full Name (Last, First, Middle Initial)

Lt.Gen John Conaway

Mailing Address 420 Canal Way West

City

Bethany Beach

State

DE

Zip Code

19930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Conaway Group LLC

Occupation

President / CEO

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

4250.00

Date of Receipt

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

Transaction ID: SA11AI.37826

Amount of Each Receipt this Period

500.00

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

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

3550.00

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 24 / 302

(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)

Rita Conway-Rooney

Mailing Address 17 Loew Circle

City

Milton

State

MA

Zip Code

02186-1043

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
Housewife

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.37105

Amount of Each Receipt this Period

2000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mr. I. Michael Coslov

Mailing Address 327 Grays Lane

City

Haverford

State

PA

Zip Code

19041

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tube City Inc.

Occupation  
Chairman

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37061

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Lou Crocco

Mailing Address 122 Palliser Street

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Duane Morris Govt Affairs

Occupation  
Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.37165

Amount of Each Receipt this Period

500.00

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

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

3500.00

**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 / 302

(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 Cupp

Mailing Address 2653 Shelly Drive

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ardiem Medical Inc

Occupation

President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.37827

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Kathryn Dahlberg

Mailing Address 9014 Captains Row

City

Alexandria

State

VA

Zip Code

22308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

Transaction ID: SA11AI.37047

Amount of Each Receipt this Period

2000.00

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

Full Name (Last, First, Middle Initial)

Brian D. Dailey

Mailing Address 1401 N. Oak Street  
Ste 906

City

Arlington

State

VA

Zip Code

22209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lockheed Martin

Occupation

Sr. VP

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37037

Amount of Each Receipt this Period

1000.00

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

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

4000.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 302

(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)

Sandra Danoff

Mailing Address 7506 Trevanion Avenue

City

Pittsburgh

State

PA

Zip Code

15218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ. of Pitts. Medical  
Center

Occupation

Sr Assoc to Pres.

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37062

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

John J. Deschauer, Jr.

Mailing Address 8624 Woodview Dr.

City

Springfield

State

VA

Zip Code

22153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Patton Boggs LLP

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36718

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

John J. Deschauer, Jr.

Mailing Address 8624 Woodview Dr.

City

Springfield

State

VA

Zip Code

22153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Patton Boggs LLP

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.37828

Amount of Each Receipt this Period

500.00

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

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

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 27 / 302

(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)

Mrs. Diana Diamond

Mailing Address 4700 Brandywine Street, NW

City

Washington

State

DC

Zip Code

20016-4450

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36673

Amount of Each Receipt this Period

1500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Diana Diamond

Mailing Address 4700 Brandywine Street, NW

City

Washington

State

DC

Zip Code

20016-4450

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.37829

Amount of Each Receipt this Period

800.00

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

**C.**

Full Name (Last, First, Middle Initial)

Darryl Diorio

Mailing Address 141 Boswell Road

City

New Florence

State

PA

Zip Code

15944

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Gautier Steel

Occupation

President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.37119

Amount of Each Receipt this Period

500.00

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

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

2800.00

**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 28 / 302

(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 Disepio

Mailing Address 491 A Old Nassau Road

City

Monroe Twp

State

NJ

Zip Code

08831

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Consultant

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.36798

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

H. Lee Dixon

Mailing Address 2542 Vale Court

City

Davidsonville

State

MD

Zip Code

21035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Robinson Intl

Occupation  
Director Govt Relations

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36674

Amount of Each Receipt this Period

1500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Terence Downing

Mailing Address 316 S Nohl Canyon Rd

City

Anaheim Hills

State

CA

Zip Code

92807

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CMA Co

Occupation  
Owner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37063

Amount of Each Receipt this Period

1000.00

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

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

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 29 / 302

(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)

Lawrence Duncan, III

Mailing Address 5985 Searl Terrance

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lockheed Martin

Occupation

Govt Relations

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37038

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Michael Dunn

Mailing Address 1668 Tire Hill Rd

City

Davidsville

State

PA

Zip Code

15928

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Windber Research Inst.

Occupation

Chief Medl Officer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.36783

Amount of Each Receipt this Period

1500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Marty E. Sr. Dupont

Mailing Address 2800 Holland Ct

City

Alexandria

State

VA

Zip Code

22306

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ETA

Occupation

VP, Govt Relations

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36675

Amount of Each Receipt this Period

1500.00

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

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

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 30 / 302

(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)

Suzanne Dutton

Mailing Address 11920 E Settlers Trail

City State Zip Code  
**Tucson AZ 85749**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Raytheon Naval Weapons

Occupation  
 Executive

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

Date of Receipt

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

**Transaction ID: SA11AI.37173**

Amount of Each Receipt this Period

250.00

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

**B.**

Full Name (Last, First, Middle Initial)

John Fagan

Mailing Address 1327 Red Oak Drive

City State Zip Code  
**Chalfont PA 18914**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self

Occupation  
 Attorney

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 2000.00

Date of Receipt

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

**Transaction ID: SA11AI.37175**

Amount of Each Receipt this Period

2000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Megan Fagan

Mailing Address 1327 Red Oak Drive

City State Zip Code  
**Chalfont PA 18901**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 N/A

Occupation  
 Homemaker

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 2000.00

Date of Receipt

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

**Transaction ID: SA11AI.37177**

Amount of Each Receipt this Period

2000.00

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

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

**4250.00**

**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

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(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Charles F. Feldmayer

Mailing Address 4309 Southwood Dr

City

Alexandria

State

VA

Zip Code

22309

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Talley Defense Systems

Occupation

Dir. of Mkt & Govt Affairs

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36706

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Allison Felix

Mailing Address 147 Arlington Street

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St Francis University

Occupation

Dir Science Outreach

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.36823

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Lawrence D. Field, III

Mailing Address 724 New Street

City

Roaring Spring

State

PA

Zip Code

16673

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dembert & Hoyne CPA

Occupation

Partner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.37207

Amount of Each Receipt this Period

500.00

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

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

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 32 / 302

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Vincent Fiorica

Mailing Address 106 Weaver Court

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Laurel UrologyOccupation  
Physician

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.36778

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Ken Fischer

Mailing Address 42 Saddle Ridge Rd

City

Sudbury

State

MA

Zip Code

01776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Schepens Eye Research InstOccupation  
COO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36676

Amount of Each Receipt this Period

1500.00

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

Full Name (Last, First, Middle Initial)

Donald Fix

Mailing Address 5 Wharf Street

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hyjik & Fix IncOccupation  
Partner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36678

Amount of Each Receipt this Period

1500.00

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

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

3500.00

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  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Timothy Fleischer

Mailing Address 9890 Gold Dust Court

City State Zip Code  
 Vienna VA 22180

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Portal Dynamics Inc.

Occupation  
Chairman

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.37831

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mary Frank

Mailing Address 445 Grand Bay Drive  
 #1211

City State Zip Code  
 Key Biscayne FL 33149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Homemaker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36707

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Royce E. Friedman

Mailing Address 10905 Hunter Station Road

City State Zip Code  
 Vienna VA 22181

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Homemaker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

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

Transaction ID: SA11AI.37830

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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

Use separate schedule(s)  
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(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. David Fyock

Mailing Address PO Box 5383

City

Johnstown

State

PA

Zip Code

15904-5383

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mountaintop Technologies

Occupation

Chairman / CEO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36679

Amount of Each Receipt this Period

1500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles Gillespie

Mailing Address 9 Promenade Pl.

City

Voorhees

State

NJ

Zip Code

08043

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Aramark Ins.

Occupation

Chairman

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.37108

Amount of Each Receipt this Period

2000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Howard Gilson

Mailing Address 131 South West Street

City

Doylestown

State

PA

Zip Code

18901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Argon ST

Occupation

Engineer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.37179

Amount of Each Receipt this Period

1000.00

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

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

4500.00

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

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

Use separate schedule(s)  
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☒ 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)

Gail Glander

Mailing Address 3526 Weston Drive

City

Racine

State

WI

Zip Code

53406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.37182

Amount of Each Receipt this Period

2300.00

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

**B.**

Full Name (Last, First, Middle Initial)

Patrick Glander

Mailing Address 3526 Weston Drive

City

Racine

State

WI

Zip Code

53406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
USF Holland

Occupation

Driver

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.37180

Amount of Each Receipt this Period

2300.00

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

**C.**

Full Name (Last, First, Middle Initial)

Judith L. Goldin

Mailing Address 420 7th Street NW  
#407

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.36787

Amount of Each Receipt this Period

1000.00

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

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

5600.00

**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 36 / 302

(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. Daniel K. Gordon

Mailing Address 12734 Knightsbridge Dr.

City State Zip Code  
**Woodbridge VA 22192**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ProLogic

Occupation  
President/COO

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 4600.00

Date of Receipt

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

Transaction ID: SA11AI.37832

Amount of Each Receipt this Period

2300.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Kathleen M. Gordon

Mailing Address 12734 Knightsbridge Dr.

City State Zip Code  
**Woodbridge VA 22192**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
Homemaker

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 4600.00

Date of Receipt

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

Transaction ID: SA11AI.37833

Amount of Each Receipt this Period

2300.00

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

**C.**

Full Name (Last, First, Middle Initial)

R. Paul Gray

Mailing Address 43389 Deepspring Ct

City State Zip Code  
**Ashburn VA 20147**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RPG LLC

Occupation  
Managing Member

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 2300.00

Date of Receipt

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

Transaction ID: SA11AI.37184

Amount of Each Receipt this Period

2300.00

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

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

**6900.00**

**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 37 / 302

(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 Gray, III

Mailing Address 5256 Fisher Island Dr

City

Miami Beach

State

FL

Zip Code

33109-0274

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Amani Group

Occupation  
Chairman

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36680

Amount of Each Receipt this Period

1500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Gary Green

Mailing Address 104 Gamma Drive

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Century 21

Occupation  
Owner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.37186

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Robert Greenberg

Mailing Address 20615 Deer Wood Park Drive

City

Leonardtown

State

MD

Zip Code

20650

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coherent

Occupation  
President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

Date of Receipt

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

Transaction ID: SA11AI.37188

Amount of Each Receipt this Period

2300.00

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

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

4300.00

**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 38 / 302

(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)

Ms Gretchen Haggerty

Mailing Address 97 Country Club Drive

City State Zip Code  
**Pittsburgh PA 15241**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Steel Corporation

Occupation  
VP Accounting & Finance

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

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

Transaction ID: SA11AI.37065

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Stephen M. Hahn

Mailing Address 21 Sweetbrair Lane

City State Zip Code  
**Glen Mills PA 19342**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University of PA

Occupation  
MD

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

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

Transaction ID: SA11AI.37834

Amount of Each Receipt this Period

250.00

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

**C.**

Full Name (Last, First, Middle Initial)

Marshall Harmon

Mailing Address 5847 Douglas Street

City State Zip Code  
**Pittsburgh PA 15217**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JL Lee Group Inc

Occupation  
VP

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 7 / 2 9 / 2 0 0 8**

Transaction ID: SA11AI.36818

Amount of Each Receipt this Period

1000.00

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

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

**2250.00**

**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 39 / 302

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Diane Harper

Mailing Address 901 N Monroe St  
Apt 605

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northrop Grumman

Occupation  
Govt Relations

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

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

Transaction ID: SA11AI.37836

Amount of Each Receipt this Period

250.00

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

**B.**

Full Name (Last, First, Middle Initial)

Scott Harshman

Mailing Address 217 Murdock Way

City State Zip Code  
Greensburg PA 15601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Harshman Consulting

Occupation  
Self Employed

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36712

Amount of Each Receipt this Period

800.00

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

**C.**

Full Name (Last, First, Middle Initial)

Mr. Craig Hartzell

Mailing Address 181 Old Cheat Road

City State Zip Code  
Morgantown WV 26507

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Azimuth Inc.

Occupation  
Senior VP

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

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

Transaction ID: SA11AI.37192

Amount of Each Receipt this Period

1000.00

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

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

2050.00

**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 40 / 302

(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)

Mrs Elaine Heiderheider

Mailing Address 909 Stanford Street

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.36819

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Wayne Hermandorfer

Mailing Address 12013 Seven Hills Lane

City

Clifton

State

VA

Zip Code

20124-2031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lockheed Martin

Occupation

VP

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.36734

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Elsie Hillman

Mailing Address Morewood Heights

City

Pittsburgh

State

PA

Zip Code

15213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.37573

Amount of Each Receipt this Period

1000.00

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

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

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 41 / 302

(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)

Jerry Hogenmiller

Mailing Address 1853 Taper Dr

City

Pittsburgh

State

PA

Zip Code

15241-2659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TR&C

Occupation

Managing Director

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37066

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Mr. Thomas Hoyne

Mailing Address 426 Fourth Street

City

Tyrone

State

PA

Zip Code

16686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dembert & Hoyne CPA's (Partnership)

Occupation

Partner

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.37204

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Michael Hruska

Mailing Address 2748 Jerome Hill Road

City

Hollisopple

State

PA

Zip Code

15937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Intelligent Security Tech

Occupation

President &amp; CEO

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.37193

Amount of Each Receipt this Period

1000.00

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

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

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 42 / 302

(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)

Wesley Hutchison

Mailing Address 1250 Morgan Road

City

Bridgeville

State

PA

Zip Code

15017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Associated Fund Mfnt

Occupation

Executive

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.37124

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steven Hyjek

Mailing Address 8615 Hampton Way

City

Fairfax Station

State

VA

Zip Code

22039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hyjek & Fix Inc.

Occupation

Partner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID: SA11AI.37838

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Barbara Isemann

Mailing Address 893 Johnson Ct

City

Warrington

State

PA

Zip Code

18976

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Housewife

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.37194

Amount of Each Receipt this Period

2300.00

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

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

4300.00

**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 43 / 302

(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)

Brent M. Jaquet

Mailing Address 3660 Bay Drive

City

Edgewater

State

MD

Zip Code

21037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cavarocchi Ruscio Dennis

Occupation

Sr VP

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37839

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Bonnie Johnson

Mailing Address 1414 Menoher Blvd

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.37196

Amount of Each Receipt this Period

1500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Robert Kane

Mailing Address 3262 National Pike

City

Farmington

State

PA

Zip Code

15437

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Commonwealth Bank

Occupation

Executive

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.36800

Amount of Each Receipt this Period

500.00

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

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

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 44 / 302

(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)

Nicholas Karangelen

Mailing Address 3100 N. Nelson Street

City State Zip Code  
**Arlington VA 22207**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Trident Systems Inc

Occupation  
President

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 4600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**09 29 2008**

**Transaction ID: SA11AI.37841**

Amount of Each Receipt this Period

2300.00

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

**B.**

Full Name (Last, First, Middle Initial)

Kelly Keller

Mailing Address 519 McKean Avenue

City State Zip Code  
**Charleroi PA 15022**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nokomis, Inc.

Occupation  
Nurse

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**08 07 2008**

**Transaction ID: SA11AI.37048**

Amount of Each Receipt this Period

700.00

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

**C.**

Full Name (Last, First, Middle Initial)

Kelly Keller

Mailing Address 519 McKean Avenue

City State Zip Code  
**Charleroi PA 15022**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nokomis, Inc.

Occupation  
Nurse

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 2700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**09 29 2008**

**Transaction ID: SA11AI.37842**

Amount of Each Receipt this Period

1000.00

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

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

**4000.00**

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

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

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

FOR LINE NUMBER: PAGE 45 / 302

(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)

Walter J Keller, III

Mailing Address 519 McKean Avenue

City

Charleroi

State

PA

Zip Code

15022-1533

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nokomis Inc

Occupation

President & CEO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36713

Amount of Each Receipt this Period

800.00

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

**B.**

Full Name (Last, First, Middle Initial)

Catherine D. Kelly

Mailing Address 7819 Montvale Way

City

McLean

State

VA

Zip Code

22102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Van Scoyoc Assoc

Occupation

VP

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37843

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Shoun Kerbaugh

Mailing Address 428 Pine Valley Drive

City

Bridgeville

State

PA

Zip Code

15017-3436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alstom Power Conversion  
Inc

Occupation

President & CEO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

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

Transaction ID: SA11AI.37125

Amount of Each Receipt this Period

1000.00

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

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

2800.00

**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 46 / 302

(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)

Ms Colleen Kigin

Mailing Address 53 Dale Street

City

Swampscott

State

MA

Zip Code

01907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts General Ho-  
spital

Occupation

Chief of Staff, CIMIT

Receipt For: 2008

Election Cycle-to-Date ▼

☐ Primary ☒ General  
☐ Other (specify) ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36708

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Ms Colleen Kigin

Mailing Address 53 Dale Street

City

Swampscott

State

MA

Zip Code

01907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts General Ho-  
spital

Occupation

Chief of Staff, CIMIT

Receipt For: 2008

Election Cycle-to-Date ▼

☐ Primary ☒ General  
☐ Other (specify) ▼

2100.00

Date of Receipt

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

Transaction ID: SA11AI.37844

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

David Kilian

Mailing Address 2343 South Meade Street

City

Arlington

State

VA

Zip Code

22202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Copeland Lowery Jacquez  
ETL

Occupation

Govt Relations

Receipt For: 2008

Election Cycle-to-Date ▼

☐ Primary ☒ General  
☐ Other (specify) ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37953

Amount of Each Receipt this Period

1000.00

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

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

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 47 / 302

(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 Killeen

Mailing Address 10512 Bridel Lane

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAIC

Occupation

Sr VP Govt Affairs

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.37845

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Joseph H. Kimmitt

Mailing Address 1300 17th St N  
Ste 1040

City

Arlington

State

VA

Zip Code

22209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oshkosh Trucking

Occupation

VP

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.37846

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Patrick Kiniry, Esq.

Mailing Address 1105 Camelot Court

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.37209

Amount of Each Receipt this Period

500.00

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

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

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 48 / 302

(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)

Robert Kirst

Mailing Address 268 Shady Hollow Road

City

Somerset

State

PA

Zip Code

15501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Global Inc

Occupation

Vice President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.36736

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Hon. Ron Klink

Mailing Address 3410 Lashan Drive

City

Murrysville

State

PA

Zip Code

15668-9480

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bucephalus, LLC

Occupation

Sole Proprietorship/Owner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

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

Transaction ID: SA11AI.37068

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Alan Kobran

Mailing Address 22552 Hillside Circle

City

Leesburg

State

VA

Zip Code

20175

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Planning Sys Inc

Occupation

Sr. Manager

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID: SA11AI.37848

Amount of Each Receipt this Period

500.00

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

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

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 49 / 302

(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)

Elizabeth Kuchera

Mailing Address 188 Club Road

City

Lilly

State

PA

Zip Code

15938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Homemaker

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Transaction ID: SA11AI.37210

Amount of Each Receipt this Period

2300.00

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

Full Name (Last, First, Middle Initial)

Neil Kuchera

Mailing Address 1125 Weaver Road

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kuchera Defense

Occupation

Software Engineer

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Transaction ID: SA11AI.37212

Amount of Each Receipt this Period

2300.00

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

Full Name (Last, First, Middle Initial)

William M. Kuchera

Mailing Address 188 Club Road

City

Lilly

State

PA

Zip Code

15938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kuchera Industries. Inc.

Occupation

Executive

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Transaction ID: SA11AI.37211

Amount of Each Receipt this Period

2300.00

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

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

6900.00

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 50 / 302

(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)

Mrs. Susan Kuhar

Mailing Address 807 E. Crawford Street

City

Ebensburg

State

PA

Zip Code

15931

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cambria County

Occupation

Clerk of Courts

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.36801

Amount of Each Receipt this Period

250.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Cindy Kunkle

Mailing Address 2221 Crabtree Lane

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

Date of Receipt

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

Transaction ID: SA11AI.37071

Amount of Each Receipt this Period

1500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kim Kunkle

Mailing Address 2221 Crabtree Lane

City

Johnstown

State

PA

Zip Code

15905-1641

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Laurel Holdings Inc

Occupation

CEO/President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36703

Amount of Each Receipt this Period

1300.00

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

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

3050.00

**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 51 / 302

(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. Tom Kurtz

Mailing Address 124 Seminole Street

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Conemaugh Health System

Occupation

Executive

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID: SA11AI.37574

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard Ladd

Mailing Address 1537 Shipsview Road

City

Annapolis

State

MD

Zip Code

21401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Robison International

Occupation

President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.37849

Amount of Each Receipt this Period

750.00

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

**C.**

Full Name (Last, First, Middle Initial)

Catherine Lamb-Heinz

Mailing Address 437 Sheridan Road

City

Kenilworth

State

IL

Zip Code

60043

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northrop Grumman

Occupation

VP Communications

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.37439

Amount of Each Receipt this Period

500.00

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

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

2250.00

**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 52 / 302

(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)  
 Daniel Lenchner

Mailing Address 300 Winston Drive  
 Apt 1701

City State Zip Code  
 Cliffside Park NJ 07010-3222

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Watts & Winston LLC

Occupation  
 President

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.37216

Amount of Each Receipt this Period

2300.00

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

**B.**

Full Name (Last, First, Middle Initial)  
 Mrs. Darlene Lenz

Mailing Address 1303 Aldbury Way

City State Zip Code  
 Reston VA 20194

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Mobilvox, Inc

Occupation  
 Officer

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.37855

Amount of Each Receipt this Period

1500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
 Enrique Lenz

Mailing Address 1303 Aldbury Way

City State Zip Code  
 Reston VA 20194

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Mobilvox, Inc

Occupation  
 Mobility Tech

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.37854

Amount of Each Receipt this Period

1500.00

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

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

**5300.00**

**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 53 / 302

(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)

Cathy Long

Mailing Address 110 Wellington Way

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.37218

Amount of Each Receipt this Period

2300.00

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

**B.**

Full Name (Last, First, Middle Initial)

Heath Long

Mailing Address 522 N. Spruce St

City

Ebensburg

State

PA

Zip Code

15931

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pawlowski Homady & Long

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.37575

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Shawn Long

Mailing Address 110 Wellington Way

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PBF Online

Occupation

President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.37220

Amount of Each Receipt this Period

2300.00

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

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

5100.00

**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 54 / 302

(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)

T. Joseph Lopez

Mailing Address 7000 Infantry Ridge Road

City State Zip Code  
**Manassas VA 20109**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Manufacturing  
Corp

Occupation  
President

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**09 29 2008**

Transaction ID: SA11AI.37850

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Peter Luxton

Mailing Address 10067 Oak Ridge Drive

City State Zip Code  
**Wesford PA 15090**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pittsburgh Gateways Corp

Occupation  
Consultant

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**08 14 2008**

Transaction ID: SA11AI.37111

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Linnea Lynch

Mailing Address 10507 Clipper Drive

City State Zip Code  
**Fairfax Station VA 22039**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Strategic Marketing

Occupation  
President

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**09 23 2008**

Transaction ID: SA11AI.37851

Amount of Each Receipt this Period

1000.00

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

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

**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 55 / 302

(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. Paul Maguire

Mailing Address 11875 Falling Creek Drive

City

Manassas

State

VA

Zip Code

20112

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Autometric, Inc.

Occupation

Deputy Director/Strategic Programs

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: SA11AI.37853

Amount of Each Receipt this Period

2300.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mr. H. G. Malone

Mailing Address 12040 Winding Creek Ct.

City

Clifton

State

VA

Zip Code

20124

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lochheed Martin

Occupation

VP

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.36737

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Marous, Jr.

Mailing Address 28 The Trillium

City

Pittsburgh

State

PA

Zip Code

15238

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37072

Amount of Each Receipt this Period

1000.00

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

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

4300.00

**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 56 / 302

(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)

Jacqueline M. Martella

Mailing Address 210 Ohio Street

City

Boswell

State

PA

Zip Code

15531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Martella Pharmacy

Occupation

Manager

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Transaction ID: SA11AI.37222

Amount of Each Receipt this Period

2300.00

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

Full Name (Last, First, Middle Initial)

Mr. David M Matter

Mailing Address 501 Undercliff Road

City

Pittsburgh

State

PA

Zip Code

15221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L&M Associates

Occupation

Real Estate

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.37073

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

James McAleese

Mailing Address 19595 Aberlour Lane

City

Leesburg

State

VA

Zip Code

20175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McAleese & Assoc PC

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37278

Amount of Each Receipt this Period

1000.00

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

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

4300.00

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 57 / 302

(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)

Charlie McBride

Mailing Address 1702 19th St NW  
 NW # 705

City State Zip Code  
 Washington DC 20009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Capital Tech Group Inc.

Occupation  
Partner

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 4600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.36738

Amount of Each Receipt this Period

800.00

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

**B.**

Full Name (Last, First, Middle Initial)

Janet L. McCaffrey

Mailing Address 6716 Eilerson St

City State Zip Code  
 Clinton MD 20735

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Production Tech Inc

Occupation  
Business Mgr

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

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

Transaction ID: SA11AI.37856

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas McCaffrey, Jr.

Mailing Address 6716 Eilerson Street

City State Zip Code  
 Clinton MD 20735

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Production Technology Inc.

Occupation  
Business Manager

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 5300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36683

Amount of Each Receipt this Period

1500.00

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

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

3300.00

**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 58 / 302

(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)

David McCain

Mailing Address 13223 Fairfax Road

City

Hagerstown

State

MD

Zip Code

21742-2639

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Electricomot Corp

Occupation  
President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.37893

Amount of Each Receipt this Period

2300.00

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

**B.**

Full Name (Last, First, Middle Initial)

William McCann

Mailing Address 300 Massachusetts Ave NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SMI Inc

Occupation  
VP

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36684

Amount of Each Receipt this Period

1500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Dennis McGlynn

Mailing Address 1 Denali Lane

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.37223

Amount of Each Receipt this Period

500.00

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

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

4300.00

**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 59 / 302

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Paul J. McGowan

Mailing Address 1780 Regal Drive

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diamonds Inc

Occupation  
Partner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.37224

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Robert McGowan

Mailing Address 245 Tall Timber Drive

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coherent

Occupation  
Dir of Marketing

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.36802

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Robert McGowan

Mailing Address 245 Tall Timber Drive

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coherent

Occupation  
Dir of Marketing

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36685

Amount of Each Receipt this Period

1500.00

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

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

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 60 / 302

(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)

Beatriz McNelly

Mailing Address 20974 Rootstown Terrace

City

Ashburn

State

VA

Zip Code

20147

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fibergate Inc

Occupation

VP

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36686

Amount of Each Receipt this Period

1500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Rick McQuaide

Mailing Address 492 Old Farm Lane

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WC McQuaide Inc

Occupation

Dir Marketing

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.37226

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Christopher Mellon

Mailing Address 1157 Stringer Bottom

City

Laughlintown

State

PA

Zip Code

15655

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mellon Consulting

Occupation

President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.36779

Amount of Each Receipt this Period

1500.00

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

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

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 61 / 302

(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)

Louis, III Mihalko

Mailing Address 484 Helsel Road

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mihalko Vasilko Real Estate

Occupation

Partner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.37228

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Richard Milburn

Mailing Address 1000 Wilson Blvd #2300

City

Arlington

State

VA

Zip Code

22209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northrop Grumman

Occupation

Managing Director

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37857

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Joseph Miller

Mailing Address 205 Pine Hill Road

City

Hunker

State

PA

Zip Code

15639

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New Staton Water Jet

Occupation

Toolmaker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.37230

Amount of Each Receipt this Period

500.00

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

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

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 62 / 302

(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)

Fenner Milton

Mailing Address 5200 Reno Road NW

City

Washington

State

DC

Zip Code

20015-1924

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Army

Occupation  
Secretary

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.36780

Amount of Each Receipt this Period

1500.00

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

**B.**

Full Name (Last, First, Middle Initial)

David Morehouse

Mailing Address 113 Bell Farm Estate

City

Sewickley

State

PA

Zip Code

15143

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pittsburgh Penguins

Occupation  
President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.37113

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Patricia Morton

Mailing Address 656 Llewellyn Place

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Franklin St. Partners

Occupation  
Director

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.37075

Amount of Each Receipt this Period

2300.00

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

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

4800.00

**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 63 / 302

(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)

Mr. Thruston Morton, III

Mailing Address 656 Llewellyn Place

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Duke Management Co.

Occupation

President

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.37076

Amount of Each Receipt this Period

2300.00

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

Full Name (Last, First, Middle Initial)

Ralph Muller

Mailing Address 2033 Delancey Place

City

Philadelphia

State

PA

Zip Code

19103-6509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UPHS

Occupation

Health Sys Exec

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.37858

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Richard Munro

Mailing Address 140 Eastbury

City

Williamsburg

State

VA

Zip Code

23188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Template Software

Occupation

President

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Date of Receipt

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

Transaction ID: SA11AI.37859

Amount of Each Receipt this Period

1000.00

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

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

3800.00

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 64 / 302

(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. Maurice Nelson

Mailing Address 601 Lido Park Drive #6A

City

Newport Beach

State

CA

Zip Code

92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
E.M. Jorgensen Co.Occupation  
CEO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37077

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Mr. Ronald Newbower

Mailing Address 159 Nagog Hill Road

City

Acton

State

MA

Zip Code

01720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Partners Healthcare SystemOccupation  
VP for Research

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	0	8

Transaction ID: SA11AI.36719

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

William Newlin

Mailing Address 752 Fleming Lane

City

Sewickley

State

PA

Zip Code

15143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dick's Sporting Goods IncOccupation  
Executive

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.37078

Amount of Each Receipt this Period

500.00

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

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

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 65 / 302

(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. Frank Nickell

Mailing Address 1 East 66th Street

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kelso & Company

Occupation

President & CEO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.37079

Amount of Each Receipt this Period

2300.00

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

**B.**

Full Name (Last, First, Middle Initial)

Phebe Novakovic

Mailing Address 960 Towlston Road

City

McLean

State

VA

Zip Code

22102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
General Dynamics

Occupation

Sr VP

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.37860

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Kennedy O'Herron

Mailing Address 2424 Glenwood Ave  
Suite 10

City

Raleigh

State

NC

Zip Code

27608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
O Herron & Co Inc

Occupation

Investments

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37040

Amount of Each Receipt this Period

1000.00

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

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

3800.00

**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 66 / 302

(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. Christopher O'Neill

Mailing Address 5419 Albia Road

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
O'Neill Athy & Casey

Occupation

Partner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36687

Amount of Each Receipt this Period

1500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Kathryn Oglevee

Mailing Address 138 Oglevee Lane

City

Connellsville

State

PA

Zip Code

15425

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.37897

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Todd Orange

Mailing Address 259 Rebecca Avenue

City

Leechburg

State

PA

Zip Code

15656

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mobilvox, Inc

Occupation

Manager

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: SA11AI.37861

Amount of Each Receipt this Period

1500.00

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

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

3500.00

**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 67 / 302

(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)

Valerie Osborne

Mailing Address 12505 Ridgeway Drive

City

Herndon

State

VA

Zip Code

20170-2571

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Natl Group LLP

Occupation

Partner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.36785

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Jack Overstreet, Jr.

Mailing Address 5616 Bakersville Ln.

City

Burke

State

VA

Zip Code

22015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lockheed Martin

Occupation

V.P. Legislative Affairs

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.36739

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Roger A Oxendale

Mailing Address 714 Parkwood Ct.

City

Wexford

State

PA

Zip Code

15090

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Childrens Hospital

Occupation

President & CEO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID: SA11AI.37080

Amount of Each Receipt this Period

1000.00

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

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

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 68 / 302

(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)

Henry Parke

Mailing Address 308 Edgewood Ave

City

Somerset

State

PA

Zip Code

15501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PBS Coal Inc

Occupation

Dir Business Devel

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	2	/	2	0	0	8

Transaction ID: SA11AI.36803

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Dr. John Parrish

Mailing Address 32 Fruit Street

City

Boston

State

MA

Zip Code

02114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mass. General Hospital

Occupation

M.D.-Dept. of Dermatology

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

3250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	0	8

Transaction ID: SA11AI.36709

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Dr. John Parrish

Mailing Address 32 Fruit Street

City

Boston

State

MA

Zip Code

02114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mass. General Hospital

Occupation

M.D.-Dept. of Dermatology

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

4250.00

Date of Receipt

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

Transaction ID: SA11AI.37862

Amount of Each Receipt this Period

1000.00

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

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

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 69 / 302

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark Pasquerilla

Mailing Address 945 Menoher Blvd.

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Crown American

Occupation

CEO & President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.36790

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark Pasquerilla

Mailing Address 945 Menoher Blvd.

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Crown American

Occupation

CEO & President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.37232

Amount of Each Receipt this Period

300.00

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

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert Paul

Mailing Address 1236 Squirrel Hill Avenue

City

Pittsburgh

State

PA

Zip Code

15217-1148

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ampco-Pittsburgh

Occupation

President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.37081

Amount of Each Receipt this Period

500.00

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

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

1300.00

**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 70 / 302

(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)

BGen. Terry L. Paul

Mailing Address 700 13th St. NW  
 Ste 400

City State Zip Code  
**Washington DC 20005**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Cassidy & Associates

Occupation  
 Sr. VP & Def. Dir.

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**09 29 2008**

Transaction ID: SA11AI.37863

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

John Pavlish

Mailing Address 3751 Jennings Rd

City State Zip Code  
**Cleveland OH 44109**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Chemical Solvents Inc

Occupation  
 President

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**08 14 2008**

Transaction ID: SA11AI.37280

Amount of Each Receipt this Period

750.00

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

**C.**

Full Name (Last, First, Middle Initial)

Kendell M. Pease, Jr.

Mailing Address 3509 Nodding Pine Ct

City State Zip Code  
**Fairfax VA 22033**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 General Dynamics

Occupation  
 VP

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**07 22 2008**

Transaction ID: SA11AI.36688

Amount of Each Receipt this Period

1500.00

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

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

**3250.00**

**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 71 / 302

(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. George Pedersen

Mailing Address 700 Potomac Knolls Dr.

City

McLean

State

VA

Zip Code

22102-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ManTech Intl

Occupation

Chairman of Board/CEO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36714

Amount of Each Receipt this Period

800.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Marilyn Pedersen

Mailing Address 700 Potomac Knolls Dr.

City

McLean

State

VA

Zip Code

22102-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Housewife

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.37864

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Daniel T. Perkins

Mailing Address 1602 Ivanhoe Ct

City

Alexandria

State

VA

Zip Code

22304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MTS Tech

Occupation

CEO & President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36702

Amount of Each Receipt this Period

1400.00

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

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

3200.00

**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 72 / 302

(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)

Dino Persio, Esq.

Mailing Address 141 Elderwood Drive

City

Ebensburg

State

PA

Zip Code

15931

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Smorto Persio Webb & McGi-  
ll

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: SA11AI.37126

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Susan Phillips

Mailing Address 250 South 13 St  
Penthouse 14B

City

Philadelphia

State

PA

Zip Code

19106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Univ of PA Health Sys.

Occupation

Sr VP Public Affairs

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.37866

Amount of Each Receipt this Period

250.00

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

**C.**

Full Name (Last, First, Middle Initial)

Frederick W. Piasecki

Mailing Address 1 Buck Lane

City

Haverford

State

PA

Zip Code

19041

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Piasecki Aircraft Corp.

Occupation

Executive

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36689

Amount of Each Receipt this Period

1500.00

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

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

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 73 / 302

(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 Piasecki

Mailing Address 3 Craig Lane

City

Haverford

State

PA

Zip Code

19041-1014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Piasecki Aircraft Corp.

Occupation

Vice President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36690

Amount of Each Receipt this Period

1500.00

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

**B.**

Full Name (Last, First, Middle Initial)

David M. Pickett

Mailing Address 39023 Goose Creek Ln

City

Leesburg

State

VA

Zip Code

20175

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Planning Systems Inc.

Occupation

VP

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4300.00

Date of Receipt

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

Transaction ID: SA11AI.37867

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Elizabeth Pierce

Mailing Address 114 Forelle Lane

City

Ligonier

State

PA

Zip Code

15658

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Timken Latrobe Steel

Occupation

Consultant

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.37944

Amount of Each Receipt this Period

250.00

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

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

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 74 / 302

(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)

Gary Poborsky

Mailing Address 483 Helsel Road

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GapVaxOccupation  
President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	2	/	2	0	0	8

Transaction ID: SA11AI.36805

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Colette Marchesini Pollock

Mailing Address 1202 Walter St., SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Van Scoyoc Assoc. Inc.Occupation  
Associate Vice President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	0	8

Transaction ID: SA11AI.36682

Amount of Each Receipt this Period

1500.00

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

Full Name (Last, First, Middle Initial)

Joseph Ponchione

Mailing Address 125 Burk Avenue

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York LifeOccupation  
Insurance Adj

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	0	8

Transaction ID: SA11AI.37236

Amount of Each Receipt this Period

500.00

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

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

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 75 / 302

(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. George Poole

Mailing Address 2350 S Arlington Ridge Rd

City State Zip Code  
**Arlington VA 22202**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 7 / 2 2 / 2 0 0 8**

Transaction ID: SA11AI.36691

Amount of Each Receipt this Period

1500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Robert J. Powers

Mailing Address 1200 Croton Dr

City State Zip Code  
**Alexandria VA 22308**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nuclear Energy Institute

Occupation  
Govt Affairs

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37868

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Lawrence Prior

Mailing Address 16157 Country Day Rd

City State Zip Code  
**Poway CA 92064**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SAIC

Occupation  
COO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37888

Amount of Each Receipt this Period

1000.00

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

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

**3500.00**

**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 76 / 302

(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)

Jay L. Reddy

Mailing Address 1140 Steeplechase St.

City

**Morgantown**

State

**WV**

Zip Code

**26505**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Prologic

Occupation

**CEO**

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**4600.00**

Date of Receipt

**09 / 29 / 2008**

**Transaction ID: SA11AI.37870**

Amount of Each Receipt this Period

**2300.00**

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

**B.**

Full Name (Last, First, Middle Initial)

Ronald Repak

Mailing Address 173 Gerry Lane

City

**Johnstown**

State

**PA**

Zip Code

**15904**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Johnstown Redevelopment

Occupation

**Executive Director**

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**400.00**

Date of Receipt

**07 / 08 / 2008**

**Transaction ID: SA11AI.36791**

Amount of Each Receipt this Period

**200.00**

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

**C.**

Full Name (Last, First, Middle Initial)

Ronald Repak

Mailing Address 173 Gerry Lane

City

**Johnstown**

State

**PA**

Zip Code

**15904**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Johnstown Redevelopment

Occupation

**Executive Director**

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**650.00**

Date of Receipt

**08 / 25 / 2008**

**Transaction ID: SA11AI.37238**

Amount of Each Receipt this Period

**250.00**

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

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

**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 77 / 302

(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)

Newt Reynolds

Mailing Address 260 Bellaire Drive

City State Zip Code  
**New Orleans LA 70124**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MAS Industries**

Occupation  
**Owner**

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 7 / 2 2 / 2 0 0 8**

Transaction ID: SA11AI.36692

Amount of Each Receipt this Period

1500.00

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

**B.**

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: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 7 / 2 2 / 2 0 0 8**

Transaction ID: SA11AI.36694

Amount of Each Receipt this Period

1500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Barry Rhoads

Mailing Address 679 23 Father John Ct

City State Zip Code  
**McLean VA 22101**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**The Rhoads Group**

Occupation  
**Government Relations**

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 8 / 0 7 / 2 0 0 8**

Transaction ID: SA11AI.37282

Amount of Each Receipt this Period

1000.00

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

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

**4000.00**

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

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

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

FOR LINE NUMBER: PAGE 78 / 302

(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 State Zip Code  
 Boston MA 02215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Partners Healthcare

Occupation  
 Director

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36722

Amount of Each Receipt this Period

250.00

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

**B.**

Full Name (Last, First, Middle Initial)

Daniel Rihn

Mailing Address 7621 Roslyn Street

City State Zip Code  
 Pittsburgh PA 15218

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 GIS Assoc Inc

Occupation  
 Govt Info Specialist

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36695

Amount of Each Receipt this Period

1500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Anthony Rizzo

Mailing Address PO Box 5041

City State Zip Code  
 Johnstown PA 15904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Anthony's Restaurant

Occupation  
 Owner & Operator

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.37239

Amount of Each Receipt this Period

400.00

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

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

2150.00

**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 79 / 302

(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)

Jay B. Roberts

Mailing Address 1680 Cemetery Road

City State Zip Code  
 Portage PA 15946

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Francis Univ.

Occupation  
Admin.

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 3200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.36807

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mr. S. Kent Rockwell

Mailing Address 960 Penn Avenue #800

City State Zip Code  
 Pittsburgh PA 15222

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SenSy Tech.

Occupation  
Chairman

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 3500.00

Date of Receipt

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

Transaction ID: SA11AI.37127

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

S. Kristofer Rockwell

Mailing Address 1003 E. Carson Street  
 2nd Fl

City State Zip Code  
 Pittsburgh PA 15203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hybrid Learning Sys

Occupation  
President & CEO

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.37243

Amount of Each Receipt this Period

1000.00

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

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

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 80 / 302

(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. Matthew Roddy

Mailing Address 408 S. Stonehaven Drive

City State Zip Code  
**Highland Heights OH 44143**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Life Insurance

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 8 / 2 5 / 2 0 0 8**

**Transaction ID: SA11AI.37245**

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mr. David M. Roderick, Sr.

Mailing Address 6332 Masters Blvd

City State Zip Code  
**Orlando FL 32819**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
Retired

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 4300.00

Date of Receipt

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

**Transaction ID: SA11AI.37083**

Amount of Each Receipt this Period

2300.00

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

**C.**

Full Name (Last, First, Middle Initial)

Mr. David, Jr. Roderick

Mailing Address 5 Roseland Circle

City State Zip Code  
**Wayne PA 19087-3877**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Four Star Pizza

Occupation  
Owner

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 2300.00

Date of Receipt

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

**Transaction ID: SA11AI.37085**

Amount of Each Receipt this Period

2300.00

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

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

**5100.00**

**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 81 / 302

(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)

Susan Roderick

Mailing Address 5930 Pitch Pine Dr.

City

Orlando

State

FL

Zip Code

32819

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Maine St Realty Intl

Occupation

Real Estate Agent

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.37087

Amount of Each Receipt this Period

2300.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Roderick

Mailing Address 5930 Pitch Pine Drive

City

Orlando

State

FL

Zip Code

32819

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Shadow Glen Golf Club

Occupation

Golf Professional

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.37086

Amount of Each Receipt this Period

2300.00

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

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Romoff

Mailing Address 3208 Fox Run Road

City

Allison Park

State

PA

Zip Code

15101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UPMC

Occupation

Health Care Admin.

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.37090

Amount of Each Receipt this Period

1000.00

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

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

5600.00

**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 82 / 302

(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)

Atty. Arthur J. Rooney, II

Mailing Address 1300 Inverness Ave.

City State Zip Code  
**Pittsburgh PA 15217**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Klett Lieber Rooney & Sch-  
 orling

Occupation  
**Attorney**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 8 / 2 5 / 2 0 0 8**

**Transaction ID: SA11AI.37246**

Amount of Each Receipt this Period

2000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Patricia R. Rooney

Mailing Address 940 N. Lincoln Ave.

City State Zip Code  
**Pittsburgh PA 15233**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 HJ Heinz Company

Occupation  
**Board Member**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 8 / 1 4 / 2 0 0 8**

**Transaction ID: SA11AI.37115**

Amount of Each Receipt this Period

2000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Charles Ross

Mailing Address 1302 W Stone Forest Pl

City State Zip Code  
**Oro Valley AZ 85755**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Raytheon

Occupation  
**Executive**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 8 / 2 5 / 2 0 0 8**

**Transaction ID: SA11AI.37247**

Amount of Each Receipt this Period

300.00

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

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

**4300.00**

**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 83 / 302

(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)

Kevin Roy

Mailing Address 1009 Round Bay Road

City

Crownsville

State

MD

Zip Code

21032

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ikon

Occupation

Government Affairs

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.36740

Amount of Each Receipt this Period

375.00

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

**B.**

Full Name (Last, First, Middle Initial)

Arthur Rubenstein

Mailing Address 470 Highview Rd

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Univ. of Pennsylvania

Occupation

Physician

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.37871

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Karen Russo

Mailing Address 700 13th St. NW  
Ste 400

City

Washington

State

DC

Zip Code

20005-3960

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.37954

Amount of Each Receipt this Period

1000.00

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

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

1875.00

**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 84 / 302

(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 Ryan

Mailing Address 2700 Virginia Avenue

City

Washington

State

DC

Zip Code

20037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Livingston Group

Occupation  
Partner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36696

Amount of Each Receipt this Period

1500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Stephen Sangiorgi

Mailing Address 2705 Furnace Ave

City

Altoona

State

PA

Zip Code

16602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dembert & Hoyne CPA

Occupation  
Partner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.37205

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Schaeffer

Mailing Address 497 Heritage Drive-Lake Heritage

City

Gettysburg

State

PA

Zip Code

17325

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DDL Omni Engineering Corp.

Occupation  
President & CEO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37872

Amount of Each Receipt this Period

1000.00

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

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

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 85 / 302

(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)

Jennifer Schafer-Soderman

Mailing Address 217-10th Street, NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cascade Associates

Occupation  
President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.37577

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Karen Schecter

Mailing Address 105 Sylvan Ct.

City

Alexandria

State

VA

Zip Code

22304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ann Eppard & Assoc

Occupation  
VP

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.37873

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Harry Schulte

Mailing Address 5220 N Via Condesa

City

Tucson

State

AZ

Zip Code

85718

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Raytheon Co Missile Sys

Occupation  
VP Air Warfare Sys

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.37249

Amount of Each Receipt this Period

350.00

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

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

1850.00

**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 86 / 302

(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)

Victor Sellier

Mailing Address 710 Springvale Road

City

Great Falls

State

VA

Zip Code

22066-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Argon Street

Occupation

VP

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36710

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Patricia Serotkin

Mailing Address 1072 N Center Street

City

Ebensburg

State

PA

Zip Code

15931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Francis University

Occupation

VP

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.36808

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Patricia Serotkin

Mailing Address 1072 N Center Street

City

Ebensburg

State

PA

Zip Code

15931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Francis University

Occupation

VP

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.37251

Amount of Each Receipt this Period

1000.00

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

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

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 87 / 302

(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. Richard Shaver

Mailing Address RR 2, Box 497

City

Ruffsedale

State

PA

Zip Code

15679-9506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Penn State Tool & Die

Occupation

Vice President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.37252

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mr. Edward J. Sheehan, Jr.

Mailing Address 802 Luzerne Street

City

Johnstown

State

PA

Zip Code

15905-2349

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CTC

Occupation

VP & CFO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36698

Amount of Each Receipt this Period

1500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edward J. Sheehan, Jr.

Mailing Address 802 Luzerne Street

City

Johnstown

State

PA

Zip Code

15905-2349

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CTC

Occupation

VP & CFO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: SA11AI.37874

Amount of Each Receipt this Period

600.00

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

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

2600.00

**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 88 / 302

(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 Shelton

Mailing Address 331 Cassidy Way

City

Shrewsburg

State

PA

Zip Code

17361-1118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
World Tech Evaluation Ctr

Occupation

President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

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

Transaction ID: SA11AI.37876

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Dave Shondeck

Mailing Address 1151 Free Port Rd  
#173

City

Pittsburgh

State

PA

Zip Code

15238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WP Industries Inc

Occupation

President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.37578

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

William Sieper

Mailing Address 475 Crestmont Drive

City

Greensburg

State

PA

Zip Code

15601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aestique Medical Center  
& Spa

Occupation

Physician

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37088

Amount of Each Receipt this Period

1000.00

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

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

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 89 / 302

(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)

Nathaniel M. Sims

Mailing Address 378 Canton Ave.

City State Zip Code  
**Milton MA 02186**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MA General Hospital

Occupation  
Technician

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

**07 / 22 / 2008**

**Transaction ID: SA11AI.36720**

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Jaclyn Sipko

Mailing Address 827 Seanor Road

City State Zip Code  
**Windber PA 15963**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCL Manuf Co

Occupation  
Executive

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt

**08 / 25 / 2008**

**Transaction ID: SA11AI.37253**

Amount of Each Receipt this Period

2300.00

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

**C.**

Full Name (Last, First, Middle Initial)

Jeanette Sipko

Mailing Address 623 Shady Lane

City State Zip Code  
**Windber PA 15963**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
Retired

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

**08 / 26 / 2008**

**Transaction ID: SA11AI.37256**

Amount of Each Receipt this Period

1000.00

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

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

**3800.00**

**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 90 / 302

(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)

William Sipko

Mailing Address 827 Seanor Road

City

Windber

State

PA

Zip Code

15963-7217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCL Manuf Co

Occupation

President

Receipt For: 2008

☐ Primary
☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37089

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

William Sipko

Mailing Address 827 Seanor Road

City

Windber

State

PA

Zip Code

15963-7217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCL Manuf Co

Occupation

President

Receipt For: 2008

☐ Primary
☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Transaction ID: SA11AI.37255

Amount of Each Receipt this Period

1300.00

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

Full Name (Last, First, Middle Initial)

Jeff Sirianni

Mailing Address 43988 Kitts Hill Ter.

City

Ashburn

State

VA

Zip Code

20147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Managing Member

Receipt For: 2008

☐ Primary
☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Transaction ID: SA11AI.37258

Amount of Each Receipt this Period

500.00

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

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

2800.00

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 91 / 302

(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)  
 Eugene Sitar

Mailing Address 1519 Dulancey Dr

City State Zip Code  
 Lilly PA 15938

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Kuchera Defense Sys

Occupation  
 Dir of Mfg

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.37260

Amount of Each Receipt this Period

2300.00

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

**B.**

Full Name (Last, First, Middle Initial)  
 Janice Sitar

Mailing Address 1519 Dulancey Dr

City State Zip Code  
 Lilly PA 15938

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Metlife

Occupation  
 Clerk

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 2300.00

Date of Receipt

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

Transaction ID: SA11AI.37262

Amount of Each Receipt this Period

2300.00

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

**C.**

Full Name (Last, First, Middle Initial)  
 Jeremy Sitar

Mailing Address 1519 Dulancey Drive

City State Zip Code  
 Lilly PA 15938

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Kuchera Defense Sys

Occupation  
 Engineer

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.37264

Amount of Each Receipt this Period

2300.00

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

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

**6900.00**

**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 92 / 302

(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 A. Skiavo

Mailing Address 32 Timber Trail Dr.

City State Zip Code  
**Greensburg PA 15601**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Economic Growth Connection

Occupation  
President

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 3150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 7 / 2 2 / 2 0 0 8**

Transaction ID: SA11AI.36724

Amount of Each Receipt this Period

250.00

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

**B.**

Full Name (Last, First, Middle Initial)

David Slayton

Mailing Address 9844 Natick Road

City State Zip Code  
**Burke VA 22015-2931**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dynamic Animation Systems

Occupation  
Owner

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 7 / 2 2 / 2 0 0 8**

Transaction ID: SA11AI.36715

Amount of Each Receipt this Period

750.00

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

**C.**

Full Name (Last, First, Middle Initial)

William K Smith

Mailing Address 2700 Virginia Avenue  
 NW Apt 101

City State Zip Code  
**Washington DC 20037**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cromwell & Moring

Occupation  
Attorney

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 7 / 0 3 / 2 0 0 8**

Transaction ID: SA11AI.36793

Amount of Each Receipt this Period

2000.00

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

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

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 93 / 302

(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)  
**Craig Snyder**

Mailing Address **1101 - 30th Street  
 NW #220**

City State Zip Code  
**Washington DC 20007-3769**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Ikon Public Affairs**

Occupation  
**Managing Partner**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 750.00

Date of Receipt

**07 / 29 / 2008**

Transaction ID: SA11AI.36742

Amount of Each Receipt this Period

750.00

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

**B.**

Full Name (Last, First, Middle Initial)  
**Edward Sobota**

Mailing Address **413 Pierce Street**

City State Zip Code  
**Latrobe PA 15650**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TechSpec Inc**

Occupation  
**Engineer**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

**08 / 21 / 2008**

Transaction ID: SA11AI.37128

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
**Dr. Richard Somiari**

Mailing Address **221 Westridge Road**

City State Zip Code  
**Johnstown PA 15904**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Windber Research Institute**

Occupation  
**Scientist**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 800.00

Date of Receipt

**07 / 02 / 2008**

Transaction ID: SA11AI.36809

Amount of Each Receipt this Period

500.00

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

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

**2250.00**

**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 94 / 302

(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)

D.J. Song

Mailing Address 913 Valleyview Road

City

Pittsburgh

State

PA

Zip Code

15243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEI

Occupation

President / CEO

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.37091

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

A. Donald Steinman

Mailing Address 19202 Chartier Drive

City

Leesburg

State

VA

Zip Code

20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Planing Systems Inc

Occupation

Defense Seivces &amp; Products

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: SA11AI.37877

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Lt. Col. George Sturgill

Mailing Address 5307 Lindsay Street

City

Fairfax

State

VA

Zip Code

22032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	0	8

Transaction ID: SA11AI.36744

Amount of Each Receipt this Period

250.00

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

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

1750.00

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 95 / 302

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jean-Claude Sureau

Mailing Address 269 Boxboro Rd.

City

Stow

State

MA

Zip Code

01775

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radant Technologies, Inc.

Occupation

President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36699

Amount of Each Receipt this Period

1500.00

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

**B.**

Full Name (Last, First, Middle Initial)

John Surma

Mailing Address 2006 Hycroft Drive

City

Pittsburgh

State

PA

Zip Code

15241-2212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Steel

Occupation

Vice-Chairman & CFO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37092

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Barbara Sutton

Mailing Address 4 Franklin Street

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cassidy & Assoc

Occupation

Sr. VP

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.36770

Amount of Each Receipt this Period

1000.00

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

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

3500.00

**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 96 / 302

(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 Svecz

Mailing Address 43243 Pine Ridge Ct

City

Hollywood

State

MD

Zip Code

20636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CSI

Occupation  
Manager

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.37266

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mr. Melvin Sykes

Mailing Address 623 Tayman Drive

City

Annapolis

State

MD

Zip Code

21403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Law Office of Melvin Sykes

Occupation  
Attorney / Owner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.36782

Amount of Each Receipt this Period

1500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Robert Tamaru

Mailing Address 11978 Grey Squirrel Lane

City

Reston

State

VA

Zip Code

20194-1726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Argon ST

Occupation  
VP

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36700

Amount of Each Receipt this Period

1500.00

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

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

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 97 / 302

(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. Michael Tatarko

Mailing Address Box 268-1044 Station Road

City

Twin Rocks

State

PA

Zip Code

15960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Conemaugh Health Initiati-  
veOccupation  
Physician

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	0	8

Transaction ID: SA11AI.36810

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Sean P. Todd

Mailing Address 1910 Hackamore Lane

City

Alexandria

State

VA

Zip Code

22308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fox Potomac ResourcesOccupation  
Principal

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.37878

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

H. James Towey

Mailing Address 3013 Masters Ln

City

Latrobe

State

PA

Zip Code

15650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Vincent CollegeOccupation  
President

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37093

Amount of Each Receipt this Period

1000.00

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

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

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 98 / 302

(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 Troiano

Mailing Address 205 Longfellow Street

City

Vandergrift

State

PA

Zip Code

15690

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation

Engineer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36701

Amount of Each Receipt this Period

1500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Edna Truxal

Mailing Address 108 South Fifth Street

City

Youngwood

State

PA

Zip Code

15697

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Penn State Tool & Die

Occupation

CEO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.36784

Amount of Each Receipt this Period

1500.00

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

**C.**

Full Name (Last, First, Middle Initial)

James Ummer

Mailing Address 200 Woodland Farms Rd

City

Pittsburgh

State

PA

Zip Code

15238

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rothman Gordon

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.37580

Amount of Each Receipt this Period

500.00

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

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

3500.00

**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 99 / 302

(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)

Peter Ungaro

Mailing Address 2101 S. Liberty Drive

City

Liberty Lake

State

WA

Zip Code

99019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cray Inc

Occupation

CEO & President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.36746

Amount of Each Receipt this Period

1500.00

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

**B.**

Full Name (Last, First, Middle Initial)

James Vasilko

Mailing Address 257 Churchill Street

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Johnstown Construction Co.

Occupation

President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.36811

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

James Vasilko

Mailing Address 257 Churchill Street

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Johnstown Construction Co.

Occupation

President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.37267

Amount of Each Receipt this Period

500.00

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

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

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 100 / 302

(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)

John Vatauvuk

Mailing Address 1016 Berkey Road

City  
WindberState  
PAZip Code  
15963FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Somerset CountyOccupation  
Commissioner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	8

Transaction ID: SA11AI.36792

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Richard Wade

Mailing Address 7777 N Placita Sin Mentiras

City  
TucsonState  
AZZip Code  
85718FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RaytheonOccupation  
Business Director

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Transaction ID: SA11AI.37268

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Mr. David Wahrhaftig

Mailing Address 100 Carleon Avenue

City  
LarchmontState  
NYZip Code  
10538-3223FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kelso & Co.Occupation  
Managing Director

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.37095

Amount of Each Receipt this Period

2300.00

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

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

2800.00

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

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

FOR LINE NUMBER: PAGE 101 / 302

(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)

Suzanne Wahrhaftig

Mailing Address 100 Carleon Avenue

City

Larchmont

State

NY

Zip Code

10538-3223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Homemaker

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.37096

Amount of Each Receipt this Period

2300.00

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

Full Name (Last, First, Middle Initial)

Mr. Thomas Wall

Mailing Address 1105 Park Avenue

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kelso & Co.

Occupation

President

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.37097

Amount of Each Receipt this Period

2300.00

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

Full Name (Last, First, Middle Initial)

Gregory J. Walters

Mailing Address 8431 Idylwood Rd

City

Vienna

State

VA

Zip Code

22182-5142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lockheed Martin

Occupation

VP Leg Affairs

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	0	8

Transaction ID: SA11AI.36748

Amount of Each Receipt this Period

1000.00

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

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

5600.00

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 102 / 302

(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)

Ruby Warner

Mailing Address 7 Bridle Path

City

Southampton

State

NJ

Zip Code

08088

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Homemaker

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37283

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Mr. Richard C. Whitner

Mailing Address 1200 Collingwood Road

City

Arlington

State

VA

Zip Code

22308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RC Whitner & Associates

Occupation

President

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	0	8

Transaction ID: SA11AI.36711

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Edward Wian

Mailing Address 165 Wyndmere Dr

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tri Co Motor Sales

Occupation

President

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.37198

Amount of Each Receipt this Period

1500.00

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

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

3500.00

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 103 / 302

(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)

D. John Wildfong

Mailing Address 8116 Rondelay Lnc.

City

Fairfax Station

State

VA

Zip Code

22039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lockheed Martin

Occupation

Executive VP

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	0	8

Transaction ID: SA11AI.36721

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

James Wolfe

Mailing Address 5301 N Post Trail

City

Tucson

State

AZ

Zip Code

85750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Raytheon

Occupation

Program Director

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.37200

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Robert G Yasi

Mailing Address 3672 Indian Way

City

San Diego

State

CA

Zip Code

92117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	0	8

Transaction ID: SA11AI.37950

Amount of Each Receipt this Period

2300.00

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

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

3050.00

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 104 / 302

(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)

J. Benjamin Yeager

Mailing Address 4 Orchard View Dr

City State Zip Code  
**Hollidaysburg PA 16648**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 McQuaide Blasko

Occupation  
 Attorney

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.37446

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Ross Zafonte

Mailing Address 607 Twin Pine Road

City State Zip Code  
**Pittsburgh PA 15215-1568**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 UPMC

Occupation  
 Chairman, Rehab Medicine

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36725

Amount of Each Receipt this Period

250.00

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

**C.**

Full Name (Last, First, Middle Initial)

George Zitnay

Mailing Address 97 Dartmouth Avenue

City State Zip Code  
**Johnstown PA 15905**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Defense & Vet Brain Inj  
 Ctr

Occupation  
 Neuropsychologist

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 300.00

Date of Receipt

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

Transaction ID: SA11AI.37806

Amount of Each Receipt this Period

200.00

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

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

**950.00**

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



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

FOR LINE NUMBER: PAGE 105 / 302

(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)

Donato Zucco

Mailing Address 2201 Woodcrest

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TCP IncOccupation  
President

Receipt For: 2008

☐ Primary   ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.36812

Amount of Each Receipt this Period

500.00

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

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

500.00

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

330400.00

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

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

FOR LINE NUMBER: PAGE 106 / 302

(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)  
**ACCENTURE PAC**

Mailing Address **800 CONNECTICUT AVENUE, SUITE 600**

City State Zip Code  
**WASHINGTON DC 20006**

FEC ID number of contributing federal political committee. **C C00300707**

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**5000.00**

Date of Receipt

**07 / 29 / 2008**

Transaction ID: SA11C.36750

Amount of Each Receipt this Period

**2500.00**

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

**B.**

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

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

City State Zip Code  
**WASHINGTON DC 20001**

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

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**1500.00**

Date of Receipt

**08 / 06 / 2008**

Transaction ID: SA11C.37043

Amount of Each Receipt this Period

**1500.00**

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

**C.**

Full Name (Last, First, Middle Initial)  
**AGSHF CIVIC ACTION COMMITTEE**

Mailing Address **1333 NEW HAMPSHIRE AVE. NW  
 SUITE 400**

City State Zip Code  
**WASHINGTON DC 20036**

FEC ID number of contributing federal political committee. **C C00104901**

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**2500.00**

Date of Receipt

**08 / 12 / 2008**

Transaction ID: SA11C.37046

Amount of Each Receipt this Period

**2500.00**

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

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

**6500.00**

**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  
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(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
**AIR PRODUCTS AND CHEMICALS INC. POLITICAL ALLIANCE**

Mailing Address **P.O. Box 441**

City State Zip Code  
**Trexlerstown PA 18087**

FEC ID number of contributing federal political committee. **C C00127258**

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**10000.00**

Date of Receipt

**08 / 26 / 2008**

Transaction ID: SA11C.37137

Amount of Each Receipt this Period

**5000.00**

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

**B.**

Full Name (Last, First, Middle Initial)  
**American Assoc of Orthopaedic Surgeons**

Mailing Address **317 Massachussetts Ave NE**

City State Zip Code  
**Washington DC 20002**

FEC ID number of contributing federal political committee. **C C00343137**

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**5000.00**

Date of Receipt

**07 / 29 / 2008**

Transaction ID: SA11C.36822

Amount of Each Receipt this Period

**5000.00**

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

**C.**

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

Mailing Address **555 NEW JERSEY AVENUE N W**

City State Zip Code  
**WASHINGTON DC 20001**

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

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**5000.00**

Date of Receipt

**09 / 29 / 2008**

Transaction ID: SA11C.37807

Amount of Each Receipt this Period

**3000.00**

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

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

**13000.00**

**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  
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(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address **1101 VERMONT AVENUE NW**

City State Zip Code  
**WASHINGTON DC 20005**

FEC ID number of contributing federal political committee. **C C00000422**

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**6000.00**

Date of Receipt

**08 / 26 / 2008**

Transaction ID: SA11C.37136

Amount of Each Receipt this Period

**3000.00**

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

**B.**

Full Name (Last, First, Middle Initial)  
**ANALYTICAL GRAPHICS INC PAC (AGI PAC)**

Mailing Address **40 GENERAL WARREN BOULEVARD**

City State Zip Code  
**MALVERN PA 19355**

FEC ID number of contributing federal political committee. **C C00370023**

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**7500.00**

Date of Receipt

**07 / 29 / 2008**

Transaction ID: SA11C.36751

Amount of Each Receipt this Period

**1500.00**

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

**C.**

Full Name (Last, First, Middle Initial)  
**ASEA BROWN BOVERI (ABB) POLICY IMPROVEMENT PROGRAM**

Mailing Address **1455 PENNSYLVANIA AVENUE NW  
WILLARD BUILDING SUITE 210**

City State Zip Code  
**WASHINGTON DC 20004**

FEC ID number of contributing federal political committee. **C C00041947**

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

Date of Receipt

**09 / 18 / 2008**

Transaction ID: SA11C.37563

Amount of Each Receipt this Period

**500.00**

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

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

**5000.00**

**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  
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(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
**BABCOCK & WILCOX COMPANY GOOD GOVERNMENT FUND; THE**

Mailing Address **2016 Mt. Athos Rd**

City State Zip Code  
**Lynchburg VA 24504**

FEC ID number of contributing federal political committee. **C C00063461**

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**5000.00**

Date of Receipt

**07 / 29 / 2008**

Transaction ID: SA11C.36774

Amount of Each Receipt this Period

**2500.00**

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

**B.**

Full Name (Last, First, Middle Initial)  
**BABCOCK & WILCOX COMPANY GOOD GOVERNMENT FUND; THE**

Mailing Address **2016 Mt. Athos Rd**

City State Zip Code  
**Lynchburg VA 24504**

FEC ID number of contributing federal political committee. **C C00063461**

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**7500.00**

Date of Receipt

**09 / 30 / 2008**

Transaction ID: SA11C.37899

Amount of Each Receipt this Period

**2500.00**

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

**C.**

Full Name (Last, First, Middle Initial)  
**BAE Systems USA PAC**

Mailing Address **1215 Jefferson Davis Hwy. #1500**

City State Zip Code  
**Arlington VA 22202**

FEC ID number of contributing federal political committee. **C C00281212**

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**9000.00**

Date of Receipt

**08 / 06 / 2008**

Transaction ID: SA11C.37045

Amount of Each Receipt this Period

**1500.00**

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

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

**6500.00**

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

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

Use separate schedule(s)  
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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
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NAME OF COMMITTEE (In Full)  
**MURTHA FOR CONGRESS COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**BEARINGPOINT INC. PUBLIC SERVICES POLITICAL ACTION COMMITTEE, THE**

Mailing Address **1676 International Drive**

City State Zip Code  
**McLean VA 22102**

FEC ID number of contributing federal political committee. **C C00372086**

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**4000.00**

Date of Receipt

**08 / 06 / 2008**

Transaction ID: SA11C.37044

Amount of Each Receipt this Period

**2500.00**

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

**B.**

Full Name (Last, First, Middle Initial)  
**BECHTEL GROUP INC PAC (AKA BECHTEL PAC AND BECHTEL POLITICAL ACTION COMMITTEE)**

Mailing Address **50 BEALE STREET, P.O. BOX 193965**  
**50 BEALE STREET**

City State Zip Code  
**SAN FRANCISCO CA 94119**

FEC ID number of contributing federal political committee. **C C00103697**

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**5000.00**

Date of Receipt

**09 / 29 / 2008**

Transaction ID: SA11C.37881

Amount of Each Receipt this Period

**2500.00**

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

**C.**

Full Name (Last, First, Middle Initial)  
**BIPARTISAN POLITICAL ACTION COMMITTEE/MELLON FINANCIAL CORPORATION (BIPAC/MFC)**

Mailing Address **ONE MELLON BANK CENTER**

City State Zip Code  
**PITTSBURGH PA 15258**

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

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

Date of Receipt

**09 / 04 / 2008**

Transaction ID: SA11C.37448

Amount of Each Receipt this Period

**1000.00**

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

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

**6000.00**

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

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

Use separate schedule(s)  
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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
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NAME OF COMMITTEE (In Full)  
**MURTHA FOR CONGRESS COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**BOILERMAKERS-BLACKSMITHS LEGISL. EDUC. PROGRAM CAF**

Mailing Address **753 STATE AVENUE #565**

City State Zip Code  
**KANSAS CITY KS 66101-2511**

FEC ID number of contributing federal political committee. **C C00005157**

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**5500.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**09 11 2008**

Transaction ID: SA11C.37444

Amount of Each Receipt this Period

**2000.00**

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

**B.**

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

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

City State Zip Code  
**PITTSBURGH PA 15219**

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

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**4000.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**07 16 2008**

Transaction ID: SA11C.36775

Amount of Each Receipt this Period

**1500.00**

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

**C.**

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

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

City State Zip Code  
**PITTSBURGH PA 15219**

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

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**6000.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**08 21 2008**

Transaction ID: SA11C.37130

Amount of Each Receipt this Period

**2000.00**

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

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

**5500.00**

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
Citizens for C Baker Knoll

Mailing Address P.O. Box 115

City	State	Zip Code
Camp Hill	PA	17001-0115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

 Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11C.37070

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)  
Comm. To Elect Ed Cernic Jr

Mailing Address 500 Cooper Avenue

City	State	Zip Code
Johnstown	PA	15906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

 Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 7		0 2		2 0 0 8

Transaction ID: SA11C.36932

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**C.**Full Name (Last, First, Middle Initial)  
Comm to Re-Elect Barb Kline

Mailing Address 218 E. Horner Street

City	State	Zip Code
Ebensburg	PA	15931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

 Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 7		0 2		2 0 0 8

Transaction ID: SA11C.36933

Amount of Each Receipt this Period

250.00

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

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

1750.00

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  
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(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
**CRUISE LINES INTERNATIONAL ASSOCIATION PAC (CLIA PAC)**

Mailing Address **2111 WILSON BOULEVARD 8TH FLOOR**

City State Zip Code  
**ARLINGTON VA 22201**

FEC ID number of contributing federal political committee. **C C00432393**

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**4000.00**

Date of Receipt

**07 / 22 / 2008**

Transaction ID: SA11C.36665

Amount of Each Receipt this Period

**2000.00**

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

**B.**

Full Name (Last, First, Middle Initial)  
**CUBIC CORPORATION EMPLOYEES' PAC**

Mailing Address **9333 BALBOA AVENUE**

City State Zip Code  
**SAN DIEGO CA 92123**

FEC ID number of contributing federal political committee. **C C00151787**

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

Date of Receipt

**09 / 29 / 2008**

Transaction ID: SA11C.37882

Amount of Each Receipt this Period

**1000.00**

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

**C.**

Full Name (Last, First, Middle Initial)  
**DAY & ZIMMERMANN INC FEDERAL PAC (AKA 'DAYPAC - FEDERAL')**

Mailing Address **1818 MARKET STREET 22ND FLOOR**

City State Zip Code  
**PHILADELPHIA PA 19103**

FEC ID number of contributing federal political committee. **C C00341271**

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**10000.00**

Date of Receipt

**07 / 29 / 2008**

Transaction ID: SA11C.36820

Amount of Each Receipt this Period

**2500.00**

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

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

**5500.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

☐ 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)  
DISTRICT 2A TTWISEU VOLUNTARY POLITICAL ACTION FUND

Mailing Address 2 WEST DIXIE HIGHWAY

City State Zip Code  
DANIA BEACH FL 33004FEC ID number of contributing  
federal political committee. **C** C00342105

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11C.36726

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)  
DUANE MORRIS GOVERNMENT COMMITTEEMailing Address Attn: Charles J. O'Donnell  
One Liberty PlaceCity State Zip Code  
Philadelphia PA 19103FEC ID number of contributing  
federal political committee. **C** C00364133

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
2200.00

Date of Receipt

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

Transaction ID: SA11C.37101

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**C.**Full Name (Last, First, Middle Initial)  
DUANE MORRIS GOVERNMENT COMMITTEEMailing Address Attn: Charles J. O'Donnell  
One Liberty PlaceCity State Zip Code  
Philadelphia PA 19103FEC ID number of contributing  
federal political committee. **C** C00364133

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
4700.00

Date of Receipt

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

Transaction ID: SA11C.37202

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional) .....

5500.00

**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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
EADS NORTH AMERICA AMERICANS FOR COMPETITION IN AEROSPACE PACMailing Address 1616 North Ft. Myer Drive  
Suite 1600City State Zip Code  
Arlington VA 22209FEC ID number of contributing  
federal political committee. **C** C00421230

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
2500.00

Date of Receipt

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

Transaction ID: SA11C.37883

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)  
EID PASSPORT, INC.

Mailing Address 10450 Sw Nimbus Ave Bldg R-A

City State Zip Code  
Portland OR 97223FEC ID number of contributing  
federal political committee. **C** C00433797

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
1500.00

Date of Receipt

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

Transaction ID: SA11C.37134

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**C.**Full Name (Last, First, Middle Initial)  
FIRST COMMONWEALTH FINANCIAL CORPORATION PACMailing Address 22 NORTH SIXTH STREET  
PO BOX 400City State Zip Code  
INDIANA PA 15701FEC ID number of contributing  
federal political committee. **C** C00348185

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11C.37272

Amount of Each Receipt this Period

500.00

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

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

4500.00

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 116 / 302

(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 ENERGY POLITICAL ACTION COMMITTEE

Mailing Address 76 SOUTH MAIN STREET

City State Zip Code  
AKRON OH 44308FEC ID number of contributing  
federal political committee. **C** C00140855

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11C.37900

Amount of Each Receipt this Period

3000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)  
Friends of Edward P. WojnarowskiMailing Address 235 Lincoln Street  
P.O. Box 82City State Zip Code  
Johnstown PA 15907-0082FEC ID number of contributing  
federal political committee. **C**

Name of Employer Occupation

Receipt For: 2000  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
1700.00

Date of Receipt

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

Transaction ID: SA11C.37972

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**C.**Full Name (Last, First, Middle Initial)  
GENERAL ATOMICS POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 22930

City State Zip Code  
SAN DIEGO CA 92122FEC ID number of contributing  
federal political committee. **C** C00215285

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
8500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA11C.36829

Amount of Each Receipt this Period

5000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

9500.00

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 117 / 302

(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)

GlaxoSmithKline PAC

Mailing Address Five Moore Drive

City

Research Triangle

State

NC

Zip Code

27709

FEC ID number of contributing  
federal political committee.

**C** C00199703

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 9 / 2 0 0 8

Transaction ID: SA11C.36752

Amount of Each Receipt this Period

3000.00

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

**B.**

Full Name (Last, First, Middle Initial)

GOODYEAR TIRE & RUBBER COMPANY GOOD GOVERNMENT FUND (GOODYEAR GOOD GOVERNMENT FUND)

Mailing Address 1144 EAST MARKET STREET

City

AKRON

State

OH

Zip Code

44316

FEC ID number of contributing  
federal political committee.

**C** C00100131

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11C.37570

Amount of Each Receipt this Period

2000.00

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

**C.**

Full Name (Last, First, Middle Initial)

INT'L FED. OF PROFESSIONAL AND TECHNICAL ENGINEERS LEG. EDU. ACTION PROGRAM - PAC

Mailing Address 501 3rd St, NW  
Ste 701

City

Washingtn

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

**C** C00164509

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11C.37564

Amount of Each Receipt this Period

1000.00

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

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

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 118 / 302

(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)  
**INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS**

Mailing Address **1750 NEW YORK NW**

City State Zip Code  
**WASHINGTON DC 20006**

FEC ID number of contributing federal political committee. **C C70003108**

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**2500.00**

Date of Receipt

**07 / 01 / 2008**

Transaction ID: SA11C.36936

Amount of Each Receipt this Period

**2500.00**

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

**B.**

Full Name (Last, First, Middle Initial)  
**INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS**

Mailing Address **1750 NEW YORK NW**

City State Zip Code  
**WASHINGTON DC 20006**

FEC ID number of contributing federal political committee. **C C70003108**

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**5000.00**

Date of Receipt

**09 / 29 / 2008**

Transaction ID: SA11C.37808

Amount of Each Receipt this Period

**2500.00**

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

**C.**

Full Name (Last, First, Middle Initial)  
**IRONWORKERS POLITICAL ACTION LEAGUE**

Mailing Address **1750 NY AVE, NW SUITE 400**

City State Zip Code  
**WASHINGTON DC 20006**

FEC ID number of contributing federal political committee. **C C00027359**

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**5000.00**

Date of Receipt

**09 / 30 / 2008**

Transaction ID: SA11C.37901

Amount of Each Receipt this Period

**5000.00**

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

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

**10000.00**

**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 119 / 302

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
KING & SPALDING NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT

Mailing Address 191 Peachtree Street

City	State	Zip Code
Atlanta	GA	30303

FEC ID number of contributing  
federal political committee. **C** C00204453

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11C.36662

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)  
MANTECH INTERNATIONAL CORP PAC

Mailing Address 12015 LEE JACKSON HIGHWAY STE 128

City	State	Zip Code
FAIRFAX	VA	22033

FEC ID number of contributing  
federal political committee. **C** C00208983

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11C.36664

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**C.**Full Name (Last, First, Middle Initial)  
Joel McCleary

Mailing Address 1415 3th St NW

City	State	Zip Code
Washington	DC	20007-2804

FEC ID number of contributing  
federal political committee. **C**Name of Employer Self Employed Occupation  
ConsultantReceipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 8

Transaction ID: SA11C.36937

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional) .....

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 120 / 302

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MCKENNA LONG AND ALDRIDGE LLP POLITICAL ACTION COMMITTEE

Mailing Address 303 PEACHTREE STREET SUITE 5300

City	State	Zip Code
ATLANTA	GA	30308

FEC ID number of contributing  
federal political committee. **C** C00391383

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
5000.00

Date of Receipt

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

Transaction ID: SA11C.37560

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)  
METROPOLITAN LIFE INSURANCE COMPANY (METLIFE) EMPLOYEES' POLITICAL PARTICIPATION

Mailing Address One Madison Ave

City	State	Zip Code
New York	NY	10010

FEC ID number of contributing  
federal political committee. **C** C00040923

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
2000.00

Date of Receipt

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

Transaction ID: SA11C.37131

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**C.**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: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 8

Transaction ID: SA11C.36827

Amount of Each Receipt this Period

1000.00

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

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

5500.00

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 121 / 302

(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)  
NAUS-PAC

Mailing Address 5535 HEMPSTEAD WAY

City State Zip Code  
SPRINGFIELD VA 22151FEC ID number of contributing  
federal political committee. **C** C00086348

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
3000.00

Date of Receipt

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

Transaction ID: SA11C.37885

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)  
NEA FUND FOR CHILDREN AND PUBLIC EDUCATION; THE (FKA NEAPAC)

Mailing Address 1201 16TH STREET NW #421

City State Zip Code  
WASHINGTON DC 20036FEC ID number of contributing  
federal political committee. **C** C00003251

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: SA11C.36826

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**C.**Full Name (Last, First, Middle Initial)  
NORTH SIDE GOOD GOVERNMENT COMMITTEE

Mailing Address 3400 SOUTH WATER STREET

City State Zip Code  
PITTSBURGH PA 15203FEC ID number of contributing  
federal political committee. **C** C00295600

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

Transaction ID: SA11C.37116

Amount of Each Receipt this Period

2500.00

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

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

5000.00

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 122 / 302

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
NUCLEAR ENERGY INSTITUTE FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 1776 I Street NW 4th Flr

City	State	Zip Code
Washington	DC	20006

FEC ID number of contributing  
federal political committee. **C** C00239848

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
2500.00

Date of Receipt

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

Transaction ID: SA11C.37135

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)  
POLITICAL EDUCATIONAL FUND OF THE BUILDING AND CONSTRUCTION TRADES DEPARTMENT

Mailing Address 815 16th St. NW Suite 600

City	State	Zip Code
Washington	DC	20006

FEC ID number of contributing  
federal political committee. **C** C00003160

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
6000.00

Date of Receipt

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

Transaction ID: SA11C.37810

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**C.**Full Name (Last, First, Middle Initial)  
QINETIQ NORTH AMERICA OPERATIONS LLC PAC (A.K.A. QINETIQ PAC)Mailing Address 7918 Jones Branch Drive  
Suite 350

City	State	Zip Code
McLean	VA	22102

FEC ID number of contributing  
federal political committee. **C** C00383992

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
2000.00

Date of Receipt

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

Transaction ID: SA11C.37886

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

**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 123 / 302

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 NORTH MICHIGAN AVE

City	State	Zip Code
CHICAGO	IL	60611

FEC ID number of contributing  
federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11C.37902

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)  
RTI INTERNATIONAL METALS INC PAC

Mailing Address 1000 WARREN AVE

City	State	Zip Code
NILES	OH	44446

FEC ID number of contributing  
federal political committee. **C** C00350280

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
2000.00

Date of Receipt

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

Transaction ID: SA11C.37099

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**C.**Full Name (Last, First, Middle Initial)  
SAP AMERICA INC PAC

Mailing Address 3999 WEST CHESTER PIKE

City	State	Zip Code
NEWTOWN SQUARE	PA	19073

FEC ID number of contributing  
federal political committee. **C** C00367375

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
10000.00

Date of Receipt

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

Transaction ID: SA11C.37100

Amount of Each Receipt this Period

5000.00

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

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

12000.00

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 124 / 302

(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) **SEAFARERS POLITICAL ACTIVITY DONATION-SEAFARERS INTERNAT'L UNION OF NA-AGLIWD** **DISCARD Receipt**

Mailing Address **5201 AUTH WAY**

City State Zip Code  
**CAMP SPRINGS MD 20746**

FEC ID number of contributing federal political committee. **C C00004325**

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**1500.00**

M M / D D / Y Y Y Y Y  
**0 7 2 2 2 0 0 8**

**Transaction ID: SA11C.36666**

Amount of Each Receipt this Period

**1500.00**

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

**B.** Full Name (Last, First, Middle Initial) **SEAFARERS POLITICAL ACTIVITY DONATION-SEAFARERS INTERNAT'L UNION OF NA-AGLIWD** **DISCARD Receipt**

Mailing Address **5201 AUTH WAY**

City State Zip Code  
**CAMP SPRINGS MD 20746**

FEC ID number of contributing federal political committee. **C C00004325**

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**3000.00**

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

**Transaction ID: SA11C.37568**

Amount of Each Receipt this Period

**1500.00**

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

**C.** Full Name (Last, First, Middle Initial) **Thomson, Rhodes & Cowie, PC, PAC** **DISCARD Receipt**

Mailing Address **1010 Two Chatham Center**

City State Zip Code  
**Pittsburgh PA 15219**

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

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

Date of Receipt

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

**Transaction ID: SA11C.37102**

Amount of Each Receipt this Period

**1000.00**

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

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

**4000.00**

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

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

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

FOR LINE NUMBER: PAGE 125 / 302

(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)  
**TRANSPORTATION TRADES DEPARTMENT AFL-CIO POLITICAL ACTION COMMITTEE (TTD/PAC)**

Mailing Address **888 16TH ST NW SUITE 650**

City State Zip Code  
**WASHINGTON DC 20006**

FEC ID number of contributing federal political committee. **C C00280909**

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

Date of Receipt

**09 / 18 / 2008**

Transaction ID: SA11C.37569

Amount of Each Receipt this Period

**500.00**

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

**B.**

Full Name (Last, First, Middle Initial)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Mailing Address **8000 EAST JEFFERSON**

City State Zip Code  
**DETROIT MI 48214**

FEC ID number of contributing federal political committee. **C C00002840**

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**1500.00**

Date of Receipt

**09 / 29 / 2008**

Transaction ID: SA11C.37809

Amount of Each Receipt this Period

**1500.00**

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

**C.**

Full Name (Last, First, Middle Initial)  
**UNITED MINE WORKERS OF AMERICA - COAL MINERS POLITICAL ACTION COMMITTEE**

Mailing Address **8315 LEE HIGHWAY, FIFTH FLOOR**

City State Zip Code  
**FAIRFAX VA 22031**

FEC ID number of contributing federal political committee. **C C00013342**

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**8000.00**

Date of Receipt

**07 / 02 / 2008**

Transaction ID: SA11C.36813

Amount of Each Receipt this Period

**500.00**

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

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

**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 126 / 302

(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 MINE WORKERS OF AMERICA - COAL MINERS POLITICAL ACTION COMMITTEE

Mailing Address 8315 LEE HIGHWAY, FIFTH FLOOR

City State Zip Code  
 FAIRFAX VA 22031

FEC ID number of contributing  
federal political committee.

**C** C00013342

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 9 / 2 0 0 8

Transaction ID: SA11C.36821

Amount of Each Receipt this Period

2000.00

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

**B.**

Full Name (Last, First, Middle Initial)

UNITED STEELWORKERS POLITICAL ACTION FUND

Mailing Address Five Gateway Center

City State Zip Code  
 Pittsburgh PA 15222

FEC ID number of contributing  
federal political committee.

**C** C00003590

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 9 / 2 0 0 8

Transaction ID: SA11C.36753

Amount of Each Receipt this Period

5000.00

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

**C.**

Full Name (Last, First, Middle Initial)

UNITE HERE TIP CAMPAIGN COMMITTEE

Mailing Address 275 Seventh Ave. 10th Floor

City State Zip Code  
 New York NY 10001

FEC ID number of contributing  
federal political committee.

**C** C00004861

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID: SA11C.37572

Amount of Each Receipt this Period

3500.00

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

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

10500.00

**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 127 / 302

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

VEN-PAC

Mailing Address PO BOX 70002

City

WASHINGTON

State

DC

Zip Code

20024

FEC ID number of contributing  
federal political committee.**C** C00369660

Name of Employer

Occupation

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID: SA11C.37887

Amount of Each Receipt this Period

1000.00

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

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

1000.00

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

136250.00

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

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

FOR LINE NUMBER: PAGE 128 / 302

(check only one)

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

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

**A.**

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

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: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25184.88

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 3 1 / 2 0 0 8

Transaction ID: SA15.37287

Amount of Each Receipt this Period

1001.50

Interest Income

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

**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: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

26284.24

Date of Receipt

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

Transaction ID: SA15.37436

Amount of Each Receipt this Period

1099.36

Interest Income

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

**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: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

27318.82

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 8

Transaction ID: SA15.37938

Amount of Each Receipt this Period

1034.58

Interest Income

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

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

3135.44

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

3135.44



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Allegheny Kiski Valley NAACP <hr/> Mailing Address 1013 Nesbit Ave	<b>Transaction ID:</b> SB17.37585 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div>
City Brackenridge State PA Zip Code 15014 Purpose of Disbursement Adv. & Tickets Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>280.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Anchor Block <hr/> Mailing Address 131 Liberty St	<b>Transaction ID:</b> SB17.37915 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 8</div> </div>
City Mt Pleasant State PA Zip Code 15666 Purpose of Disbursement Advertising Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>466.40</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Arcadia Performing Arts <hr/> Mailing Address 1418 Graham Avenue	<b>Transaction ID:</b> SB17.37588 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div>
City Windber State PA Zip Code 15963 Purpose of Disbursement Advertising Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>375.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**1121.40**

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 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	<b>Transaction ID:</b> SB17.37311 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 7 / 2 0 0 8</div> </div>
City State Zip Code Arlington VA 22204 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) ▼	<b>Amount of Each Disbursement this Period</b> <div> <div>3964.21</div> <input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53         </div>
<b>B.</b> 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 Office Sought: <input type="checkbox"/> House <input 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> SB17.36840 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div>195.75</div> <input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53         </div>
<b>C.</b> 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 Office Sought: <input type="checkbox"/> House <input 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> SB17.36921 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div>171.67</div> <input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53         </div>

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

**4331.63**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) A T&T Mailing Address P.O. Box 9001309	<b>Transaction ID:</b> SB17.37300 <b>Date of Disbursement</b> <div> <div>08</div> <div>06</div> <div>2008</div> </div>
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>Amount of Each Disbursement this Period</b> <div>613.97</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</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> SB17.37374 <b>Date of Disbursement</b> <div> <div>08</div> <div>27</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>192.72</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<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> SB17.37420 <b>Date of Disbursement</b> <div> <div>09</div> <div>10</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>827.79</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**1634.48**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) A T&T Mailing Address P.O. Box 9001309	<b>Transaction ID:</b> SB17.37923 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 8</div> </div>
City State Zip Code Louisville KY 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>Amount of Each Disbursement this Period</b> <div>216.86</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) A T&T Wireless Mailing Address P.O. Box 129 City State Zip Code Newark NJ 07101-0129 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> SB17.36865 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 9 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>542.87</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</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 Office Sought: <input type="checkbox"/> House <input 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> SB17.36855 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 9 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>75.26</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**834.99**

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

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

Use separate schedule(s)  
for each category of the  
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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Atlantic Broadband Mailing Address 120 Southmont Blvd	<b>Transaction ID:</b> SB17.37298 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 6 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15905 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>Amount of Each Disbursement this Period</b> <div> <div></div> <div>75.26</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Atlantic Broadband Mailing Address 120 Southmont Blvd City Johnstown State PA Zip Code 15905 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> SB17.37391 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 3 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>75.26</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) B & B Floral Mailing Address 1199 Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Floral Arrangements Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.36857 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 9 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>174.37</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**324.89**

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) B & B Floral Mailing Address 1199 Scalp Avenue	<b>Transaction ID:</b> SB17.37320 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2008</div> </div>
City Johnstown State PA Zip Code 15904 Purpose of Disbursement Floral Arrangements Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>120.31</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) B & B Floral Mailing Address 1199 Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Floral Arrangements Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.37922 <b>Date of Disbursement</b> <div> <div>09</div> <div>30</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>86.39</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Babcor Packaging Corp Mailing Address 855 South Canal Street City Pittsburgh State PA Zip Code 15212 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) ▼	<b>Transaction ID:</b> SB17.37359 <b>Date of Disbursement</b> <div> <div>08</div> <div>27</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>797.05</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**1003.75**

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Babcor Packaging Corp	<b>Transaction ID:</b> SB17.37615 <b>Date of Disbursement</b>
Mailing Address 855 South Canal Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 0 8</div> </div>
City Pittsburgh State PA Zip Code 15212 Purpose of Disbursement Gifts Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>110.89</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Babcor Packaging Corp	<b>Transaction ID:</b> SB17.37926 <b>Date of Disbursement</b>
Mailing Address 855 South Canal Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 8</div> </div>
City Pittsburgh State PA Zip Code 15212 Purpose of Disbursement Gifts Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>237.66</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Barclay Electric Service Inc	<b>Transaction ID:</b> SB17.37355 <b>Date of Disbursement</b>
Mailing Address 88 Fairfield Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15906 Purpose of Disbursement Campaign Office Exp Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>2500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

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

**2848.55**

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

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Barclay Electric Service Inc Mailing Address 88 Fairfield Avenue	<b>Transaction ID:</b> SB17.37405 <b>Date of Disbursement</b> <div> <div>09</div> <div>04</div> <div>2008</div> </div>
City Johnstown State PA Zip Code 15906 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>Amount of Each Disbursement this Period</b> <div>2500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Barclay Electric Service Inc Mailing Address 88 Fairfield Avenue City Johnstown State PA Zip Code 15906 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> SB17.37604 <b>Date of Disbursement</b> <div> <div>09</div> <div>18</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>4648.33</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> 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 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) ▼	<b>Transaction ID:</b> SB17.37387 <b>Date of Disbursement</b> <div> <div>09</div> <div>03</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>392.29</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**7540.62**

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



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

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

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Cambria Business Machines

Mailing Address P.O. Box 456

City State Zip Code  
Johnstown PA 15907-0456

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: SB17.36903  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**B.**

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

Mailing Address 1610 Bedford Street

City State Zip Code  
Johnstown PA 15902

Purpose of Disbursement  
LST Taxes W/H  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

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

Transaction ID: SB17.36878  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**C.**

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

Mailing Address 1610 Bedford Street

City State Zip Code  
Johnstown PA 15902

Purpose of Disbursement  
Local Taxes W/H  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

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

Transaction ID: SB17.36879  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

**255.58**

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

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

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Christian Book Store

Mailing Address 1238 Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement  
Campaign Office Exp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB17.36837

Date of Disbursement

/   /

Amount of Each Disbursement this Period

205.68

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

**B.**

Full Name (Last, First, Middle Initial)

Christian Book Store

Mailing Address 1238 Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement  
Campaign Office Exp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB17.37612

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1524.56

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

**C.**

Full Name (Last, First, Middle Initial)

Chuck Mamula Photography

Mailing Address 186 Fairfield Avenue

City Johnstown State PA Zip Code 15906

Purpose of Disbursement  
Photography Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB17.37362

Date of Disbursement

/   /

Amount of Each Disbursement this Period

715.50

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

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

2445.74

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Cliff Owen Photo Mailing Address 9031 Center St #1	<b>Transaction ID:</b> SB17.37412 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 0 / 2 0 0 8</div> </div>
City Manassas State VA Zip Code 20110 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) ▼	<b>Amount of Each Disbursement this Period</b> <div>640.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Colony Cleaning Company Mailing Address 160 Engbert Road City Johnstown State PA Zip Code 15902 Purpose of Disbursement Cleaning Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.36856 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 9 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>205.46</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Colony Cleaning Company Mailing Address 160 Engbert Road City Johnstown State PA Zip Code 15902 Purpose of Disbursement Cleaning Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.37303 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>205.82</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**1051.28**

**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  
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☐ 20a ☐ 20b ☐ 20c ☐ 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	<b>Transaction ID:</b> SB17.37392 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Cleaning Service Candidate Name <div>Category/Type</div> <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>Amount of Each Disbursement this Period</b> <div>257.05</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Congressional Club <hr/> Mailing Address 2001 N. H. Avenue <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Meeting Expense Candidate Name <div>Category/Type</div> <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> SB17.37403 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 4 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>100.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Cover Studio <hr/> Mailing Address 504 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <div>Category/Type</div> <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> SB17.37614 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>69.32</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**426.37**

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

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

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Darra Group Inc	<b>Transaction ID:</b> SB17.37610 <b>Date of Disbursement</b>																				
Mailing Address PO Box 48	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	4		2	0	0	8												
City Monessen State PA Zip Code 15062	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Gifts	<table border="1"> <tr> <td>10887.79</td> </tr> </table>	10887.79																			
10887.79																					
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Edward Mitchell Communications	<b>Transaction ID:</b> SB17.37553 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 2237	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	1		2	0	0	8												
City Wilkes-Barre State PA Zip Code 18703	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Consulting	<table border="1"> <tr> <td>10000.00</td> </tr> </table>	10000.00																			
10000.00																					
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Glen Embree	<b>Transaction ID:</b> SB17.37323 <b>Date of Disbursement</b>																				
Mailing Address RD 1, Box 353	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	2		2	0	0	8												
City Mt Pleasant State PA Zip Code 15666	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Tickets & Travel	<table border="1"> <tr> <td>266.69</td> </tr> </table>	266.69																			
266.69																					
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

21154.48

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

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

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Glen Embree Mailing Address RD 1, Box 353	<b>Transaction ID:</b> SB17.37914 <b>Date of Disbursement</b> <div> <div>09</div> <div>30</div> <div>2008</div> </div>
City Mt Pleasant State PA Zip Code 15666 Purpose of Disbursement Travel & 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) ▼	<b>Amount of Each Disbursement this Period</b> <div>293.60</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Glen Embree Mailing Address RD 1, Box 353 City Mt Pleasant State PA Zip Code 15666 Purpose of Disbursement Tickets & 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) ▼	<b>Transaction ID:</b> SB17.37917 <b>Date of Disbursement</b> <div> <div>09</div> <div>30</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>252.65</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Fay-West Friends of the NRA Mailing Address 520 Oakland Avenue City Greensburg State PA Zip Code 15601 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) ▼	<b>Transaction ID:</b> SB17.36906 <b>Date of Disbursement</b> <div> <div>07</div> <div>23</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>525.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**1071.25**

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Feeder Canal Assoc. Inc Mailing Address 647 Main Street 4th Floor	<b>Transaction ID:</b> SB17.36902 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 3 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1463.18</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Feeder Canal Assoc. Inc Mailing Address 647 Main Street 4th Floor	<b>Transaction ID:</b> SB17.37363 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1463.18</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Feeder Canal Assoc. Inc Mailing Address 647 Main Street 4th Floor	<b>Transaction ID:</b> SB17.37613 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1463.18</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**4389.54**

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Ferndale Football Boosters Mailing Address 1421 Paulton St	<b>Transaction ID:</b> SB17.37618 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15905 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>250.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) First Commonwealth Bank Mailing Address Credit Card Dept. P.O. Box 0537 City Indiana State PA Zip Code 15701-0537 Purpose of Disbursement See Detail Candidate Name Office Sought: <input type="checkbox"/> House <input 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> SB17.36882 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>11353.37</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<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) ▼	<b>Transaction ID:</b> SB17.36882.0 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>28.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

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

**11603.37**

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



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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 2345 Crystal Drive</p> <p>City Arlington State VA Zip Code 22227</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> SB17.36882.1</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>2590.98</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 2345 Crystal Drive</p> <p>City Arlington State VA Zip Code 22227</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> SB17.36882.2</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>2590.98</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) U.S. House Member's Dining</p> <p>Mailing Address H 118 U.S. Capitol</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Meeting Expense</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> SB17.36882.4</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>55.85</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</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**

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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	<b>Transaction ID:</b> SB17.36882.5 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>5.01</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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) ▼	<b>Transaction ID:</b> SB17.36882.6 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>28.90</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</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) ▼	<b>Transaction ID:</b> SB17.36882.8 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>71.22</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div> <div></div> <div>0.00</div> </div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div> <div></div> </div>

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Coffee Whiz.Com Mailing Address 221 Church Street	<b>Transaction ID:</b> SB17.36882.9 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div>
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) ▼	<b>Amount of Each Disbursement this Period</b> <div>129.40</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Amoco Oil Mailing Address PO Box 3385 City Tulsa State OK Zip Code 74102 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) ▼	<b>Transaction ID:</b> SB17.36882.10 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>20.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</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) ▼	<b>Transaction ID:</b> SB17.36882.11 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>12.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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**

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Amoco Oil

Mailing Address PO Box 3385

City  
Tulsa

State  
OK

Zip Code  
74102

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.36882.12

Date of Disbursement

/   /

Amount of Each Disbursement this Period

36.75

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Amoco Oil

Mailing Address PO Box 3385

City  
Tulsa

State  
OK

Zip Code  
74102

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.36882.14

Date of Disbursement

/   /

Amount of Each Disbursement this Period

21.01

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

BP Oil

Mailing Address Bedford Street

City  
Johnstown

State  
PA

Zip Code  
15901

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.36882.15

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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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) Safeway Store</p> <p>Mailing Address 1201 E Street NW</p> <p>City Washington State DC Zip Code 20240</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> SB17.36882.16</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="32.61"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) BP Oil</p> <p>Mailing Address Bedford Street</p> <p>City Johnstown State PA Zip Code 15901</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> SB17.36882.17</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="38.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Sheetz</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> SB17.36882.18</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="36.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► <input type="text" value="0.00"/></p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ► <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)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) COSI Inc	<b>Transaction ID:</b> SB17.36882.19 <b>Date of Disbursement</b>
Mailing Address 1751 Lake Cook Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div>
City State Zip Code Deerfield IL 60015	<b>Amount of Each Disbursement this Period</b> <div>96.67</div>
Purpose of Disbursement Campaign Office Exp Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input 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>B.</b> Full Name (Last, First, Middle Initial) Capri Pizza	<b>Transaction ID:</b> SB17.36882.21 <b>Date of Disbursement</b>
Mailing Address Main Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div>
City State Zip Code Johnstown PA 15901	<b>Amount of Each Disbursement this Period</b> <div>12.15</div>
Purpose of Disbursement Volunteer Exp Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input 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>C.</b> Full Name (Last, First, Middle Initial) Amoco Oil	<b>Transaction ID:</b> SB17.36882.22 <b>Date of Disbursement</b>
Mailing Address PO Box 3385	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div>
City State Zip Code Tulsa OK 74102	<b>Amount of Each Disbursement this Period</b> <div>40.88</div>
Purpose of Disbursement Travel Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 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

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:** SB17.36882.23

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**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

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.36882.24

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

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

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.36882.26

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue	<b>Transaction ID:</b> SB17.36882.27 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>28.60</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue	<b>Transaction ID:</b> SB17.36882.28 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>75.39</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue	<b>Transaction ID:</b> SB17.36882.29 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>10.56</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►	
<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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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

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.36882.30

Date of Disbursement

/   /

Amount of Each Disbursement this Period

49.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Sunoco

Mailing Address Walnut Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.36882.31

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.05

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Johnstown Szechuan

Mailing Address Main Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement  
Meeting Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.36882.34

Date of Disbursement

/   /

Amount of Each Disbursement this Period

31.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
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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	<b>Transaction ID:</b> SB17.36882.35 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>6.57</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</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 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) ▼	<b>Transaction ID:</b> SB17.36882.36 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>31.80</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Amoco Oil Mailing Address PO Box 3385 City Tulsa State OK Zip Code 74102 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) ▼	<b>Transaction ID:</b> SB17.36882.37 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>17.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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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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

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.36882.38  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

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

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.36882.39  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Capri Pizza

Mailing Address Main Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement  
Volunteer Exp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.36882.41  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BP Oil Mailing Address Bedford Street	<b>Transaction ID:</b> SB17.36882.42 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>35.66</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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 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) ▼	<b>Transaction ID:</b> SB17.36882.43 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>79.26</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</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) ▼	<b>Transaction ID:</b> SB17.36882.44 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>262.57</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEEFEC Schedule B ( Form 3 ) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Gallina's Pizza

Mailing Address Market Street

City State Zip Code  
Johnstown PA 15901

Purpose of Disbursement  
Volunteer Exp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.36882.49

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
BP Oil

Mailing Address Bedford Street

City State Zip Code  
Johnstown PA 15901

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.36882.52

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
The Fish Boat

Mailing Address Main Street

City State Zip Code  
Johnstown PA 15901

Purpose of Disbursement  
Volunteer Exp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.36882.53

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 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	<b>Transaction ID:</b> SB17.36882.54 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>30.30</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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 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) ▼	<b>Transaction ID:</b> SB17.36882.55 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>38.50</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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) ▼	<b>Transaction ID:</b> SB17.36882.56 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>26.42</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div> <div></div> <div>0.00</div> </div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div> <div></div> </div>

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 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 Walnut Street	<b>Transaction ID:</b> SB17.36882.58 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>60.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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 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) ▼	<b>Transaction ID:</b> SB17.36882.60 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>63.30</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</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) ▼	<b>Transaction ID:</b> SB17.36882.61 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>12.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>0.00</div>
<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

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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 State Zip Code  
Altoona PA 16602

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.36882.63  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

48.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Gallina's Pizza

Mailing Address Market Street

City State Zip Code  
Johnstown PA 15901

Purpose of Disbursement  
Meeting Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.36882.64  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

38.81

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Giant Eagle

Mailing Address Scalp Avenue

City State Zip Code  
Johnstown PA 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: SB17.36882.66  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

39.82

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
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: SB17.36882.67  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

308.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement  
Travel  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.36882.68  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

43.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Staples

Mailing Address Galleria Drive

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: SB17.36882.70  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

671.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Radio Shack

Mailing Address 300 Radio Shack Circle

City State Zip Code  
Fort Worth TX 76102

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:** SB17.36882.71

Date of Disbursement

/   /

Amount of Each Disbursement this Period

54.99

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Johnstown Szechuan

Mailing Address Main Street

City State Zip Code  
Johnstown PA 15901

Purpose of Disbursement  
Meeting Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.36882.74

Date of Disbursement

/   /

Amount of Each Disbursement this Period

49.35

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code  
Altoona PA 16602

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.36882.78

Date of Disbursement

/   /

Amount of Each Disbursement this Period

32.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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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	<b>Transaction ID:</b> SB17.36882.79 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div>
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) ▼	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>4.98</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Circuit City Mailing Address Elton Road 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) ▼	<b>Transaction ID:</b> SB17.36882.83 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>380.57</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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) ▼	<b>Transaction ID:</b> SB17.36882.84 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>104.23</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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  
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☐ 20a ☐ 20b ☐ 20c ☐ 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) KFC</p> <p>Mailing Address 526 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>Category/Type</p>	<p><b>Transaction ID:</b> SB17.36882.85</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="42.37"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Sheetz</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>	<p><b>Transaction ID:</b> SB17.36882.86</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="70.20"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Symon's Auto Wash</p> <p>Mailing Address Menoher Blvd</p> <p>City Johnstown State PA Zip Code 15905</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>Category/Type</p>	<p><b>Transaction ID:</b> SB17.36882.87</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="22.65"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► <input type="text" value="0.00"/></p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ► <input type="text"/></p>	

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Circuit City Mailing Address Elton Road	<b>Transaction ID:</b> SB17.36882.89 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div>
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) ▼	<b>Amount of Each Disbursement this Period</b> <div>-53.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) BP Oil Mailing Address Bedford Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.36882.90 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>28.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) First Commonwealth Bank Mailing Address Credit Card Dept. P.O. Box 0537 City Indiana State PA Zip Code 15701-0537 Purpose of Disbursement See Detail Candidate Name Office Sought: <input type="checkbox"/> House <input 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> SB17.37315 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 3 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>4674.45</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**4674.45**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37315.0

Date of Disbursement

08 / 13 / 2008

Amount of Each Disbursement this Period

58.75

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement

Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37315.2

Date of Disbursement

08 / 13 / 2008

Amount of Each Disbursement this Period

2.85

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement

Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37315.3

Date of Disbursement

08 / 13 / 2008

Amount of Each Disbursement this Period

29.33

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue	<b>Transaction ID:</b> SB17.37315.4 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2008</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>38.71</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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) ▼	<b>Transaction ID:</b> SB17.37315.5 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>13.99</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<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) ▼	<b>Transaction ID:</b> SB17.37315.6 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>28.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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  
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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 State Zip Code  
Altoona PA 16602

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37315.9

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
First Commonwealth Bank

Mailing Address Credit Card Dept.  
P.O. Box 0537

City State Zip Code  
Indiana PA 15701-0537

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: SB17.37315.10

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
U.S. House Member's Dining

Mailing Address H 118 U.S. Capitol

City State Zip Code  
Washington DC 20515

Purpose of Disbursement  
Meeting Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37315.12

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Circuit City

Mailing Address Elton Road

City State Zip Code  
Johnstown PA 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: SB17.37315.14  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
BP Oil

Mailing Address Bedford Street

City State Zip Code  
Johnstown PA 15901

Purpose of Disbursement  
Travel  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37315.15  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code  
Altoona PA 16602

Purpose of Disbursement  
Travel  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37315.16  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Thomas Automotive Family

Mailing Address 750 Eisenhower Blvd.

City Johnstown State PA Zip Code 15904

Purpose of Disbursement

Vehicle Repair

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37315.17

Date of Disbursement

08 / 13 / 2008

Amount of Each Disbursement this Period

218.43

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Sunoco

Mailing Address Walnut Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement

Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37315.18

Date of Disbursement

08 / 13 / 2008

Amount of Each Disbursement this Period

38.02

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sunoco

Mailing Address Walnut Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement

Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37315.19

Date of Disbursement

08 / 13 / 2008

Amount of Each Disbursement this Period

3.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
BP Oil

Mailing Address Bedford Street

City State Zip Code  
Johnstown PA 15901

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37315.20  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Texaco Inc

Mailing Address 2000 Westchester Avenue

City State Zip Code  
White Plains NY 10650

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37315.22  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
BP Oil

Mailing Address Bedford Street

City State Zip Code  
Johnstown PA 15901

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37315.23  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input 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)

Athena Pallas

Mailing Address 556 22nd Street

City State Zip Code  
Arlington VA 22202

Purpose of Disbursement

Meeting Expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37315.24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Amount of Each Disbursement this Period

44.02

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

On Star

Mailing Address P.O. Box 278

City State Zip Code  
Sheldon IA 51201

Purpose of Disbursement

Telephone

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37315.25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Amount of Each Disbursement this Period

28.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Cato Travel

Mailing Address 1st & C Street NE  
#24City State Zip Code  
Washington DC 20510

Purpose of Disbursement

Travel

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37315.26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Amount of Each Disbursement this Period

25.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Cato Travel

Mailing Address 1st & C Street NE  
#24

City Washington State DC Zip Code 20510

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37315.27

Date of Disbursement

08 / 13 / 2008

Amount of Each Disbursement this Period

25.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

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 Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37315.28

Date of Disbursement

08 / 13 / 2008

Amount of Each Disbursement this Period

56.38

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

BP Oil

Mailing Address Bedford Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37315.29

Date of Disbursement

08 / 13 / 2008

Amount of Each Disbursement this Period

68.25

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Sassy's Airport Restaurant <hr/> Mailing Address      Airport Road <hr/> City                                  State                  Zip Code Johnstown                        PA                     15904 <hr/> Purpose of Disbursement Meeting Expense Candidate Name <div style="float: right; border: 1px solid black; padding: 2px;">Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House                  Disbursement For: <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State:                  District:	<b>Transaction ID:</b> SB17.37315.30 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 8    1 3    2 0 0 8</div> </div> <hr/> Amount of Each Disbursement this Period <div style="text-align: right; border-top: 1px solid black; border-bottom: 1px solid black;">28.61</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Giant Eagle <hr/> Mailing Address      Scalp Avenue <hr/> City                                  State                  Zip Code Johnstown                        PA                     15904 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <div style="float: right; border: 1px solid black; padding: 2px;">Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House                  Disbursement For: <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State:                  District:	<b>Transaction ID:</b> SB17.37315.31 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 8    1 3    2 0 0 8</div> </div> <hr/> Amount of Each Disbursement this Period <div style="text-align: right; border-top: 1px solid black; border-bottom: 1px solid black;">291.34</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Sheetz <hr/> Mailing Address      5700 Sixth Avenue <hr/> City                                  State                  Zip Code Altoona                              PA                     16602 <hr/> Purpose of Disbursement Travel Candidate Name <div style="float: right; border: 1px solid black; padding: 2px;">Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House                  Disbursement For: <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State:                  District:	<b>Transaction ID:</b> SB17.37315.32 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 8    1 3    2 0 0 8</div> </div> <hr/> Amount of Each Disbursement this Period <div style="text-align: right; border-top: 1px solid black; border-bottom: 1px solid black;">29.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	
<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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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 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	<b>Transaction ID:</b> SB17.37315.33 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2008</div> </div>
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) ▼	<b>Amount of Each Disbursement this Period</b> <div>58.94</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) BP Oil Mailing Address Bedford Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.37315.34 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>51.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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) ▼	<b>Transaction ID:</b> SB17.37315.35 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>20.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code  
Altoona PA 16602

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37315.38  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Giant Eagle

Mailing Address Scalp Avenue

City State Zip Code  
Johnstown PA 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: SB17.37315.40  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
KFC

Mailing Address 526 Main Street

City State Zip Code  
Johnstown PA 15901

Purpose of Disbursement  
Meeting Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37315.41  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Shell Oil</p> <p>Mailing Address One Shell Plaza</p> <p>City Houston State TX Zip Code 77702</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> SB17.37315.44  <b>Date of Disbursement</b>  <div> <div>08</div> <div>13</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>67.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53  <b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>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            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> SB17.37315.46  <b>Date of Disbursement</b>  <div> <div>08</div> <div>13</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>101.50</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53  <b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Sheetz</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.37315.47  <b>Date of Disbursement</b>  <div> <div>08</div> <div>13</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>52.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53  <b>[MEMO ITEM]</b></p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► <div>0.00</div></p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Quarterdeck Restaurant	<b>Transaction ID:</b> SB17.37315.48 <b>Date of Disbursement</b>
Mailing Address 1200 Fort Myer Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 3 / 2 0 0 8</div> </div>
City Arlington State VA Zip Code 22209 Purpose of Disbursement Meeting Expense Candidate Name <div>Category/Type</div>	Amount of Each Disbursement this Period <div>225.28</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input 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>B.</b> Full Name (Last, First, Middle Initial) Hilton Hotels	<b>Transaction ID:</b> SB17.37315.49 <b>Date of Disbursement</b>
Mailing Address 600 Commonwealth Place	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 3 / 2 0 0 8</div> </div>
City Pittsburgh State PA Zip Code 15222 Purpose of Disbursement Lodging Candidate Name <div>Category/Type</div>	Amount of Each Disbursement this Period <div>537.03</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input 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>C.</b> Full Name (Last, First, Middle Initial) BP Oil	<b>Transaction ID:</b> SB17.37315.50 <b>Date of Disbursement</b>
Mailing Address Bedford Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 3 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Travel Candidate Name <div>Category/Type</div>	Amount of Each Disbursement this Period <div>46.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input 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:  
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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: SB17.37315.51  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

49.69

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

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 Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37315.52  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

48.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37315.53  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

38.03

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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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)

Capri Pizza

Mailing Address Main Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement

Volunteer Exp

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37315.54

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Amount of Each Disbursement this Period

21.31

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement

Travel

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37315.56

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Amount of Each Disbursement this Period

57.71

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

John Paul Sarosi, Inc

Mailing Address 106 Market Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement

Gifts

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37315.57

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Amount of Each Disbursement this Period

57.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) The Fish Boat Mailing Address Main Street	<b>Transaction ID:</b> SB17.37315.58 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2008</div> </div>
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) ▼	<b>Amount of Each Disbursement this Period</b> <div>9.33</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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 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) ▼	<b>Transaction ID:</b> SB17.37315.59 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>83.55</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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) ▼	<b>Transaction ID:</b> SB17.37315.60 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>37.15</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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)  
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☐ 20a ☐ 20b ☐ 20c ☐ 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	<b>Transaction ID:</b> SB17.37315.61 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2008</div> </div>
City Johnstown State PA Zip Code 15904-3036 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) ▼	<b>Amount of Each Disbursement this Period</b> <div>40.09</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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) ▼	<b>Transaction ID:</b> SB17.37315.62 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>265.09</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</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) ▼	<b>Transaction ID:</b> SB17.37315.63 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>48.92</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>0.00</div>
<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  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) PAPA Johns Mailing Address 2002 Papa John Blvd	<b>Transaction ID:</b> SB17.37315.64 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 3 / 2 0 0 8</div> </div>
City State Zip Code Louisville KY 40299-2334 Purpose of Disbursement Meeting Expense 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>Amount of Each Disbursement this Period</b> <div>50.26</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> 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 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>Transaction ID:</b> SB17.37315.65 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 3 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>105.99</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City State Zip Code Altoona PA 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.37315.66 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 3 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>25.15</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>0.00</div>
<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  
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FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue	<b>Transaction ID:</b> SB17.37315.67 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2008</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>12.01</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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 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) ▼	<b>Transaction ID:</b> SB17.37315.68 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>53.06</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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) ▼	<b>Transaction ID:</b> SB17.37315.69 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>30.05</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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)  
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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 Walnut Street	<b>Transaction ID:</b> SB17.37315.70 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2008</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>25.01</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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 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) ▼	<b>Transaction ID:</b> SB17.37315.72 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>32.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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) ▼	<b>Transaction ID:</b> SB17.37315.73 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>27.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
BP Oil

Mailing Address Bedford Street

City State Zip Code  
Johnstown PA 15901

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.37315.74

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Symon's Auto Wash

Mailing Address Menoher Blvd

City State Zip Code  
Johnstown PA 15905

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.37315.75

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Symon's Auto Wash

Mailing Address Menoher Blvd

City State Zip Code  
Johnstown PA 15905

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.37315.76

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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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 State Zip Code  
Altoona PA 16602

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.37315.77

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code  
Altoona PA 16602

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.37315.78

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Sunoco

Mailing Address Walnut Street

City State Zip Code  
Johnstown PA 15901

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.37315.79

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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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	<b>Transaction ID:</b> SB17.37315.81 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2008</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>31.87</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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) ▼	<b>Transaction ID:</b> SB17.37315.82 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>18.49</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Shell Oil Mailing Address One Shell Plaza City Houston State TX Zip Code 77702 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) ▼	<b>Transaction ID:</b> SB17.37315.83 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>60.72</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►	
<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  
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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: SB17.37315.86

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

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: SB17.37315.87

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

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: SB17.37315.88

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Sunoco

Mailing Address Walnut Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37315.89  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

37.14

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
BP Oil

Mailing Address Bedford Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37315.90  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

11.74

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
First Commonwealth Bank

Mailing Address Credit Card Dept.  
P.O. Box 0537

City Indiana State PA Zip Code 15701-0537

Purpose of Disbursement  
See Detail

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37587  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

29252.09

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

29252.09

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

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

First Commonwealth Bank

Mailing Address Credit Card Dept.  
P.O. Box 0537

City Indiana State PA Zip Code 15701-0537

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: SB17.37587.0

Date of Disbursement

09 / 17 / 2008

Amount of Each Disbursement this Period

15.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[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

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37587.1

Date of Disbursement

09 / 17 / 2008

Amount of Each Disbursement this Period

28.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

United Airlines

Mailing Address 2345 Crystal Drive

City Arlington State VA Zip Code 22227

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37587.2

Date of Disbursement

09 / 17 / 2008

Amount of Each Disbursement this Period

140.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<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)

United Airlines

Mailing Address 2345 Crystal Drive

City State Zip Code  
Arlington VA 22227Purpose of Disbursement  
Travel

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37587.3

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	8

Amount of Each Disbursement this Period

140.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

On Star

Mailing Address P.O. Box 278

City State Zip Code  
Sheldon IA 51201Purpose of Disbursement  
Telephone

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37587.4

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	8

Amount of Each Disbursement this Period

135.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Exxonmobile

Mailing Address Service Station

City State Zip Code  
Arlington VA 22210Purpose of Disbursement  
Travel

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37587.5

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	8

Amount of Each Disbursement this Period

47.16

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Ann Hand Collection</p> <p>Mailing Address 4885 MacArthur Blvd NW</p> <p>City Washington State DC Zip Code 20007</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> SB17.37587.6</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="642.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) First Commonwealth Bank</p> <p>Mailing Address Credit Card Dept. P.O. Box 0537</p> <p>City Indiana State PA Zip Code 15701-0537</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> SB17.37587.7</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) First Commonwealth Bank</p> <p>Mailing Address Credit Card Dept. P.O. Box 0537</p> <p>City Indiana State PA Zip Code 15701-0537</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> SB17.37587.8</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</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  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Brown Palace Hotel Mailing Address 321 17th Street	<b>Transaction ID:</b> SB17.37587.9 <b>Date of Disbursement</b> <div> <div>09</div> <div>17</div> <div>2008</div> </div>
City Denver State CO Zip Code 80202 Purpose of Disbursement Lodging DNC 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>Amount of Each Disbursement this Period</b> <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Hyde Park Prime Steakhouse Mailing Address 225 N Shore Drive City Pittsburgh State PA Zip Code 15212 Purpose of Disbursement Meeting Candidate Name Office Sought: <input type="checkbox"/> House <input 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> SB17.37587.10 <b>Date of Disbursement</b> <div> <div>09</div> <div>17</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2210.24</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Knights Inn Mailing Address 3601 Zuni B Street City Denver State CO Zip Code 80211 Purpose of Disbursement Lodging DNC 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) ▼	<b>Transaction ID:</b> SB17.37587.11 <b>Date of Disbursement</b> <div> <div>09</div> <div>17</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2032.85</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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  
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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) United Airlines</p> <p>Mailing Address 2345 Crystal Drive</p> <p>City Arlington State VA Zip Code 22227</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> SB17.37587.12</p> <p>Date of Disbursement  <div> <div>09</div> <div>17</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>2020.01</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 2345 Crystal Drive</p> <p>City Arlington State VA Zip Code 22227</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> SB17.37587.13</p> <p>Date of Disbursement  <div> <div>09</div> <div>17</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>2020.01</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Safeway Store</p> <p>Mailing Address 1201 E Street NW</p> <p>City Washington State DC Zip Code 20240</p> <p>Purpose of Disbursement Meals</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> SB17.37587.14</p> <p>Date of Disbursement  <div> <div>09</div> <div>17</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>51.84</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</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  
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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) Brown Palace Hotel</p> <p>Mailing Address 321 17th Street</p> <p>City Denver State CO Zip Code 80202</p> <p>Purpose of Disbursement Lodging DNC 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> SB17.37587.15  <b>Date of Disbursement</b>  <div>09 / 17 / 2008</div></p> <p>Amount of Each Disbursement this Period  <div>10044.23</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53  <b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Chop House 2001</p> <p>Mailing Address 1735 19th St #100</p> <p>City Denver State CO Zip Code 80202</p> <p>Purpose of Disbursement Meals DNC 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> SB17.37587.16  <b>Date of Disbursement</b>  <div>09 / 17 / 2008</div></p> <p>Amount of Each Disbursement this Period  <div>1258.84</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53  <b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) First Commonwealth Bank</p> <p>Mailing Address Credit Card Dept. P.O. Box 0537</p> <p>City Indiana State PA Zip Code 15701-0537</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> SB17.37587.18  <b>Date of Disbursement</b>  <div>09 / 17 / 2008</div></p> <p>Amount of Each Disbursement this Period  <div>15.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53  <b>[MEMO ITEM]</b></p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► <div>0.00</div></p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.37587.19

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**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

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.37587.20

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**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

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.37587.21

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 20a ☐ 20b ☐ 20c ☐ 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	<b>Transaction ID:</b> SB17.37587.22 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div>
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) ▼	<b>Amount of Each Disbursement this Period</b> <div>28.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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 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) ▼	<b>Transaction ID:</b> SB17.37587.23 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>67.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</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) ▼	<b>Transaction ID:</b> SB17.37587.25 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>94.86</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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  
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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BP Oil Mailing Address Bedford Street	<b>Transaction ID:</b> SB17.37587.26 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>27.01</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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 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) ▼	<b>Transaction ID:</b> SB17.37587.27 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>63.94</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Longhorn Mailing Address 1000 Prime Outlets City Hagerstown State MD Zip Code 21740 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.37587.28 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>60.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37587.29  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

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

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37587.30  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

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

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37587.31  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue	<b>Transaction ID:</b> SB17.37587.32 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>37.50</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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 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) ▼	<b>Transaction ID:</b> SB17.37587.33 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>7.14</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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) ▼	<b>Transaction ID:</b> SB17.37587.34 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>5.08</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Thomas Automotive Family Mailing Address 750 Eisenhower Blvd.	<b>Transaction ID:</b> SB17.37587.35 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15904 Purpose of Disbursement Vehicle Repairs Candidate Name Office Sought: <input type="checkbox"/> House <input 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>Amount of Each Disbursement this Period</b> <div>246.23</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> 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) ▼	<b>Transaction ID:</b> SB17.37587.36 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>88.32</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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) ▼	<b>Transaction ID:</b> SB17.37587.37 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>38.72</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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  
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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	<b>Transaction ID:</b> SB17.37587.38 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>37.46</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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 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) ▼	<b>Transaction ID:</b> SB17.37587.39 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>36.56</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) B. Dalton Mailing Address Galleria Mall City Johnstown State PA Zip Code 15904 Purpose of Disbursement Gifts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.37587.40 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>50.77</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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)  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Safeway Store <hr/> Mailing Address 1201 E Street NW	<b>Transaction ID:</b> SB17.37587.41 <b>Date of Disbursement</b> <div> <div>09</div> <div>17</div> <div>2008</div> </div>
City Washington State DC Zip Code 20240 Purpose of Disbursement Campaign Office Exp Candidate Name <div>Category/Type</div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>89.13</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) BP Oil <hr/> Mailing Address Bedford Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Travel Candidate Name <div>Category/Type</div> 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>Transaction ID:</b> SB17.37587.42 <b>Date of Disbursement</b> <div> <div>09</div> <div>17</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>13.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) BP Oil <hr/> Mailing Address Bedford Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Travel Candidate Name <div>Category/Type</div> 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>Transaction ID:</b> SB17.37587.43 <b>Date of Disbursement</b> <div> <div>09</div> <div>17</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>32.10</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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)  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Fetpak Inc Mailing Address 70- Austin Blvd	<b>Transaction ID:</b> SB17.37587.45 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div>
City Commack State NY Zip Code 11725 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>Amount of Each Disbursement this Period</b> <div>107.70</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) A T&T Mailing Address P.O. Box 9001309	<b>Transaction ID:</b> SB17.37587.46 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div>
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>Amount of Each Disbursement this Period</b> <div>210.94</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue	<b>Transaction ID:</b> SB17.37587.47 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>52.62</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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  
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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	<b>Transaction ID:</b> SB17.37587.48 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div>
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) ▼	<b>Amount of Each Disbursement this Period</b> <div>275.27</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) BP Oil Mailing Address Bedford Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.37587.49 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>50.21</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) BP Oil Mailing Address Bedford Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.37587.51 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>10.01</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
BP Oil

Mailing Address Bedford Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37587.52  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Rizzo's Restaurant

Mailing Address 2200 Graham Avenue

City Windber State PA Zip Code 15963

Purpose of Disbursement  
Meeting Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37587.53  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

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

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37587.55  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE**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/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37587.56

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	8

Amount of Each Disbursement this Period

32.31

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****B.**Full Name (Last, First, Middle Initial)  
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement  
Travel

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37587.57

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	8

Amount of Each Disbursement this Period

8.29

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****C.**Full Name (Last, First, Middle Initial)  
La Tavola Ristorante

Mailing Address 140 Bair Blvd

City New Stanton State PA Zip Code 15672

Purpose of Disbursement  
Meals

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37587.58

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	8

Amount of Each Disbursement this Period

119.78

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BP Oil Mailing Address Bedford Street	<b>Transaction ID:</b> SB17.37587.59 <b>Date of Disbursement</b> <div> <div>09</div> <div>17</div> <div>2008</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>40.02</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Capri Pizza Mailing Address Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Volunteer Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.37587.60 <b>Date of Disbursement</b> <div> <div>09</div> <div>17</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>35.65</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) BP Oil Mailing Address Bedford Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.37587.61 <b>Date of Disbursement</b> <div> <div>09</div> <div>17</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>44.76</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue	<b>Transaction ID:</b> SB17.37587.64 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>21.44</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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) ▼	<b>Transaction ID:</b> SB17.37587.65 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>31.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Circuit City Mailing Address Elton Road 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) ▼	<b>Transaction ID:</b> SB17.37587.67 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>238.49</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue	<b>Transaction ID:</b> SB17.37587.68 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>7.40</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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 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) ▼	<b>Transaction ID:</b> SB17.37587.69 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>24.65</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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) ▼	<b>Transaction ID:</b> SB17.37587.70 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>23.65</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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 PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Tribune Democrat	<b>Transaction ID:</b> SB17.37587.71 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 8
	Mailing Address 425 Locust Street P.O. Box 340	Amount of Each Disbursement this Period 23.85
	City Johnstown State PA Zip Code 15907-0340	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Campaign Office Exp	Category/ Type
	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	<b>Transaction ID:</b> SB17.37587.72 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 8
	Mailing Address 5700 Sixth Avenue	Amount of Each Disbursement this Period 50.01
	City Altoona State PA Zip Code 16602	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Travel	Category/ Type
	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) U.S. Postal Service	<b>Transaction ID:</b> SB17.37587.73 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 8
	Mailing Address Locust & Franklin Streets	Amount of Each Disbursement this Period 37.80
	City Johnstown State PA Zip Code 15901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Postage	Category/ Type
	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

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(check only one)

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Marriott Mailing Address 1700 Jefferson Davis Hwy	<b>Transaction ID:</b> SB17.37587.74 <b>Date of Disbursement</b> <div> <div>09</div> <div>17</div> <div>2008</div> </div>
City Arlington State VA Zip Code 22202 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) ▼	<b>Amount of Each Disbursement this Period</b> <div>264.16</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Wal Mart Mailing Address Theatre Drive 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) ▼	<b>Transaction ID:</b> SB17.37587.75 <b>Date of Disbursement</b> <div> <div>09</div> <div>17</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>10.92</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) United Airlines Mailing Address 2345 Crystal Drive City Arlington State VA Zip Code 22227 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) ▼	<b>Transaction ID:</b> SB17.37587.78 <b>Date of Disbursement</b> <div> <div>09</div> <div>17</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>25.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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)  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Starbucks Mailing Address PO Box 34067	<b>Transaction ID:</b> SB17.37587.82 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div>
City State Zip Code Seattle WA 98124-1067 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>12.65</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Campaignsource.com Mailing Address 1 Weingeroff Blvd City State Zip Code Cranston RI 02910 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) ▼	<b>Transaction ID:</b> SB17.37587.83 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>144.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Campaignsource.com Mailing Address 1 Weingeroff Blvd City State Zip Code Cranston RI 02910 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) ▼	<b>Transaction ID:</b> SB17.37587.84 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>60.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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)  
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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 Credit Card Dept.  
P.O. Box 0537

City Indiana State PA Zip Code 15701-0537

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: SB17.37587.88

Date of Disbursement

09 / 17 / 2008

Amount of Each Disbursement this Period

16.56

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Park n Dine

Mailing Address 189 E Main Street

City Hancock State MD Zip Code 21750

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37587.89

Date of Disbursement

09 / 17 / 2008

Amount of Each Disbursement this Period

29.87

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37587.93

Date of Disbursement

09 / 17 / 2008

Amount of Each Disbursement this Period

33.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶



X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

FEC Schedule B ( Form 3 ) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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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	<b>Transaction ID:</b> SB17.37587.99 <b>Date of Disbursement</b> <div> <div>09</div> <div>17</div> <div>2008</div> </div>
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) ▼	<b>Amount of Each Disbursement this Period</b> <div>96.51</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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) ▼	<b>Transaction ID:</b> SB17.37587.100 <b>Date of Disbursement</b> <div>09</div> <div>17</div> <div>2008</div> <b>Amount of Each Disbursement this Period</b> <div>16.64</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) BP Oil Mailing Address Bedford Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.37587.102 <b>Date of Disbursement</b> <div>09</div> <div>17</div> <div>2008</div> <b>Amount of Each Disbursement this Period</b> <div>45.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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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☐ 20a ☐ 20b ☐ 20c ☐ 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 State Zip Code  
Johnstown PA 15905

Purpose of Disbursement

Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37587.104

Date of Disbursement

09 / 17 / 2008

Amount of Each Disbursement this Period

13.99

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

BP Oil

Mailing Address Bedford Street

City State Zip Code  
Johnstown PA 15901

Purpose of Disbursement

Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37587.105

Date of Disbursement

09 / 17 / 2008

Amount of Each Disbursement this Period

42.15

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code  
Altoona PA 16602

Purpose of Disbursement

Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37587.107

Date of Disbursement

09 / 17 / 2008

Amount of Each Disbursement this Period

64.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Haven Lounge Inc Mailing Address 117 Langhorne Avenue	<b>Transaction ID:</b> SB17.37587.109 <b>Date of Disbursement</b> <div> <div>09</div> <div>17</div> <div>2008</div> </div>
City Johnstown State PA Zip Code 15905 Purpose of Disbursement Meeting Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>119.52</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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) ▼	<b>Transaction ID:</b> SB17.37587.112 <b>Date of Disbursement</b> <div> <div>09</div> <div>17</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>221.56</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Johnstown Szechuan Mailing Address Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.37587.113 <b>Date of Disbursement</b> <div> <div>09</div> <div>17</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>89.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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)  
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code  
Altoona PA 16602

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37587.114  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

55.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code  
Altoona PA 16602

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37587.115  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

63.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Symon's Auto Wash

Mailing Address Menoher Blvd

City State Zip Code  
Johnstown PA 15905

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37587.116  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.99

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Haven Lounge Inc Mailing Address 117 Langhorne Avenue	<b>Transaction ID:</b> SB17.37587.117 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15905 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>60.65</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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 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) ▼	<b>Transaction ID:</b> SB17.37587.118 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>15.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Capri Pizza Mailing Address Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Volunteer Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.37587.119 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>43.17</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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

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(check only one)

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Capri Pizza

Mailing Address Main Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement

Volunteer Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37587.120

Date of Disbursement

09 / 17 / 2008

Amount of Each Disbursement this Period

12.25

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Capri Pizza

Mailing Address Main Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement

Volunteer Exp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37587.125

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

23.52

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Wal Mart

Mailing Address Theatre Drive

City Johnstown State PA Zip Code 15904

Purpose of Disbursement

Campaign Office Exp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37587.128

Date of Disbursement

09 / 17 / 2008

Amount of Each Disbursement this Period

89.31

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Sullivans

Mailing Address 1745-61 Wazee St

City State Zip Code  
Denver CO 80202

Purpose of Disbursement

Meals DNC Exp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37587.130

Date of Disbursement

/   /

Amount of Each Disbursement this Period

253.76

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Marlowe's

Mailing Address 501 16th St

City State Zip Code  
Denver CO 80202

Purpose of Disbursement

Meals DNC Exp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37587.131

Date of Disbursement

/   /

Amount of Each Disbursement this Period

52.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Capri Pizza

Mailing Address Main Street

City State Zip Code  
Johnstown PA 15901

Purpose of Disbursement

Volunteer Exp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37587.136

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.15

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Sullivans	<b>Transaction ID:</b> SB17.37587.138 <b>Date of Disbursement</b>
	Mailing Address 1745-61 Wazee St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div>
	City State Zip Code Denver CO 80202	<b>Amount of Each Disbursement this Period</b>
	Purpose of Disbursement Meals DNC Exp Candidate Name	<div> <div></div> <div>236.87</div> </div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Shell Oil	<b>Transaction ID:</b> SB17.37587.139 <b>Date of Disbursement</b>
	Mailing Address One Shell Plaza	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div>
	City State Zip Code Houston TX 77702	<b>Amount of Each Disbursement this Period</b>
	Purpose of Disbursement Travel Candidate Name	<div> <div></div> <div>63.20</div> </div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Oceanaire Seafood Room	<b>Transaction ID:</b> SB17.37587.140 <b>Date of Disbursement</b>
	Mailing Address 1405 Arapahoe St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div>
	City State Zip Code Denver CO 80202	<b>Amount of Each Disbursement this Period</b>
	Purpose of Disbursement Meals DNC Exp Candidate Name	<div> <div></div> <div>252.85</div> </div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Cheesecake Denver Mailing Address 1201 16th Street	<b>Transaction ID:</b> SB17.37587.141 <b>Date of Disbursement</b> <div> <div>09</div> <div>17</div> <div>2008</div> </div>
City State Zip Code Denver CO 80202 Purpose of Disbursement Meals DNC 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>Amount of Each Disbursement this Period</b> <div>71.64</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Capri Pizza Mailing Address Main Street City State Zip Code Johnstown PA 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) ▼	<b>Transaction ID:</b> SB17.37587.142 <b>Date of Disbursement</b> <div> <div>09</div> <div>17</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>10.89</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City State Zip Code Altoona PA 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.37587.143 <b>Date of Disbursement</b> <div> <div>09</div> <div>17</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>65.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEEFEC Schedule B ( Form 3 ) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

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

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37288

Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

40.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37375

Date of Disbursement

08 / 03 / 2008

Amount of Each Disbursement this Period

773.35

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37296

Date of Disbursement

08 / 06 / 2008

Amount of Each Disbursement this Period

1294.45

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

2108.75

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

First Commonwealth Bank

Mailing Address 1047 Franklin Street  
8th Ward Office

City Johnstown State PA Zip Code 15905

Purpose of Disbursement

Bank Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37437

Date of Disbursement

08 / 31 / 2008

Amount of Each Disbursement this Period

45.48

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37939

Date of Disbursement

09 / 11 / 2008

Amount of Each Disbursement this Period

74.71

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37940

Date of Disbursement

09 / 11 / 2008

Amount of Each Disbursement this Period

26.97

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

147.16

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A.</b></p> <p>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  Bank Charges</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> SB17.37941  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 1 / 2 0 0 8</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>12.45</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess  Contributions Required Under  11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)  Flower Barn</p> <p>Mailing Address Millcreek at Bucknell</p> <p>City Johnstown State PA Zip Code 15905</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  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> SB17.36919  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 8</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>345.56</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess  Contributions Required Under  11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)  Flower Barn</p> <p>Mailing Address Millcreek at Bucknell</p> <p>City Johnstown State PA Zip Code 15905</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  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> SB17.37301  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 6 / 2 0 0 8</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>64.66</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess  Contributions Required Under  11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**422.67**

**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)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) GMAC	<b>Transaction ID:</b> SB17.36839 <b>Date of Disbursement</b>
<b>Mailing Address</b> GMAC Payment Processing Center P.O. Box 70309	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 0 8</div> </div>
<b>City</b> Charlotte <b>State</b> NC <b>Zip Code</b> 28272-0309	<b>Amount of Each Disbursement this Period</b>
<b>Purpose of Disbursement</b> Vehicle Rental	<div> <div>632.45</div> </div>
<b>Candidate Name</b>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <b>District:</b>	<b>Category/Type</b> <b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) GMAC	<b>Transaction ID:</b> SB17.36917 <b>Date of Disbursement</b>
<b>Mailing Address</b> GMAC Payment Processing Center P.O. Box 70309	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 8</div> </div>
<b>City</b> Charlotte <b>State</b> NC <b>Zip Code</b> 28272-0309	<b>Amount of Each Disbursement this Period</b>
<b>Purpose of Disbursement</b> Vehicle Rental	<div> <div>294.16</div> </div>
<b>Candidate Name</b>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <b>District:</b>	<b>Category/Type</b> <b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) GMAC	<b>Transaction ID:</b> SB17.37379 <b>Date of Disbursement</b>
<b>Mailing Address</b> GMAC Payment Processing Center P.O. Box 70309	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 8</div> </div>
<b>City</b> Charlotte <b>State</b> NC <b>Zip Code</b> 28272-0309	<b>Amount of Each Disbursement this Period</b>
<b>Purpose of Disbursement</b> Vehicle Rental	<div> <div>536.94</div> </div>
<b>Candidate Name</b>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <b>District:</b>	<b>Category/Type</b> <b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**1463.55**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) GMAC	<b>Transaction ID:</b> SB17.37925 <b>Date of Disbursement</b>
Mailing Address GMAC Payment Processing Center P.O. Box 70309	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 8</div> </div>
City Charlotte State NC Zip Code 28272-0309	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Vehicle Rental	<div> <div>632.45</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Greene County Fair	<b>Transaction ID:</b> SB17.37324 <b>Date of Disbursement</b>
Mailing Address PO Box 806	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 3 / 2 0 0 8</div> </div>
City Waynesburg State PA Zip Code 15370	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Sponsorship, Adv	<div> <div>1079.50</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Guffey Brothers	<b>Transaction ID:</b> SB17.37419 <b>Date of Disbursement</b>
Mailing Address 14179 Lincoln Way	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 0 / 2 0 0 8</div> </div>
City North Huntingdon State PA Zip Code 15642	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Floral Arrangements	<div> <div>196.10</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

1908.05

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Highmark Blue Cross - Blue Shield

Mailing Address P.O. Box 371477

City State Zip Code  
Pittsburgh PA 15250-7477

Purpose of Disbursement  
Employee Benefits

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.36895

Date of Disbursement

/   /

Amount of Each Disbursement this Period

152.75

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.** Full Name (Last, First, Middle Initial)  
Highmark Blue Cross - Blue Shield

Mailing Address P.O. Box 371477

City State Zip Code  
Pittsburgh PA 15250-7477

Purpose of Disbursement  
Employee Benefits

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.37331

Date of Disbursement

/   /

Amount of Each Disbursement this Period

152.75

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.** Full Name (Last, First, Middle Initial)  
Highmark Blue Cross - Blue Shield

Mailing Address P.O. Box 371477

City State Zip Code  
Pittsburgh PA 15250-7477

Purpose of Disbursement  
Employee Benefits

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.37582

Date of Disbursement

/   /

Amount of Each Disbursement this Period

152.75

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

458.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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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	<b>Transaction ID:</b> SB17.36897 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 3 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15905 Purpose of Disbursement Vol Exp, Tips, Parking 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 Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>60.10</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) David Howard Mailing Address 399 Liberty Avenue	<b>Transaction ID:</b> SB17.37317 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 3 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15905 Purpose of Disbursement Tickets, Volunteer 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 Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>118.54</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) David Howard Mailing Address 399 Liberty Avenue	<b>Transaction ID:</b> SB17.37333 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 0 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15905 Purpose of Disbursement Tickets 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 Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>195.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**373.64**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) David Howard	<b>Transaction ID:</b> SB17.37402 <b>Date of Disbursement</b>
Mailing Address 399 Liberty Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15905 Purpose of Disbursement Tips Reimb. DNC Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>218.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) John Hugya	<b>Transaction ID:</b> SB17.37406 <b>Date of Disbursement</b>
Mailing Address 473 Pheasant Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 4 / 2 0 0 8</div> </div>
City Hollsopple State PA Zip Code 15935 Purpose of Disbursement Reimb Gifts & Tips DNC Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>362.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) John Hugya	<b>Transaction ID:</b> SB17.37927 <b>Date of Disbursement</b>
Mailing Address 473 Pheasant Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 8</div> </div>
City Hollsopple State PA Zip Code 15935 Purpose of Disbursement Tickets Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>165.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**745.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Indiana Co. Friends of NRA

Mailing Address 13519 Lincoln Way

City  
North Huntingdon

State  
PA

Zip Code  
15642

Purpose of Disbursement  
Tickets

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37600

Date of Disbursement

/   /

Amount of Each Disbursement this Period

650.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Indiana Co. Friends of NRA

Mailing Address 13519 Lincoln Way

City  
North Huntingdon

State  
PA

Zip Code  
15642

Purpose of Disbursement  
Tickets

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37605

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Indiana Floral

Mailing Address 721 Philadelphia Street

City  
Indiana

State  
PA

Zip Code  
15701

Purpose of Disbursement  
Floral Arrangements

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.36859

Date of Disbursement

/   /

Amount of Each Disbursement this Period

79.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

1229.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Indiana Floral Mailing Address 721 Philadelphia Street	<b>Transaction ID:</b> SB17.37302 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 6 / 2 0 0 8</div> </div>
City Indiana State PA Zip Code 15701 Purpose of Disbursement Floral Arrangements Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>79.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) JanWay Company Mailing Address 11 Academy Road City Cogan Station State PA Zip Code 17728-9300 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) ▼	<b>Transaction ID:</b> SB17.37319 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 3 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2616.93</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Johnny Cal's Flowers Mailing Address 338 First Street Conemaugh City Johnstown State PA Zip Code 15909 Purpose of Disbursement Floral Arrangements Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.36854 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 9 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>137.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**2834.23**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Johnny Cal's Flowers

Mailing Address 338 First Street  
Conemaugh

City Johnstown State PA Zip Code 15909

Purpose of Disbursement  
Floral Arrangements

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37321

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Amount of Each Disbursement this Period

83.50
-------

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

Johnstown Oldtimers

Mailing Address P.O. Box 277

City Johnstown State PA Zip Code 15907

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.36872

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	8

Amount of Each Disbursement this Period

1000.00
---------

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**

Full Name (Last, First, Middle Initial)

Knights of Columbus

Mailing Address P.O. Box 160

City Hollsopple State PA Zip Code 15935

Purpose of Disbursement  
Adv. & Tickets

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37350

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	8

Amount of Each Disbursement this Period

127.00
--------

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

1210.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 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) Lamar Companies</p> <p>Mailing Address 740 Trumbull Drive</p> <p>City Pittsburgh State PA Zip Code 15205</p> <p>Purpose of Disbursement Advertising</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> SB17.37909</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div>650.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Lamar Companies</p> <p>Mailing Address 740 Trumbull Drive</p> <p>City Pittsburgh State PA Zip Code 15205</p> <p>Purpose of Disbursement Advertising</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> SB17.37911</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div>6100.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Leader Times</p> <p>Mailing Address P.O. Box 978</p> <p>City Kittanning State PA Zip Code 16201</p> <p>Purpose of Disbursement Subscription Camp 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> SB17.36915</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div>138.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**6888.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Theresa Lehman <hr/> Mailing Address 1258 Frances Street	<b>Transaction ID:</b> SB17.36832 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15904 Purpose of Disbursement Wages Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>125.24</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Theresa Lehman <hr/> Mailing Address 1258 Frances Street	<b>Transaction ID:</b> SB17.36876 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15904 Purpose of Disbursement Wages Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>81.23</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Theresa Lehman <hr/> Mailing Address 1258 Frances Street	<b>Transaction ID:</b> SB17.36913 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15904 Purpose of Disbursement Wages Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>441.51</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

647.98

**TOTAL** This Period (last page this line number only) ..... ►



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Theresa Lehman	<b>Transaction ID:</b> SB17.37356 <b>Date of Disbursement</b>
Mailing Address 1258 Frances Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15904	<b>Amount of Each Disbursement this Period</b> <div>229.85</div>
Purpose of Disbursement Wages Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Theresa Lehman	<b>Transaction ID:</b> SB17.37407 <b>Date of Disbursement</b>
Mailing Address 1258 Frances Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 0 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15904	<b>Amount of Each Disbursement this Period</b> <div>580.16</div>
Purpose of Disbursement Wages Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Theresa Lehman	<b>Transaction ID:</b> SB17.37409 <b>Date of Disbursement</b>
Mailing Address 1258 Frances Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 0 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15904	<b>Amount of Each Disbursement this Period</b> <div>369.00</div>
Purpose of Disbursement DNC Exp. Reimb. Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

**1179.01**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 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 Mailing Address 1258 Frances Street	<b>Transaction ID:</b> SB17.37606 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15904 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>Amount of Each Disbursement this Period</b> <div>107.63</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Mack Crouse Group LLC Mailing Address 4900 Seminary Road Suite 1020 City Alexandria State VA Zip Code 22311 Purpose of Disbursement Mass Mailing Candidate Name Office Sought: <input type="checkbox"/> House <input 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> SB17.37601 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>77982.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Mack Crouse Group LLC Mailing Address 4900 Seminary Road Suite 1020 City Alexandria State VA Zip Code 22311 Purpose of Disbursement Mass Mailing Candidate Name Office Sought: <input type="checkbox"/> House <input 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> SB17.37609 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>74161.72</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**152251.35**

**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  
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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) Mack Crounse Group LLC</p> <hr/> <p>Mailing Address 4900 Seminary Road Suite 1020</p> <hr/> <p>City Alexandria State VA Zip Code 22311</p> <hr/> <p>Purpose of Disbursement Mass Mailing</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.37919</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 8</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period  <div>84166.81</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess  Contributions Required Under  11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mary Catherine Voytko</p> <hr/> <p>Mailing Address 920 Fronheiser Street</p> <hr/> <p>City Johnstown State PA Zip Code 15902</p> <hr/> <p>Purpose of Disbursement Wages</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.36831</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 0 8</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period  <div>62.92</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess  Contributions Required Under  11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Mary Catherine Voytko</p> <hr/> <p>Mailing Address 920 Fronheiser Street</p> <hr/> <p>City Johnstown State PA Zip Code 15902</p> <hr/> <p>Purpose of Disbursement Wages</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.37376</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 3 / 2 0 0 8</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period  <div>62.92</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess  Contributions Required Under  11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**84292.65**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Mary Catherine Voytko <hr/> Mailing Address 920 Fronheiser Street	<b>Transaction ID:</b> SB17.37295 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 6 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Wages Candidate Name <div>Category/Type</div> <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>Amount of Each Disbursement this Period</b> <div>62.92</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Erin Moffat <hr/> Mailing Address 1156 Bedford Street	<b>Transaction ID:</b> SB17.36833 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Wages Candidate Name <div>Category/Type</div> <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>Amount of Each Disbursement this Period</b> <div>946.10</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Erin Moffat <hr/> Mailing Address 1156 Bedford Street	<b>Transaction ID:</b> SB17.36875 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Wages Candidate Name <div>Category/Type</div> <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>Amount of Each Disbursement this Period</b> <div>946.10</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1955.12

**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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Erin Moffat

Mailing Address 1156 Bedford Street

City Johnstown State PA Zip Code 15902

Purpose of Disbursement  
Wages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.36914

Date of Disbursement

/   /

Amount of Each Disbursement this Period

946.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**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

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.37314

Date of Disbursement

/   /

Amount of Each Disbursement this Period

946.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

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

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.37351

Date of Disbursement

/   /

Amount of Each Disbursement this Period

946.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

2838.30

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Erin Moffat

**Transaction ID:** SB17.37394

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	8

Mailing Address 1156 Bedford Street

Amount of Each Disbursement this Period

2	9	3	.	5	0
---	---	---	---	---	---

City Johnstown State PA Zip Code 15902

Purpose of Disbursement

DNC Exp. Reimb

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

Erin Moffat

**Transaction ID:** SB17.37408

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	8

Mailing Address 1156 Bedford Street

Amount of Each Disbursement this Period

9	4	6	.	1	0
---	---	---	---	---	---

City Johnstown State PA Zip Code 15902

Purpose of Disbursement

Wages

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**

Full Name (Last, First, Middle Initial)

Erin Moffat

**Transaction ID:** SB17.37607

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Mailing Address 1156 Bedford Street

Amount of Each Disbursement this Period

9	4	6	.	1	0
---	---	---	---	---	---

City Johnstown State PA Zip Code 15902

Purpose of Disbursement

Wages

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional) .....

2185.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mon Valley Friends of NRA

Mailing Address 504 10 St

City Donora State PA Zip Code 15033

Purpose of Disbursement  
Tickets & Adv.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37358

Date of Disbursement

08 / 27 / 2008

Amount of Each Disbursement this Period

680.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Mon Valley NAACP

Mailing Address Eastgate II

City Monessen State PA Zip Code 15602

Purpose of Disbursement  
Tickets & Adv

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37385

Date of Disbursement

09 / 03 / 2008

Amount of Each Disbursement this Period

230.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

NAACP

Mailing Address Post Office Box 188

City Washington State PA Zip Code 15301

Purpose of Disbursement  
Adv & Tickets

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37421

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

1160.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Nancie's Floral Fantasies

Mailing Address 606 Ferndale Avenue

City Johnstown State PA Zip Code 15905

Purpose of Disbursement

Floral Arrangements

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.36886

Date of Disbursement

07 / 16 / 2008

Amount of Each Disbursement this Period

163.24

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Nancie's Floral Fantasies

Mailing Address 606 Ferndale Avenue

City Johnstown State PA Zip Code 15905

Purpose of Disbursement

Floral Arrangements

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.36904

Date of Disbursement

07 / 23 / 2008

Amount of Each Disbursement this Period

81.62

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Nancie's Floral Fantasies

Mailing Address 606 Ferndale Avenue

City Johnstown State PA Zip Code 15905

Purpose of Disbursement

Floral Arrangements

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37382

Date of Disbursement

09 / 03 / 2008

Amount of Each Disbursement this Period

81.62

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

326.48

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) National Democratic Club Mailing Address 30 Ivy Street S.E.	<b>Transaction ID:</b> SB17.37584 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	7		2	0	0	8	
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	7		2	0	0	8													
City Washington State DC Zip Code 20003-4071 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) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>610.33</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	610.33																				
610.33																						
<b>B.</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> SB17.36887 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>3450.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	6		2	0	0	8	3450.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	6		2	0	0	8													
3450.00																						
<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> SB17.37322 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>7.19</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	0	8	7.19
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	3		2	0	0	8													
7.19																						

SUBTOTAL of Disbursements This Page (optional) .....

4067.52

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) NRA Foundation Mailing Address 11250 Maples Mill Road	<b>Transaction ID:</b> SB17.37312 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 2 / 2 0 0 8</div> </div>
City State Zip Code Fairfax VA 22030 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) ▼	<b>Amount of Each Disbursement this Period</b> <div> <div>750.00</div> <input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53         </div>
<b>B.</b> Full Name (Last, First, Middle Initial) PA Dept. of Revenue Mailing Address Dept. 280401 City State Zip Code Harrisburg PA 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> SB17.36835 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div>99.20</div> <input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53         </div>
<b>C.</b> Full Name (Last, First, Middle Initial) PA Dept. of Revenue Mailing Address Dept. 280401 City State Zip Code Harrisburg PA 17128-0401 Purpose of Disbursement Use Tax Candidate Name Office Sought: <input type="checkbox"/> House <input 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> SB17.36930 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div>39.00</div> <input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53         </div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**888.20**

**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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

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

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37377

Date of Disbursement

/   /

Amount of Each Disbursement this Period

144.35

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.37378

Date of Disbursement

/   /

Amount of Each Disbursement this Period

88.15

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

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

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.36877

Date of Disbursement

/   /

Amount of Each Disbursement this Period

62.21

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

294.71

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Penn National Insurance Mailing Address P.O. Box 13746	<b>Transaction ID:</b> SB17.36862 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 9 / 2 0 0 8</div> </div>
City Philadelphia State PA Zip Code 19101-3746 Purpose of Disbursement Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input 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>Amount of Each Disbursement this Period</b> <div>846.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Perkins Coie Mailing Address 1202 Third Avenue 40th Floor City Seattle State WA Zip Code 98101-3099 Purpose of Disbursement Legal Fees Candidate Name Office Sought: <input type="checkbox"/> House <input 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> SB17.36894 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>783.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Perkins Coie Mailing Address 1202 Third Avenue 40th Floor City Seattle State WA Zip Code 98101-3099 Purpose of Disbursement Legal Fees Candidate Name Office Sought: <input type="checkbox"/> House <input 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> SB17.37337 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 0 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>37.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1666.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 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) Perkins Coie</p> <p>Mailing Address 1202 Third Avenue 40th Floor</p> <p>City Seattle State WA Zip Code 98101-3099</p> <p>Purpose of Disbursement Legal Fees</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> SB17.37393</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>75.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess  Contributions Required Under  11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Tickets &amp; Volunteer 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> SB17.36836</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>99.81</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess  Contributions Required Under  11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement See Detail</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> SB17.36896</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 3 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>95.69</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess  Contributions Required Under  11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**270.50**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 20a ☐ 20b ☐ 20c ☐ 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) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Postage</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> SB17.36896.0</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1.42"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Fund Raiser Recpt 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> SB17.36896.1</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Volunteer 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> SB17.36896.2</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="54.27"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► <input type="text" value="0.00"/></p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ► <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)

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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) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement See Detail</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> SB17.37290</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 5 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>98.79</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</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> SB17.37290.0</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 5 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>20.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Meeting Expense</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> SB17.37290.1</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 5 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>5.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

98.79

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Petty Cash Mailing Address 647 Main Street	<b>Transaction ID:</b> SB17.37290.2 <b>Date of Disbursement</b> <div> <div>08</div> <div>05</div> <div>2008</div> </div>
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) ▼	<b>Amount of Each Disbursement this Period</b> <div>51.08</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Petty Cash Mailing Address 647 Main Street	<b>Transaction ID:</b> SB17.37290.3 <b>Date of Disbursement</b> <div> <div>08</div> <div>05</div> <div>2008</div> </div>
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) ▼	<b>Amount of Each Disbursement this Period</b> <div>22.71</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Petty Cash Mailing Address 647 Main Street	<b>Transaction ID:</b> SB17.37316 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2008</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Tickets, 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>Amount of Each Disbursement this Period</b> <div>92.18</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

92.18

**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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Petty Cash	<b>Transaction ID:</b> SB17.37332 <b>Date of Disbursement</b>
Mailing Address 647 Main Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 0 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement See Detail	<div> <div>98.51</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Petty Cash	<b>Transaction ID:</b> SB17.37332.0 <b>Date of Disbursement</b>
Mailing Address 647 Main Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 0 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Tickets	<div> <div>15.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Petty Cash	<b>Transaction ID:</b> SB17.37332.1 <b>Date of Disbursement</b>
Mailing Address 647 Main Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 0 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Volunteer Exp	<div> <div>45.25</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

98.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street	<b>Transaction ID:</b> SB17.37332.2 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 0 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Meeting Expense Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>38.26</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street	<b>Transaction ID:</b> SB17.37357 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Tickets & Meeting Exp Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>99.45</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street	<b>Transaction ID:</b> SB17.37395 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement See Detail Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>99.28</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**198.73**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 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 Mailing Address 647 Main Street	<b>Transaction ID:</b> SB17.37395.0 <b>Date of Disbursement</b> <div> <div>09</div> <div>30</div> <div>2008</div> </div>
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) ▼	<b>Amount of Each Disbursement this Period</b> <div>56.52</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Petty Cash Mailing Address 647 Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Meeting Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.37395.1 <b>Date of Disbursement</b> <div> <div>09</div> <div>03</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>30.49</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Petty Cash Mailing Address 647 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) ▼	<b>Transaction ID:</b> SB17.37395.2 <b>Date of Disbursement</b> <div> <div>09</div> <div>03</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>9.27</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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**

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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) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Tickets</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> SB17.37395.3</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>3.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement See Detail</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> SB17.37629</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>99.76</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Tickets</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> SB17.37629.0</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>20.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

99.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</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> SB17.37629.1</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</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> SB17.37629.2</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</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> SB17.37629.3</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="34.76"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► <input type="text" value="0.00"/></p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ► <input type="text"/></p>	

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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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) Pierce Hardy Limited Ptr</p> <p>Mailing Address Bldg #5 1019 Rt 519</p> <p>City Eighty Four State PA Zip Code 15330</p> <p>Purpose of Disbursement Advertising</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> SB17.37907</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>550.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Pittsburgh Post Gazette</p> <p>Mailing Address Box 400536</p> <p>City Pittsburgh State PA Zip Code 15268-0536</p> <p>Purpose of Disbursement Subscription</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> SB17.37617</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>236.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Precious Metals &amp; Diamond Co.</p> <p>Mailing Address 1011 Eisenhower Blvd</p> <p>City Johnstown State PA Zip Code 15904-3305</p> <p>Purpose of Disbursement Fund Raiser Recpt 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> SB17.37404</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 4 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>10056.75</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**10842.75**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Reschini Agency Inc	<b>Transaction ID:</b> SB17.37920 <b>Date of Disbursement</b>
Mailing Address 922 Philadelphia St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 8</div> </div>
City Indiana State PA Zip Code 15701	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Insurance	<div> <div>5051.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Rizzo's Restaurant	<b>Transaction ID:</b> SB17.37414 <b>Date of Disbursement</b>
Mailing Address 2200 Graham Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 0 / 2 0 0 8</div> </div>
City Windber State PA Zip Code 15963	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Fund Raiser Recpt Exp	<div> <div>1029.53</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Robert C. Ondick, CPA, PC	<b>Transaction ID:</b> SB17.36843 <b>Date of Disbursement</b>
Mailing Address 551 Main Street, Suite 220	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Accounting Service	<div> <div>2500.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**8580.53**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Robert C. Ondick, CPA, PC	<b>Transaction ID:</b> SB17.37305 <b>Date of Disbursement</b>
Mailing Address 551 Main Street, Suite 220	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 6 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Accounting Service Candidate Name	Amount of Each Disbursement this Period <div>2500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Robert C. Ondick, CPA, PC	<b>Transaction ID:</b> SB17.37410 <b>Date of Disbursement</b>
Mailing Address 551 Main Street, Suite 220	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 0 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Accounting Service Candidate Name	Amount of Each Disbursement this Period <div>2500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Rouse's Flower & Garden Center	<b>Transaction ID:</b> SB17.37299 <b>Date of Disbursement</b>
Mailing Address 3903 Bigler Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 6 / 2 0 0 8</div> </div>
City Northern Cambria State PA Zip Code 16714 Purpose of Disbursement Floral Arrangements Candidate Name	Amount of Each Disbursement this Period <div>73.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**5073.90**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Rouse's Flower & Garden Center Mailing Address 3903 Bigler Avenue	<b>Transaction ID:</b> SB17.37417 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 0 / 2 0 0 8</div> </div>
City Northern Cambria State PA Zip Code 16714 Purpose of Disbursement Floral Arrangements Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>84.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Rudzik, Inc Mailing Address 2126 Connecticut Ave NW #41 City Washington State DC Zip Code 20008-1729 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) ▼	<b>Transaction ID:</b> SB17.37554 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 9 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1800.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Schrader Flower Shop Mailing Address 510 Vine Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Floral Arrangements Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.36931 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>85.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1970.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Schrader Flower Shop Mailing Address 510 Vine Street	<b>Transaction ID:</b> SB17.37361 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Floral Arrangements Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>85.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Select Printing Mailing Address 1129 20th Street NW City Washington State DC Zip Code 20023 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) ▼	<b>Transaction ID:</b> SB17.36920 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>120.56</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Somerset Co. NRA Mailing Address 326 Vanyo Road City Berlin State PA Zip Code 15530 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) ▼	<b>Transaction ID:</b> SB17.36893 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>650.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**856.06**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Special Tax Collector

Mailing Address Bloomfield Street

City Johnstown, State PA Zip Code 15904

Purpose of Disbursement

Local Tax W/H

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.36880

Date of Disbursement

/   /

Amount of Each Disbursement this Period

18.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
St Francis University

Mailing Address 117 Evergreen Drive  
PO Box 600

City Loretto, State PA Zip Code 15940

Purpose of Disbursement

Fund Raiser Recpt Exp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.36884

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1993.86

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Susan O'Neill & Assoc.

Mailing Address 5910 Gloster Road

City Bethesda, State MD Zip Code 20816

Purpose of Disbursement

Fund Raiser Recpt Exp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.36874

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2735.74

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

4748.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Susan O'Neill & Assoc.

Mailing Address 5910 Gloster Road

City Bethesda State MD Zip Code 20816

Purpose of Disbursement  
Fund Raiser Recpt Exp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.36883

Date of Disbursement

/   /

Amount of Each Disbursement this Period

977.08

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Susan O'Neill & Assoc.

Mailing Address 5910 Gloster Road

City Bethesda State MD Zip Code 20816

Purpose of Disbursement  
Fund Raiser Recpt Exp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.36924

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4750.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Susan O'Neill & Assoc.

Mailing Address 5910 Gloster Road

City Bethesda State MD Zip Code 20816

Purpose of Disbursement  
Public Relations Exp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.36926

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4166.67

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

9893.75

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Susan O'Neill & Assoc.	<b>Transaction ID:</b> SB17.37370 Date of Disbursement
Mailing Address 5910 Gloster Road	<div> <div>MM / DD / YY</div> <div>08 / 27 / 2008</div> </div>
City State Zip Code Bethesda MD 20816	<b>Amount of Each Disbursement this Period</b> <div>4166.67</div>
Purpose of Disbursement Public Relations Exp Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Susan O'Neill & Assoc.	<b>Transaction ID:</b> SB17.37555 Date of Disbursement
Mailing Address 5910 Gloster Road	<div> <div>MM / DD / YY</div> <div>09 / 09 / 2008</div> </div>
City State Zip Code Bethesda MD 20816	<b>Amount of Each Disbursement this Period</b> <div>13044.00</div>
Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Susan O'Neill & Assoc.	<b>Transaction ID:</b> SB17.37921 Date of Disbursement
Mailing Address 5910 Gloster Road	<div> <div>MM / DD / YY</div> <div>09 / 30 / 2008</div> </div>
City State Zip Code Bethesda MD 20816	<b>Amount of Each Disbursement this Period</b> <div>3950.00</div>
Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

**SUBTOTAL** of Disbursements This Page (optional) .....

**21160.67**

**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  
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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Susan O'Neill & Assoc.	<b>Transaction ID:</b> SB17.37936 <b>Date of Disbursement</b>
Mailing Address 5910 Gloster Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 8</div> </div>
City Bethesda State MD Zip Code 20816 Purpose of Disbursement Public Relations Exp Candidate Name	Amount of Each Disbursement this Period <div>4166.67</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Thomas Automotive Family	<b>Transaction ID:</b> SB17.37307 <b>Date of Disbursement</b>
Mailing Address 750 Eisenhower Blvd.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 6 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15904 Purpose of Disbursement Vehicle Repairs Candidate Name	Amount of Each Disbursement this Period <div>138.31</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) William Tobin	<b>Transaction ID:</b> SB17.37912 <b>Date of Disbursement</b>
Mailing Address 523 Toledo Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 8</div> </div>
City Lower Burrell State PA Zip Code 15068 Purpose of Disbursement Consulting Candidate Name	Amount of Each Disbursement this Period <div>5000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input 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

**SUBTOTAL** of Disbursements This Page (optional) .....

**9304.98**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Tri -County WIB

Mailing Address 112 Hollywood Drive  
Suite 201

City State Zip Code  
Butler PA 16001

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.36888

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

Tribune-Review

Mailing Address 622 Cabin Hill Drive

City State Zip Code  
Greensburg PA 15601

Purpose of Disbursement  
Subscription Camp Office Exp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.37297

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

Tribune Democrat

Mailing Address 425 Locust Street  
P.O. Box 340

City State Zip Code  
Johnstown PA 15907-0340

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.36873

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**1320.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
United Way

Mailing Address 422 Main Street  
Suite 203

City State Zip Code  
Johnstown PA 15901

Purpose of Disbursement  
Tickets

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37369

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
UPS

Mailing Address P.O. Box 7247-0244

City State Zip Code  
Philadelphia PA 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: SB17.36841

Date of Disbursement

/   /

Amount of Each Disbursement this Period

61.74

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
UPS

Mailing Address P.O. Box 7247-0244

City State Zip Code  
Philadelphia PA 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: SB17.36858

Date of Disbursement

/   /

Amount of Each Disbursement this Period

27.99

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

289.73

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE**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

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.36898

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	0	8

Amount of Each Disbursement this Period

27.66

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**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/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.36918

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	8

Amount of Each Disbursement this Period

76.12

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**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/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.37306

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	8

Amount of Each Disbursement this Period

37.14

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

140.92

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) UPS Mailing Address P.O. Box 7247-0244	<b>Transaction ID:</b> SB17.37318 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 3 / 2 0 0 8</div> </div>
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>Amount of Each Disbursement this Period</b> <div>141.86</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<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> SB17.37338 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 0 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>86.51</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<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> SB17.37371 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>88.23</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**316.60**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) UPS Mailing Address P.O. Box 7247-0244	<b>Transaction ID:</b> SB17.37381 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 8</div> </div>
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>Amount of Each Disbursement this Period</b> <div>79.44</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<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> SB17.37418 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 0 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>24.54</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<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> SB17.37598 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>27.66</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**131.64**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) UPS Mailing Address P.O. Box 7247-0244	<b>Transaction ID:</b> SB17.37616 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 0 8</div> </div>
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>Amount of Each Disbursement this Period</b> <div>442.19</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<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> SB17.37924 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>92.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</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) ▼	<b>Transaction ID:</b> SB17.36860 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 9 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>8.43</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**543.57**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Valenty Bottled Water Mailing Address P.O. Box 1055	<b>Transaction ID:</b> SB17.37304 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 6 / 2 0 0 8</div> </div>
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) ▼	<b>Amount of Each Disbursement this Period</b> <div>40.18</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</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) ▼	<b>Transaction ID:</b> SB17.37373 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>31.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</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) ▼	<b>Transaction ID:</b> SB17.37411 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 0 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>8.43</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

80.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Valley News Dispatch <hr/> Mailing Address PO Box 74709	<b>Transaction ID:</b> SB17.36838 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 0 8</div> </div>
City Pittsburgh State PA Zip Code 15274-7009 <hr/> Purpose of Disbursement Subscription Candidate Name <div>Category/Type</div> <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>Amount of Each Disbursement this Period</b> <div>275.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Valley Printing <hr/> Mailing Address 667 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Advertising Candidate Name <div>Category/Type</div> <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> SB17.36866 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 9 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2000.22</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Valley Printing <hr/> Mailing Address 667 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <div>Category/Type</div> <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> SB17.37360 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>479.12</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**2754.34**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 279 / 302

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Valley Printing Mailing Address 667 Main Street	<b>Transaction ID:</b> SB17.37380 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 8</div> </div>
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) ▼	<b>Amount of Each Disbursement this Period</b> <div>438.84</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</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) ▼	<b>Transaction ID:</b> SB17.37583 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>375.24</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) VCI Mailing Address 727 Goucher Street City Johnstown State PA Zip Code 15905 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.37426 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 0 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**2814.08**

**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)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address P.O. Box 920041	<b>Transaction ID:</b> SB17.36863 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 0 8</div> </div>
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) ▼	<b>Amount of Each Disbursement this Period</b> <div>528.11</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</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) ▼	<b>Transaction ID:</b> SB17.36916 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>640.11</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</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) ▼	<b>Transaction ID:</b> SB17.37372 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>377.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1546.12

**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)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VMW Printing, Inc Mailing Address 5207 Monroe Place	<b>Transaction ID:</b> SB17.36864 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 0 8</div> </div>
City Hyattsville State MD Zip Code 20781 Purpose of Disbursement Fund Raiser Recpt 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) ▼	<b>Amount of Each Disbursement this Period</b> <div>1870.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. James Voytko Mailing Address 920 Fronheiser Street City Johnstown State PA Zip Code 15902 Purpose of Disbursement DNC Reimb Candidate Name Office Sought: <input type="checkbox"/> House <input 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> SB17.37383 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>304.20</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Weekly Recorder Mailing Address P.O. Box F City Claysville State PA Zip Code 15327 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.36845 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>275.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

2449.20

**TOTAL** This Period (last page this line number only) .....

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

FEC Schedule B ( Form 3 ) (Revised 02/2003)

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Wheeling Athletic Trust	<b>Transaction ID:</b> SB17.37326 <b>Date of Disbursement</b>																				
Mailing Address C/O Trust Dept Ameriserv Finl P.O. Box 520	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	3		2	0	0	8												
City Johnstown State PA Zip Code 15907	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Tickets	<table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>	300.00																			
300.00																					
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) WTYM Radio	<b>Transaction ID:</b> SB17.36844 <b>Date of Disbursement</b>																				
Mailing Address R.D. 7, Box 14A	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	2		2	0	0	8												
City Kittanning State PA Zip Code 16201	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Advertising	<table border="1"> <tr> <td colspan="10">200.00</td> </tr> </table>	200.00																			
200.00																					
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) WTYM Radio	<b>Transaction ID:</b> SB17.37625 <b>Date of Disbursement</b>																				
Mailing Address R.D. 7, Box 14A	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	4		2	0	0	8												
City Kittanning State PA Zip Code 16201	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Advertising	<table border="1"> <tr> <td colspan="10">325.00</td> </tr> </table>	325.00																			
325.00																					
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

825.00

TOTAL This Period (last page this line number only) .....

458295.18

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" 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) Mr. William Boyle <hr/> Mailing Address    2809 Central Avenue <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Alexandria</td> <td style="width: 17%;">State VA</td> <td style="width: 50%;">Zip Code 22302</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 50%;">Purpose of Disbursement Refund Excess Contrib</td> <td style="width: 5%;"><div style="border: 1px solid black; width: 30px; height: 20px;"></div></td> <td style="width: 45%;"><div style="border: 1px solid black; width: 30px; height: 20px;"></div></td> </tr> <tr> <td>Candidate Name</td> <td colspan="2">Category/ Type</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 30%;">Office Sought:</td> <td style="width: 10%;"><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width: 10%;">Disbursement For:</td> <td style="width: 10%;">2008</td> <td style="width: 40%;"><input type="checkbox"/> Primary    <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="3"></td> </tr> </table>	City Alexandria	State VA	Zip Code 22302	Purpose of Disbursement Refund Excess Contrib	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	Candidate Name	Category/ Type		Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	2008	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:				<b>Transaction ID:</b> SB20A.36754 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>0 7</span> <span>2 9</span> <span>2 0 0 8</span> </div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 2px; text-align: right;">1200.00</div> <hr/> <input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria	State VA	Zip Code 22302																		
Purpose of Disbursement Refund Excess Contrib	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>																		
Candidate Name	Category/ Type																			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	2008	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																
State:	District:																			
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Kim Kunkle <hr/> Mailing Address    2221 Crabtree Lane <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Johnstown</td> <td style="width: 17%;">State PA</td> <td style="width: 50%;">Zip Code 15905-1641</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 50%;">Purpose of Disbursement Refund Excess Contrib</td> <td style="width: 5%;"><div style="border: 1px solid black; width: 30px; height: 20px;"></div></td> <td style="width: 45%;"><div style="border: 1px solid black; width: 30px; height: 20px;"></div></td> </tr> <tr> <td>Candidate Name</td> <td colspan="2">Category/ Type</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 30%;">Office Sought:</td> <td style="width: 10%;"><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width: 10%;">Disbursement For:</td> <td style="width: 10%;">2008</td> <td style="width: 40%;"><input type="checkbox"/> Primary    <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="3"></td> </tr> </table>	City Johnstown	State PA	Zip Code 15905-1641	Purpose of Disbursement Refund Excess Contrib	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	Candidate Name	Category/ Type		Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	2008	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:				<b>Transaction ID:</b> SB20A.36759 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>0 7</span> <span>2 9</span> <span>2 0 0 8</span> </div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div> <hr/> <input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown	State PA	Zip Code 15905-1641																		
Purpose of Disbursement Refund Excess Contrib	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>																		
Candidate Name	Category/ Type																			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	2008	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																
State:	District:																			
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Thomas McCaffrey, Jr. <hr/> Mailing Address    6716 Eilerson Street <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Clinton</td> <td style="width: 17%;">State MD</td> <td style="width: 50%;">Zip Code 20735</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 50%;">Purpose of Disbursement Refund Excess Contrib</td> <td style="width: 5%;"><div style="border: 1px solid black; width: 30px; height: 20px;"></div></td> <td style="width: 45%;"><div style="border: 1px solid black; width: 30px; height: 20px;"></div></td> </tr> <tr> <td>Candidate Name</td> <td colspan="2">Category/ Type</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 30%;">Office Sought:</td> <td style="width: 10%;"><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width: 10%;">Disbursement For:</td> <td style="width: 10%;">2008</td> <td style="width: 40%;"><input type="checkbox"/> Primary    <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="3"></td> </tr> </table>	City Clinton	State MD	Zip Code 20735	Purpose of Disbursement Refund Excess Contrib	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	Candidate Name	Category/ Type		Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	2008	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:				<b>Transaction ID:</b> SB20A.36760 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>0 7</span> <span>2 9</span> <span>2 0 0 8</span> </div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 2px; text-align: right;">700.00</div> <hr/> <input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clinton	State MD	Zip Code 20735																		
Purpose of Disbursement Refund Excess Contrib	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>																		
Candidate Name	Category/ Type																			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	2008	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																
State:	District:																			

SUBTOTAL of Disbursements This Page (optional) .....

2400.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Beatriz McNelly	<b>Transaction ID:</b> SB20A.36761 <b>Date of Disbursement</b>
Mailing Address 20974 Rootstown Terrace	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 8</div> </div>
City Ashburn State VA Zip Code 20147 Purpose of Disbursement Refund Excess Contrib Candidate Name	Amount of Each Disbursement this Period <div>1200.00</div> <input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Christopher O'Neill	<b>Transaction ID:</b> SB20A.36755 <b>Date of Disbursement</b>
Mailing Address 5419 Albia Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 9 / 2 0 0 8</div> </div>
City Bethesda State MD Zip Code 20816 Purpose of Disbursement Refund Excess Contrib Candidate Name	Amount of Each Disbursement this Period <div>400.00</div> <input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Daniel T. Perkins	<b>Transaction ID:</b> SB20A.36830 <b>Date of Disbursement</b>
Mailing Address 1602 Ivanhoe Ct	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 5 / 2 0 0 8</div> </div>
City Alexandria State VA Zip Code 22304 Purpose of Disbursement Refund Excess Contrib Candidate Name	Amount of Each Disbursement this Period <div>1400.00</div> <input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

**SUBTOTAL** of Disbursements This Page (optional) .....

**3000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" 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)

Mr. George Poole

Mailing Address 2350 S Arlington Ridge Rd

City State Zip Code  
Arlington VA 22202

Purpose of Disbursement

Refund Excess Contrib

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** SB20A.36756

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☒ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

Richard Troiano

Mailing Address 205 Longfellow Street

City State Zip Code  
Vandergrift PA 15690

Purpose of Disbursement

Refund Excess Contrib

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** SB20A.36762

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☒ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**1600.00**

**TOTAL** This Period (last page this line number only) .....

**7000.00**

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND

Mailing Address 2 West Dixie Highway

City State Zip Code  
Dania Beach FL 33004

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB20C.36929

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

PARAMETRIC TECHNOLOGY CORPORATION (PTC) PAC

Mailing Address 1850 CENTENNIAL PARK DRIVE STE 500

City State Zip Code  
RESTON VA 20191

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB20C.36928

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Armstrong Co. Democratic Comm

Mailing Address Box 172, RR #1

City State Zip Code  
New Bethlehem PA 16242

Purpose of Disbursement  
Tickets

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21.37627

Date of Disbursement

/   /

Amount of Each Disbursement this Period

160.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.** Full Name (Last, First, Middle Initial)  
Armstrong Co. Democratic Comm

Mailing Address Box 172, RR #1

City State Zip Code  
New Bethlehem PA 16242

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21.37930

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.** Full Name (Last, First, Middle Initial)  
Cambria County Democratic Comm.

Mailing Address 104 S. Center Street  
P.O. Box 92

City State Zip Code  
Ebensburg PA 15931

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21.37931

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

12160.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Comm to Elect Frank Burns Mailing Address 1654 William Penn Avenue	<b>Transaction ID:</b> SB21.37368 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15909 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) ▼	<b>Amount of Each Disbursement this Period</b> <div>105.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</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 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) ▼	<b>Transaction ID:</b> SB21.37623 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>100.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Comm to Elect Vince Zaptosky Mailing Address 45 Derrick Avenue City Uniontown State PA Zip Code 15401 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21.37424 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 0 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>100.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**305.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Community Arts Center</p> <hr/> <p>Mailing Address 1217 Menoher Boulevard P.O. Box 866</p> <hr/> <p>City Johnstown State PA Zip Code 15907</p> <hr/> <p>Purpose of Disbursement Contribution</p> <hr/> <p>Candidate Name</p> <hr/> <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> SB21.36890  <b>Date of Disbursement</b>  <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M</span> <span>D D</span> <span>Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>0 7</span> <span>1 6</span> <span>2 0 0 8</span> </div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess  Contributions Required Under  11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Community Found. For the Allegh.</p> <hr/> <p>Mailing Address 116 Market Street</p> <hr/> <p>City Johnstown State PA Zip Code 15901</p> <hr/> <p>Purpose of Disbursement Contribution</p> <hr/> <p>Candidate Name</p> <hr/> <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> SB21.36891  <b>Date of Disbursement</b>  <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M</span> <span>D D</span> <span>Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>0 7</span> <span>1 6</span> <span>2 0 0 8</span> </div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess  Contributions Required Under  11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) D.C.C.C.</p> <hr/> <p>Mailing Address 430 South Capitol Street SE 2nd Floor</p> <hr/> <p>City Washington State DC Zip Code 20003</p> <hr/> <p>Purpose of Disbursement Excess Contribution</p> <hr/> <p>Candidate Name</p> <hr/> <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> SB21.36851  <b>Date of Disbursement</b>  <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M</span> <span>D D</span> <span>Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>0 7</span> <span>0 2</span> <span>2 0 0 8</span> </div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 2px; text-align: right;">11278.21</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess  Contributions Required Under  11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**12028.21**

**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  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.**

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

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21.37401

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8408.56

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
East Hills Democratic Club

Mailing Address 162 Leffler Drive  
Gene Tighe

City Johnstown State PA Zip Code 15904

Purpose of Disbursement  
Tickets

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21.37365

Date of Disbursement

/   /

Amount of Each Disbursement this Period

240.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
East Hills Democratic Club

Mailing Address 162 Leffler Drive  
Gene Tighe

City Johnstown State PA Zip Code 15904

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21.37367

Date of Disbursement

/   /

Amount of Each Disbursement this Period

125.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

8773.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.**

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  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21.37937

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Friends of Bompiani

Mailing Address Attn Ken Stillwell, Treasurer

City Greensburg State PA Zip Code 15601

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21.37428

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Friends of Dan Onorato

Mailing Address P.O. Box 23205

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement  
Tickets

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21.36912

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Friends of Jack Wagner

Mailing Address C/O Senator Barry Stout  
P.O. Box 4490

City State Zip Code  
Eighty-Four PA 15330

Purpose of Disbursement  
Tickets

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.36911

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1600.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Friends of Jack Wagner

Mailing Address C/O Senator Barry Stout  
P.O. Box 4490

City State Zip Code  
Eighty-Four PA 15330

Purpose of Disbursement  
Tickets

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.37349

Date of Disbursement

/   /

Amount of Each Disbursement this Period

400.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Friends of P.J. Stevens

Mailing Address M. Gjurich & B. Harris  
P.O. Box 170

City State Zip Code  
Carrolltown PA 15722

Purpose of Disbursement  
Tickets

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.37928

Date of Disbursement

/   /

Amount of Each Disbursement this Period

800.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

2800.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Greene County Democratic Comm.

Mailing Address P.O. Box 493

City State Zip Code  
Waynesburg PA 15370

Purpose of Disbursement  
Tickets & Adv.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21.37626

Date of Disbursement

/   /

Amount of Each Disbursement this Period

400.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Indiana Co. Democrat Comm.

Mailing Address Box 315

City State Zip Code  
Indiana PA 15701

Purpose of Disbursement  
Tickets

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21.37547

Date of Disbursement

/   /

Amount of Each Disbursement this Period

96.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Indiana Co. Democrat Comm.

Mailing Address Box 315

City State Zip Code  
Indiana PA 15701

Purpose of Disbursement  
Tickets & Adv

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21.37628

Date of Disbursement

/   /

Amount of Each Disbursement this Period

380.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

876.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mon Valley YMCA

Mailing Address 101 Taylor Run Rd

City State Zip Code  
Monongahela PA 15063

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.37343

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

O'Barto Election Committee

Mailing Address PO Box 34

City State Zip Code  
Mammoth PA 15664

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.37342

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Penns Woods Council - BSA

Mailing Address 664 Old Tire Hill Road

City State Zip Code  
Johnstown PA 15905

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.37309

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**6000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Peoples for Deberah Kula	<b>Transaction ID:</b> SB21.37596 <b>Date of Disbursement</b>
Mailing Address 71 N Mount Vernon Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div>
City Uniontown State PA Zip Code 15401	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Advertising Candidate Name	<div> <div>250.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53         </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Rotary Club	<b>Transaction ID:</b> SB21.37352 <b>Date of Disbursement</b>
Mailing Address P.O. Box 4281	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Washington State PA Zip Code 15301	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution Candidate Name	<div> <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53         </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Somerset Co. Democratic Comm.	<b>Transaction ID:</b> SB21.37932 <b>Date of Disbursement</b>
Mailing Address C/O John Vatauvuk 1016 Berkey Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 8</div> </div>
City Windber State PA Zip Code 15963	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Adv & Tickets Candidate Name	<div> <div>244.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53         </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**1494.00**

**TOTAL** This Period (last page this line number only) .....



	17		18		19a		19b
	20a		20b		20c	X	21

NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

FEC Schedule B ( Form 3 ) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Washington Co. Demo Comm	<b>Transaction ID:</b> SB21.37330 <b>Date of Disbursement</b>
Mailing Address 13 Grant Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 3 / 2 0 0 8</div> </div>
<div> <div>City Monongahela State PA Zip Code 15063</div> <div> <div>Purpose of Disbursement Contribution</div> <div>Candidate Name</div> </div> <div>Category/Type</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	
<b>B.</b> Full Name (Last, First, Middle Initial) Washington Co. Demo Comm	<b>Transaction ID:</b> SB21.37599 <b>Date of Disbursement</b>
Mailing Address 13 Grant Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div>
<div> <div>City Monongahela State PA Zip Code 15063</div> <div> <div>Purpose of Disbursement Adv &amp; Tickets</div> <div>Candidate Name</div> </div> <div>Category/Type</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>1200.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	
<b>C.</b> Full Name (Last, First, Middle Initial) Westmoreland Co Democratic Comm	<b>Transaction ID:</b> SB21.37594 <b>Date of Disbursement</b>
Mailing Address 14 East Otterman Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div>
<div> <div>City Greensburg State PA Zip Code 15601</div> <div> <div>Purpose of Disbursement Adv &amp; Tickets</div> <div>Candidate Name</div> </div> <div>Category/Type</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>550.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	

**SUBTOTAL** of Disbursements This Page (optional) .....

**2750.00**

**TOTAL** This Period (last page this line number only) .....

**53136.77**

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 299 / 302

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Advertising Needs Inc.Nature of Debt (Purpose):  
Advertising

Mailing Address 10308 Oxford Avenue

City State ZIP Code  
Kansas City MO 64134

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.37966

Amount Incurred This Period

1896.38

Payment This Period

0.00

Outstanding Balance at Close of This Period

1896.38

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Army Navy Country ClubNature of Debt (Purpose):  
Fund Raiser Recpt Exp

Mailing Address 2400 18th Street S

City State ZIP Code  
Arlington VA 22204

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.37968

Amount Incurred This Period

3791.65

Payment This Period

0.00

Outstanding Balance at Close of This Period

3791.65

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
A T&T WirelessNature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 129

City State ZIP Code  
Newark NJ 07101-0129

Outstanding Balance Beginning This Period

542.87

Transaction ID: SD10.36658

Amount Incurred This Period

0.00

Payment This Period

542.87

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

5688.03

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 300 / 302

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
A T&T WirelessNature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 129

City State ZIP Code  
Newark NJ 07101-0129

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.37970

Amount Incurred This Period

968.32

Payment This Period

0.00

Outstanding Balance at Close of This Period

968.32

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Penn National InsuranceNature of Debt (Purpose):  
Insurance

Mailing Address P.O. Box 13746

City State ZIP Code  
Philadelphia PA 19101-3746

Outstanding Balance Beginning This Period

846.00

Transaction ID: SD10.36657

Amount Incurred This Period

0.00

Payment This Period

846.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Penn National InsuranceNature of Debt (Purpose):  
Insurance

Mailing Address P.O. Box 13746

City State ZIP Code  
Philadelphia PA 19101-3746

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.37965

Amount Incurred This Period

846.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

846.00

1) **SUBTOTALS** This Period This Page (optional).....

1814.32

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 301 / 302

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
State Workers Ins. FundNature of Debt (Purpose):  
W.C. InsuranceMailing Address 100 Lackawanna Avenue  
P.O. Box 5100City State ZIP Code  
Scranton PA 18505-5100

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.37963

Amount Incurred This Period

516.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

516.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
VerizonNature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 920041

City State ZIP Code  
Dallas TX 75392-0041

Outstanding Balance Beginning This Period

528.11

Transaction ID: SD10.36651

Amount Incurred This Period

0.00

Payment This Period

528.11

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
VerizonNature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 920041

City State ZIP Code  
Dallas TX 75392-0041

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.37964

Amount Incurred This Period

535.83

Payment This Period

0.00

Outstanding Balance at Close of This Period

535.83

1) **SUBTOTALS** This Period This Page (optional).....

1051.83

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 302 / 302

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
VMW Printing, IncNature of Debt (Purpose):  
Fund Raiser Recpt Exp

Mailing Address 5207 Monroe Place

City State ZIP Code  
Hyattsville MD 20781

Outstanding Balance Beginning This Period

1870.00

Transaction ID: SD10.36652

Amount Incurred This Period

0.00

Payment This Period

1870.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Weekly RecorderNature of Debt (Purpose):  
Advertising

Mailing Address P.O. Box F

City State ZIP Code  
Claysville PA 15327

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.37969

Amount Incurred This Period

550.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

550.00

1) **SUBTOTALS** This Period This Page (optional).....

550.00

2) **TOTALS** This Period (last page this line number only).....

9104.18

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

9104.18