

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

MURTHA FOR CONGRESS COMMITTEE

ADDRESS (number and street) Suite 120, 551 Main Street

Check if different than previously reported. (ACC)

JOHNSTOWN PA 15901

2. **FEC IDENTIFICATION NUMBER** C00019075

CITY STATE ZIP CODE STATE DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

PA 12

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on [] [] [] in the State of []

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on [] [] [] in the State of []

5. Covering Period 04 01 2010 through 06 30 2010

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 07 08 2010

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

MURTHA FOR CONGRESS COMMITTEE

Report Covering the Period: From: To:

	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)).....	0.00	880951.33
(b) Total Contribution Refunds (from Line 20(d)).....	107882.33	116582.33
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-107882.33	764369.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	59815.16	1210864.76
(b) Total Offsets to Operating Expenditures (from Line 14).....	27111.69	113329.40
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	32703.47	1097535.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	105703.60	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	500.06	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
MURTHA FOR CONGRESS COMMITTEE

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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	0.00	530800.00
(i) Itemized (use Schedule A).....	0.00	9344.00
(ii) Unitemized.....	0.00	540144.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	0.00	340807.33
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	880951.33
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	880951.33
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	27111.69	113329.40
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	571.97	5010.60
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	27683.66	999291.33

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	59815.16	1210864.76
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.....	38500.00	47000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	69382.33	69582.33
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	107882.33	116582.33
21. OTHER DISBURSEMENTS.....	24389.25	172221.25
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	192086.74	1499668.34

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	270106.68
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	27683.66
25. SUBTOTAL (add Line 23 and Line 24).....	297790.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	192086.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	105703.60

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 93
(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)
Credit Card Dept.
Mailing Address P.O. Box 0537

City State Zip Code
Indiana PA 15701-0537

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 545.44

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 08 / 2010

Transaction ID: SA14.45188

Amount of Each Receipt this Period
15.00

Bank Charges

B. Full Name (Last, First, Middle Initial)
On Star
Mailing Address P.O. Box 278

City State Zip Code
Sheldon IA 51201

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

Name of Employer Occupation

Receipt For: 2010 Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 348.62

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 16 / 2010

Transaction ID: SA14.45421

Amount of Each Receipt this Period
28.90

Telephone

C. Full Name (Last, First, Middle Initial)
Thomas Automotive Family
Mailing Address 750 Eisenhower Blvd.

City State Zip Code
Johnstown PA 15904

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 13460.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 06 / 2010

Transaction ID: SA14.45422

Amount of Each Receipt this Period
13400.00

Sale of Automobile

SUBTOTAL of Receipts This Page (optional) ► **13443.90**

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 / 93
(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)
Thomas Automotive Family

Mailing Address 750 Eisenhower Blvd.

City State Zip Code
Johnstown PA 15904

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 27060.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: SA14.45423

Amount of Each Receipt this Period
13600.00

Sale of Automobile

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

Mailing Address PO Box 848

City State Zip Code
Uniontown PA 15401-0848

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 265.94

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 1 0

Transaction ID: SA14.45187

Amount of Each Receipt this Period
67.79

Refund Subscriptions

SUBTOTAL of Receipts This Page (optional)	13667.79
TOTAL This Period (last page this line number only)	27111.69

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

1st Summit Bank

Mailing Address Donald Lane

City State Zip Code
Johnstown PA 15904

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 3682.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA15.45406

Amount of Each Receipt this Period

220.46

Interest

B.

Full Name (Last, First, Middle Initial)

1st Summit Bank

Mailing Address Donald Lane

City State Zip Code
Johnstown PA 15904

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 3853.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: SA15.45408

Amount of Each Receipt this Period

170.91

Interest

C.

Full Name (Last, First, Middle Initial)

1st Summit Bank

Mailing Address Donald Lane

City State Zip Code
Johnstown PA 15904

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 4015.59

Date of Receipt

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

Transaction ID: SA15.45407

Amount of Each Receipt this Period

162.58

Interest

SUBTOTAL of Receipts This Page (optional)

553.95

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 / 93
(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: Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 507.71

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA15.45404

Amount of Each Receipt this Period
14.41

Interest

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

Mailing Address 1047 Franklin Street
8th Ward Office

City State Zip Code
Johnstown PA 15905

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

Name of Employer Occupation

Receipt For: Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 509.63

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: SA15.45403

Amount of Each Receipt this Period
1.92

Interest

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

Mailing Address 534 Main Street

City State Zip Code
Johnstown PA 15901

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

Name of Employer Occupation

Receipt For: Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 370.38

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA15.45405

Amount of Each Receipt this Period
1.69

Interest

SUBTOTAL of Receipts This Page (optional)	18.02
TOTAL This Period (last page this line number only)	571.97

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) A T&T	Transaction ID: SB17.45157 Date of Disbursement MM / DD / YYYY 04 / 07 / 2010
	Mailing Address P.O. Box 9001309	Amount of Each Disbursement this Period 101.96
	City Louisville State KY Zip Code 40290-1309	
	Purpose of Disbursement Telephone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) A T&T	Transaction ID: SB17.45166 Date of Disbursement MM / DD / YYYY 04 / 14 / 2010
	Mailing Address P.O. Box 9001309	Amount of Each Disbursement this Period 422.46
	City Louisville State KY Zip Code 40290-1309	
	Purpose of Disbursement Telephone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) A T&T	Transaction ID: SB17.45180 Date of Disbursement MM / DD / YYYY 04 / 29 / 2010
	Mailing Address P.O. Box 9001309	Amount of Each Disbursement this Period 192.01
	City Louisville State KY Zip Code 40290-1309	
	Purpose of Disbursement Telephone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

716.43

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (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) A T&T	Transaction ID: SB17.45191 Date of Disbursement 05 / 05 / 2010
	Mailing Address P.O. Box 9001309	Amount of Each Disbursement this Period 464.19
	City Louisville State KY Zip Code 40290-1309	
	Purpose of Disbursement Telephone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) A T&T	Transaction ID: SB17.45221 Date of Disbursement 06 / 09 / 2010
	Mailing Address P.O. Box 9001309	Amount of Each Disbursement this Period 475.27
	City Louisville State KY Zip Code 40290-1309	
	Purpose of Disbursement Telephone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Atlantic Broadband	Transaction ID: SB17.45167 Date of Disbursement 04 / 14 / 2010
	Mailing Address 120 Southmont Blvd	Amount of Each Disbursement this Period 83.13
	City Johnstown State PA Zip Code 15905	
	Purpose of Disbursement Utilities Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1022.59

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) 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) ▼	Transaction ID: SB17.45190 Date of Disbursement 05 / 05 / 2010	Amount of Each Disbursement this Period 83.13
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) ▼	Transaction ID: SB17.45212 Date of Disbursement 06 / 02 / 2010	Amount of Each Disbursement this Period 86.38
C.	Full Name (Last, First, Middle Initial) Central Tax Bureau of PA, Inc. Mailing Address 1610 Bedford Street City Johnstown State PA Zip Code 15902 Purpose of Disbursement Local Tax 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) ▼	Transaction ID: SB17.45175 Date of Disbursement 04 / 21 / 2010	Amount of Each Disbursement this Period 107.84

SUBTOTAL of Disbursements This Page (optional) ▶

277.35

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

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

Transaction ID: SB17.45176
Date of Disbursement

Mailing Address 1610 Bedford Street

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

City Johnstown State PA Zip Code 15902

Amount of Each Disbursement this Period

14.00

Purpose of Disbursement
LST Tax W/H

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

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

Transaction ID: SB17.45182
Date of Disbursement

Mailing Address 1238 Scalp Avenue

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

City Johnstown State PA Zip Code 15904

Amount of Each Disbursement this Period

302.41

Purpose of Disbursement
Campaign Office Expense

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

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

Transaction ID: SB17.45413
Date of Disbursement

Mailing Address 1238 Scalp Avenue

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

City Johnstown State PA Zip Code 15904

Amount of Each Disbursement this Period

447.82

Purpose of Disbursement
Campaign Office Expense

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

764.23

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 93

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Christian Book Store <hr/> Mailing Address 1238 Scalp Avenue <hr/> City Johnstown State PA Zip Code 15904 <hr/> Purpose of Disbursement Campaign Office Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45418 Date of Disbursement 06 / 29 / 2010 <hr/> Amount of Each Disbursement this Period 40.26
B.	Full Name (Last, First, Middle Initial) Colony Cleaning Company <hr/> Mailing Address 160 Engbert Road <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Cleaning Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45159 Date of Disbursement 04 / 07 / 2010 <hr/> Amount of Each Disbursement this Period 216.24
C.	Full Name (Last, First, Middle Initial) Colony Cleaning Company <hr/> Mailing Address 160 Engbert Road <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Cleaning Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45194 Date of Disbursement 05 / 05 / 2010 <hr/> Amount of Each Disbursement this Period 270.30

SUBTOTAL of Disbursements This Page (optional)	526.80
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Credit Card Dept. Mailing Address P.O. Box 0537 City Indiana State PA Zip Code 15701-0537 Purpose of Disbursement See Detail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45163 Date of Disbursement 04 / 14 / 2010 Amount of Each Disbursement this Period 2365.25 Category/Type
B.	Full Name (Last, First, Middle Initial) On Star Mailing Address P.O. Box 278 City Sheldon State IA Zip Code 51201 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45163.0 Date of Disbursement 04 / 12 / 2010 Amount of Each Disbursement this Period 28.90 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Exxonmobile Mailing Address Service Station City Arlington State VA Zip Code 22210 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45163.1 Date of Disbursement 04 / 12 / 2010 Amount of Each Disbursement this Period 27.39 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

2365.25

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) On Star</p> <p>Mailing Address P.O. Box 278</p> <p>City Sheldon State IA Zip Code 51201</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.45163.2 Date of Disbursement 04 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 28.90</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Credit Card Dept.</p> <p>Mailing Address P.O. Box 0537</p> <p>City Indiana State PA Zip Code 15701-0537</p> <p>Purpose of Disbursement Bank Charges Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.45163.3 Date of Disbursement 04 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 15.00</p> <p>[MEMO ITEM]</p>
<p>C. 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 Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.45163.4 Date of Disbursement 04 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 5.29</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Sheetz

Transaction ID: SB17.45163.5
Date of Disbursement

Mailing Address 5700 Sixth Avenue

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

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]

State: District:

B.

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

Transaction ID: SB17.45163.6
Date of Disbursement

Mailing Address Main Street

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

City Johnstown State PA Zip Code 15901

Amount of Each Disbursement this Period

Purpose of Disbursement
Volunteer Expense

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]

State: District:

C.

Full Name (Last, First, Middle Initial)
Tribune Democrat

Transaction ID: SB17.45163.7
Date of Disbursement

Mailing Address 425 Locust Street
P.O. Box 340

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

City Johnstown State PA Zip Code 15907-0340

Amount of Each Disbursement this Period

Purpose of Disbursement
Campaign Office Expense

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Appleonlinestore</p> <p>Mailing Address 1 Infinite Loop</p> <p>City Cupertino State CA Zip Code 95014</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>Transaction ID: SB17.45163.8</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">167.90</td> </tr> </table> <p>[MEMO ITEM]</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	1	0	167.90
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	2		2	0	1	0													
167.90																						
<p>B. 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>Transaction ID: SB17.45163.9</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">42.50</td> </tr> </table> <p>[MEMO ITEM]</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	1	0	42.50
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	2		2	0	1	0													
42.50																						
<p>C. 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>Transaction ID: SB17.45163.10</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">37.00</td> </tr> </table> <p>[MEMO ITEM]</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	1	0	37.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	2		2	0	1	0													
37.00																						

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45163.11 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 37.50
	[MEMO ITEM]
	Category/Type
B. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45163.12 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 36.50
	[MEMO ITEM]
	Category/Type
C. Full Name (Last, First, Middle Initial) Anthony's Restaurant Mailing Address Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Volunteer Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45163.13 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 21.68
	[MEMO ITEM]
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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) Tribune Democrat Mailing Address 425 Locust Street P.O. Box 340 City Johnstown State PA Zip Code 15907-0340 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45163.14 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 1 0	Amount of Each Disbursement this Period 43.75 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Gallina's Pizza Mailing Address Market Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Volunteer Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45163.15 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 1 0	Amount of Each Disbursement this Period 19.96 [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 Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45163.23 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 1 0	Amount of Each Disbursement this Period 18.90 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 93

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Sheetz	Transaction ID: SB17.45163.24 Date of Disbursement 04 / 12 / 2010
	Mailing Address 5700 Sixth Avenue	Amount of Each Disbursement this Period 29.50
	City Altoona State PA Zip Code 16602	
	Purpose of Disbursement Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Sheetz	Transaction ID: SB17.45163.25 Date of Disbursement 04 / 12 / 2010
	Mailing Address 5700 Sixth Avenue	Amount of Each Disbursement this Period 16.00
	City Altoona State PA Zip Code 16602	
	Purpose of Disbursement Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) The Fish Boat	Transaction ID: SB17.45163.26 Date of Disbursement 04 / 12 / 2010
	Mailing Address Main Street	Amount of Each Disbursement this Period 18.00
	City Johnstown State PA Zip Code 15901	
	Purpose of Disbursement Volunteer Expense	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
110 On the Park

Mailing Address Franklin & Locust St

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Volunteer Expense

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.45163.27
Date of Disbursement

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

Amount of Each Disbursement this Period

16.96

[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: SB17.45163.28
Date of Disbursement

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

Amount of Each Disbursement this Period

51.09

[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: SB17.45163.30
Date of Disbursement

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

Amount of Each Disbursement this Period

9.27

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Capri Pizza	Transaction ID: SB17.45163.33 Date of Disbursement 04 / 12 / 2010
	Mailing Address Main Street	Amount of Each Disbursement this Period 14.20
	City Johnstown State PA Zip Code 15901	
	Purpose of Disbursement Volunteer Expense	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:	[MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Gallina's Pizza	Transaction ID: SB17.45163.34 Date of Disbursement 04 / 12 / 2010
	Mailing Address Market Street	Amount of Each Disbursement this Period 40.38
	City Johnstown State PA Zip Code 15901	
	Purpose of Disbursement Volunteer Expense	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:	[MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) 110 On the Park	Transaction ID: SB17.45163.36 Date of Disbursement 04 / 12 / 2010
	Mailing Address Franklin & Locust St	Amount of Each Disbursement this Period 26.50
	City Johnstown State PA Zip Code 15901	
	Purpose of Disbursement Meals	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:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Giant Eagle</p> <p>Mailing Address Scalp Avenue</p> <p>City Johnstown State PA Zip Code 15904</p> <p>Purpose of Disbursement Campaign Office Expense</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>Transaction ID: SB17.45163.37</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="204.29"/></p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Co Go</p> <p>Mailing Address Scalp Avenue</p> <p>City Johnstown State PA Zip Code 15904</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>Transaction ID: SB17.45163.40</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="30.01"/></p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) 110 On the Park</p> <p>Mailing Address Franklin & Locust St</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Volunteer Expense</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>Transaction ID: SB17.45163.41</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="28.62"/></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

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

Transaction ID: SB17.45163.42
Date of Disbursement

Mailing Address Locust & Franklin Streets

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

City State Zip Code
Johnstown PA 15901

Amount of Each Disbursement this Period

132.00

Purpose of Disbursement
Postage

Category/ Type

Candidate Name

[MEMO ITEM]

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

State: District:

B.

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

Transaction ID: SB17.45163.43
Date of Disbursement

Mailing Address Menoher Blvd

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

City State Zip Code
Johnstown PA 15905

Amount of Each Disbursement this Period

20.75

Purpose of Disbursement
Travel

Category/ Type

Candidate Name

[MEMO ITEM]

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

State: District:

C.

Full Name (Last, First, Middle Initial)
Sheetz

Transaction ID: SB17.45163.45
Date of Disbursement

Mailing Address 5700 Sixth Avenue

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

City State Zip Code
Altoona PA 16602

Amount of Each Disbursement this Period

65.55

Purpose of Disbursement
Travel

Category/ Type

Candidate Name

[MEMO ITEM]

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

State: District:

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Stem's Cloverleaf <hr/> Mailing Address Ohio Street <hr/> City Johnstown State PA Zip Code 15904 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45163.47 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 35.00 <hr/> [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Capri Pizza <hr/> Mailing Address Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Volunteer Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45163.48 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 16.75 <hr/> [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Capri Pizza <hr/> Mailing Address Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Volunteer Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45163.49 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 21.55 <hr/> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 93

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Capri Pizza</p> <p>Mailing Address Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Volunteer Expense</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>Transaction ID: SB17.45163.51</p> <p>Date of Disbursement <table border="1" style="font-size: small;"> <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>4</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width:100%;"> <tr><td style="text-align: center;">14.00</td></tr> </table> </p> <p>[MEMO ITEM]</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	1	2	/	2	0	1	0	14.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	1	2	/	2	0	1	0													
14.00																						
<p>B. Full Name (Last, First, Middle Initial) Capri Pizza</p> <p>Mailing Address Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Volunteer Expense</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>Transaction ID: SB17.45163.54</p> <p>Date of Disbursement <table border="1" style="font-size: small;"> <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>4</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width:100%;"> <tr><td style="text-align: center;">22.95</td></tr> </table> </p> <p>[MEMO ITEM]</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	1	2	/	2	0	1	0	22.95
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	1	2	/	2	0	1	0													
22.95																						
<p>C. 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>Transaction ID: SB17.45163.55</p> <p>Date of Disbursement <table border="1" style="font-size: small;"> <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>4</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width:100%;"> <tr><td style="text-align: center;">6.23</td></tr> </table> </p> <p>[MEMO ITEM]</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	1	2	/	2	0	1	0	6.23
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	1	2	/	2	0	1	0													
6.23																						

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45163.56 Date of Disbursement 04 / 12 / 2010	Amount of Each Disbursement this Period 16.91 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45163.57 Date of Disbursement 04 / 12 / 2010	Amount of Each Disbursement this Period 52.00 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address Locust & Franklin Streets City Johnstown State PA Zip Code 15901 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45163.58 Date of Disbursement 04 / 12 / 2010	Amount of Each Disbursement this Period 220.00 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Gallina's Pizza	Transaction ID: SB17.45163.59
	Mailing Address Market Street	Date of Disbursement 04 / 12 / 2010
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period 34.72
	Purpose of Disbursement Volunteer Expense	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Symon's Auto Wash	Transaction ID: SB17.45163.60
	Mailing Address Menoher Blvd	Date of Disbursement 04 / 12 / 2010
	City Johnstown State PA Zip Code 15905	Amount of Each Disbursement this Period 9.62
	Purpose of Disbursement Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Credit Card Dept.	Transaction ID: SB17.45197
	Mailing Address P.O. Box 0537	Date of Disbursement 05 / 13 / 2010
	City Indiana State PA Zip Code 15701-0537	Amount of Each Disbursement this Period 2134.13
	Purpose of Disbursement See Detail	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	2134.13
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.1 Date of Disbursement 05 / 13 / 2010	Amount of Each Disbursement this Period 43.25 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.2 Date of Disbursement 05 / 13 / 2010	Amount of Each Disbursement this Period 30.50 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.3 Date of Disbursement 05 / 13 / 2010	Amount of Each Disbursement this Period 31.50 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) On Star	Transaction ID: SB17.45197.4 Date of Disbursement
	Mailing Address P.O. Box 278	<input type="text" value="05"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Sheldon State IA Zip Code 51201	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone	<input type="text" value="28.90"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) On Star	Transaction ID: SB17.45197.5 Date of Disbursement
	Mailing Address P.O. Box 278	<input type="text" value="05"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Sheldon State IA Zip Code 51201	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone	<input type="text" value="28.90"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Capri Pizza	Transaction ID: SB17.45197.6 Date of Disbursement
	Mailing Address Main Street	<input type="text" value="05"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
	Purpose of Disbursement Volunteer Expense	<input type="text" value="33.20"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input 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)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
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: SB17.45197.7
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	0

Amount of Each Disbursement this Period

18.75

[MEMO ITEM]

B.

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

Mailing Address Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Campaign Office Expense

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.45197.8
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	0

Amount of Each Disbursement this Period

46.13

[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: SB17.45197.9
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	0

Amount of Each Disbursement this Period

19.25

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.11 Date of Disbursement 05 / 13 / 2010 Amount of Each Disbursement this Period 32.00 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Szechuan Restaurant 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) ▼	Transaction ID: SB17.45197.12 Date of Disbursement 05 / 13 / 2010 Amount of Each Disbursement this Period 41.75 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Anthony's Restaurant Mailing Address Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Volunteer Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.13 Date of Disbursement 05 / 13 / 2010 Amount of Each Disbursement this Period 17.20 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.14 Date of Disbursement 05 / 13 / 2010	Amount of Each Disbursement this Period 23.07 [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 Volunteer Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.15 Date of Disbursement 05 / 13 / 2010	Amount of Each Disbursement this Period 33.23 [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 Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.18 Date of Disbursement 05 / 13 / 2010	Amount of Each Disbursement this Period 17.05 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Keurig at Home

Mailing Address 101 Edgewater

City State Zip Code
Wakefield MA 01880

Purpose of Disbursement
Campaign Office Expense
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.45197.19
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	0

Amount of Each Disbursement this Period

372.94

[MEMO ITEM]

B.

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

Mailing Address 308 Central Avenue

City State Zip Code
Johnstown PA 15902

Purpose of Disbursement
Volunteer Expense
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.45197.20
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	0

Amount of Each Disbursement this Period

18.24

[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 Expense
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.45197.21
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	0

Amount of Each Disbursement this Period

12.72

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.22 Date of Disbursement 05 / 13 / 2010 Amount of Each Disbursement this Period 3.79 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Szechuan Restaurant Mailing Address Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Volunteer Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.23 Date of Disbursement 05 / 13 / 2010 Amount of Each Disbursement this Period 16.45 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address Locust & Franklin Streets City Johnstown State PA Zip Code 15901 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.24 Date of Disbursement 05 / 13 / 2010 Amount of Each Disbursement this Period 122.00 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) The Fish Boat Mailing Address Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Volunteer Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.25 Date of Disbursement 05 / 13 / 2010	Amount of Each Disbursement this Period 18.55 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Co Go Mailing Address Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.26 Date of Disbursement 05 / 13 / 2010	Amount of Each Disbursement this Period 28.95 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Co Go Mailing Address Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.27 Date of Disbursement 04 / 15 / 2010	Amount of Each Disbursement this Period 15.50 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 37 / 93

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Co Go Mailing Address Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.28 Date of Disbursement 05 / 13 / 2010 Amount of Each Disbursement this Period 31.70 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Sunoco Mailing Address 1735 Market Street City Philadelphia State PA Zip Code 19103-7583 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.29 Date of Disbursement 05 / 13 / 2010 Amount of Each Disbursement this Period 35.16 [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 Volunteer Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.31 Date of Disbursement 04 / 13 / 2010 Amount of Each Disbursement this Period 5.65 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Capri Pizza			Transaction ID: SB17.45197.34 Date of Disbursement 05 / 13 / 2010		
	Mailing Address Main Street			Amount of Each Disbursement this Period 25.00		
	City Johnstown	State PA	Zip Code 15901	[MEMO ITEM]		
Purpose of Disbursement Volunteer Expense			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.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.45197.35 Date of Disbursement 05 / 13 / 2010		
	Mailing Address 5700 Sixth Avenue			Amount of Each Disbursement this Period 37.60		
	City Altoona	State PA	Zip Code 16602	[MEMO ITEM]		
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:			
C.	Full Name (Last, First, Middle Initial) Gallina's Pizza			Transaction ID: SB17.45197.36 Date of Disbursement 05 / 13 / 2010		
	Mailing Address Market Street			Amount of Each Disbursement this Period 16.17		
	City Johnstown	State PA	Zip Code 15901	[MEMO ITEM]		
Purpose of Disbursement Volunteer Expense			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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Volunteer Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.38 Date of Disbursement 05 / 13 / 2010 Amount of Each Disbursement this Period 8.48 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.39 Date of Disbursement 05 / 13 / 2010 Amount of Each Disbursement this Period 60.23 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.40 Date of Disbursement 05 / 13 / 2010 Amount of Each Disbursement this Period 30.00 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Volunteer Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.41 Date of Disbursement 05 / 13 / 2010 Amount of Each Disbursement this Period 6.93 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) KFC Mailing Address 526 Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.42 Date of Disbursement 05 / 13 / 2010 Amount of Each Disbursement this Period 33.14 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Tribune Democrat Mailing Address 425 Locust Street P.O. Box 340 City Johnstown State PA Zip Code 15907-0340 Purpose of Disbursement Campaign Office Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.43 Date of Disbursement 05 / 13 / 2010 Amount of Each Disbursement this Period 9.00 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.44 Date of Disbursement 05 / 13 / 2010 Amount of Each Disbursement this Period 60.00 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Ideal Market Mailing Address 339 Walnut Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Campaign Office Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.45 Date of Disbursement 05 / 13 / 2010 Amount of Each Disbursement this Period 87.24 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Gallina's Pizza Mailing Address Market Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Volunteer Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.46 Date of Disbursement 05 / 13 / 2010 Amount of Each Disbursement this Period 17.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Co Go Mailing Address Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.47 Date of Disbursement 05 / 13 / 2010 Amount of Each Disbursement this Period 40.74 [MEMO ITEM]
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 Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.49 Date of Disbursement 05 / 13 / 2010 Amount of Each Disbursement this Period 115.95 [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 Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45197.50 Date of Disbursement 05 / 13 / 2010 Amount of Each Disbursement this Period 160.40 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Ideal Market

Mailing Address 339 Walnut Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Campaign Office Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.45197.51
Date of Disbursement

MM / DD / YYYY
05 / 13 / 2010

Amount of Each Disbursement this Period

61.47

[MEMO ITEM]

B.

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

Mailing Address P.O. Box 0537

City Indiana State PA Zip Code 15701-0537

Purpose of Disbursement
See Detail

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.45216
Date of Disbursement

MM / DD / YYYY
06 / 08 / 2010

Amount of Each Disbursement this Period

5199.75

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: SB17.45216.0
Date of Disbursement

MM / DD / YYYY
06 / 08 / 2010

Amount of Each Disbursement this Period

37.28

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

5199.75

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)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Sheetz

Transaction ID: SB17.45216.2
Date of Disbursement

Mailing Address 5700 Sixth Avenue

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

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]

State: District:

B.

Full Name (Last, First, Middle Initial)
Sheetz

Transaction ID: SB17.45216.3
Date of Disbursement

Mailing Address 5700 Sixth Avenue

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

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]

State: District:

C.

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

Transaction ID: SB17.45216.4
Date of Disbursement

Mailing Address Scalp Avenue

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

City Johnstown State PA Zip Code 15904

Amount of Each Disbursement this Period

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

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

Transaction ID: SB17.45216.5
Date of Disbursement

Mailing Address Scalp Avenue

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

City Johnstown State PA Zip Code 15904

Amount of Each Disbursement this Period

Purpose of Disbursement
Travel

--

24.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

[MEMO ITEM]

State: District:

B.

Full Name (Last, First, Middle Initial)
Sheetz

Transaction ID: SB17.45216.6
Date of Disbursement

Mailing Address 5700 Sixth Avenue

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

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

Purpose of Disbursement
Travel

--

39.50

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

[MEMO ITEM]

State: District:

C.

Full Name (Last, First, Middle Initial)
Capri Pizza

Transaction ID: SB17.45216.7
Date of Disbursement

Mailing Address Main Street

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

City Johnstown State PA Zip Code 15901

Amount of Each Disbursement this Period

Purpose of Disbursement
Volunteer Expense

--

23.90

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

[MEMO ITEM]

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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)
Exxonmobile

Mailing Address Service Station

City State Zip Code
Arlington VA 22210

Purpose of Disbursement
Travel

Candidate Name

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

State: District:

Transaction ID: SB17.45216.8
Date of Disbursement
06 / 08 / 2010

Amount of Each Disbursement this Period
45.80

[MEMO ITEM]

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: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.45216.10
Date of Disbursement
06 / 08 / 2010

Amount of Each Disbursement this Period
31.79

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Trib Total Media

Mailing Address 622 Cabin Hill Dr

City State Zip Code
Greensburg PA 15601

Purpose of Disbursement
Campaign Office Expense

Candidate Name

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

State: District:

Transaction ID: SB17.45216.15
Date of Disbursement
06 / 08 / 2010

Amount of Each Disbursement this Period
2.50

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ► 0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) EM's Sub Shop Mailing Address 1111 Scalp Avenue City Johnstown State PA Zip Code 15904-3036 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.16 Date of Disbursement 06 / 08 / 2010 Amount of Each Disbursement this Period 36.75 [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 Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.18 Date of Disbursement 06 / 08 / 2010 Amount of Each Disbursement this Period 29.00 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address Locust & Franklin Streets City Johnstown State PA Zip Code 15901 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.20 Date of Disbursement 06 / 08 / 2010 Amount of Each Disbursement this Period 149.60 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.21 Date of Disbursement 06 / 08 / 2010	Amount of Each Disbursement this Period 17.47 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Sunoco Mailing Address 1735 Market Street City Philadelphia State PA Zip Code 19103-7583 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.22 Date of Disbursement 06 / 08 / 2010	Amount of Each Disbursement this Period 51.16 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Fuji Japanese Steakhouse Mailing Address 500 Galleria Drive City Johnstown State PA Zip Code 15904 Purpose of Disbursement Volunteer Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.23 Date of Disbursement 06 / 08 / 2010	Amount of Each Disbursement this Period 43.95 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) 110 On the Park Mailing Address Franklin & Locust St City Johnstown State PA Zip Code 15901 Purpose of Disbursement Volunteer Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.25 Date of Disbursement 06 / 08 / 2010 Amount of Each Disbursement this Period 24.08 [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 Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.26 Date of Disbursement 06 / 08 / 2010 Amount of Each Disbursement this Period 3.10 [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 Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.27 Date of Disbursement 06 / 08 / 2010 Amount of Each Disbursement this Period 20.01 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.28 Date of Disbursement 06 / 08 / 2010 Amount of Each Disbursement this Period 67.81 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Szechuan Restaurant Mailing Address Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Volunteer Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.29 Date of Disbursement 06 / 08 / 2010 Amount of Each Disbursement this Period 25.05 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Davidsville Fuel Mailing Address 115 Sout Main St City Davidsville State PA Zip Code 15928 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.30 Date of Disbursement 06 / 08 / 2010 Amount of Each Disbursement this Period 30.00 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Capri Pizza

Transaction ID: SB17.45216.33
Date of Disbursement

Mailing Address Main Street

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

City Johnstown State PA Zip Code 15901

Amount of Each Disbursement this Period

8.00

Purpose of Disbursement
Volunteer Expense

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]

State: District:

B.

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

Transaction ID: SB17.45216.34
Date of Disbursement

Mailing Address Scalp Avenue

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

City Johnstown State PA Zip Code 15904

Amount of Each Disbursement this Period

236.11

Purpose of Disbursement
Volunteer Expense

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]

State: District:

C.

Full Name (Last, First, Middle Initial)
Stem's Cloverleaf

Transaction ID: SB17.45216.35
Date of Disbursement

Mailing Address Ohio Street

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

City Johnstown State PA Zip Code 15904

Amount of Each Disbursement this Period

37.46

Purpose of Disbursement
Travel Expense

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Anthony's Restaurant <hr/> Mailing Address Scalp Avenue <hr/> City Johnstown State PA Zip Code 15904 <hr/> Purpose of Disbursement Volunteer Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.36 Date of Disbursement 06 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 6.26 <hr/> [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) U.S. Postal Service <hr/> Mailing Address Locust & Franklin Streets <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.37 Date of Disbursement 06 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 149.60 <hr/> [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Wal Mart <hr/> Mailing Address Theatre Drive <hr/> City Johnstown State PA Zip Code 15904 <hr/> Purpose of Disbursement Committee Closing Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.38 Date of Disbursement 06 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 326.65 <hr/> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Co Go Mailing Address Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.39 Date of Disbursement 06 / 08 / 2010 Amount of Each Disbursement this Period 14.93 [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 Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.40 Date of Disbursement 06 / 08 / 2010 Amount of Each Disbursement this Period 18.76 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Anthony's Restaurant Mailing Address Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Volunteer Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.41 Date of Disbursement 06 / 08 / 2010 Amount of Each Disbursement this Period 14.16 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Sheetz <hr/> Mailing Address 5700 Sixth Avenue <hr/> City Altoona State PA Zip Code 16602 <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.42 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 33.47
	[MEMO ITEM]
	Category/Type
B. Full Name (Last, First, Middle Initial) Sheetz <hr/> Mailing Address 5700 Sixth Avenue <hr/> City Altoona State PA Zip Code 16602 <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.43 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period -23.06
	[MEMO ITEM]
	Category/Type
C. Full Name (Last, First, Middle Initial) Sheetz <hr/> Mailing Address 5700 Sixth Avenue <hr/> City Altoona State PA Zip Code 16602 <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.44 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 47.78
	[MEMO ITEM]
	Category/Type

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Anthony's Restaurant <hr/> Mailing Address Scalp Avenue <hr/> City Johnstown State PA Zip Code 15904 <hr/> Purpose of Disbursement Volunteer Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.45 Date of Disbursement 06 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 40.07 <hr/> [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Atlas Van Lines <hr/> Mailing Address 1212 St George Rd <hr/> City Evansville State IN Zip Code 47712 <hr/> Purpose of Disbursement Committee Closing Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.47 Date of Disbursement 06 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 2918.18 <hr/> [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) The Fish Boat <hr/> Mailing Address Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Volunteer Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.48 Date of Disbursement 06 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 23.79 <hr/> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Ideal Market Mailing Address 339 Walnut Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Campaign Office Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.49 Date of Disbursement 06 / 08 / 2010 Amount of Each Disbursement this Period 4.63 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Fuji Japanese Steakhouse Mailing Address 500 Galleria Drive City Johnstown State PA Zip Code 15904 Purpose of Disbursement Volunteer Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.50 Date of Disbursement 06 / 08 / 2010 Amount of Each Disbursement this Period 36.18 [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 Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.51 Date of Disbursement 06 / 08 / 2010 Amount of Each Disbursement this Period 15.35 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.52 Date of Disbursement 06 / 08 / 2010	Amount of Each Disbursement this Period 25.35 [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 Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45216.53 Date of Disbursement 06 / 08 / 2010	Amount of Each Disbursement this Period 13.25 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Dr. ISP Mailing Address P.O. Box 369 City Indiana State PA Zip Code 15701 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45165 Date of Disbursement 04 / 14 / 2010	Amount of Each Disbursement this Period 60.00

SUBTOTAL of Disbursements This Page (optional) ▶	60.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. ISP Mailing Address P.O. Box 369 City Indiana State PA Zip Code 15701 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45200 Date of Disbursement 05 / 19 / 2010 Amount of Each Disbursement this Period 60.00
B.	Full Name (Last, First, Middle Initial) Dr. ISP Mailing Address P.O. Box 369 City Indiana State PA Zip Code 15701 Purpose of Disbursement Campaign Office Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45412 Date of Disbursement 06 / 16 / 2010 Amount of Each Disbursement this Period 160.00
C.	Full Name (Last, First, Middle Initial) Feeder Canal Building Mailing Address 647 Main Street 4th Floor City Johnstown State PA Zip Code 15901 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45178 Date of Disbursement 04 / 21 / 2010 Amount of Each Disbursement this Period 1981.70

SUBTOTAL of Disbursements This Page (optional) ▶	2201.70
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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Feeder Canal Building <hr/> Mailing Address 647 Main Street 4th Floor <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45215 Date of Disbursement 06 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 1981.70
B.	Full Name (Last, First, Middle Initial) Feeder Canal Building <hr/> Mailing Address 647 Main Street 4th Floor <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Prepaid Storage Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45223 Date of Disbursement 06 / 09 / 2010 <hr/> Amount of Each Disbursement this Period 1800.00
C.	Full Name (Last, First, Middle Initial) Feeder Canal Building <hr/> Mailing Address 647 Main Street 4th Floor <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45419 Date of Disbursement 06 / 29 / 2010 <hr/> Amount of Each Disbursement this Period 415.84

SUBTOTAL of Disbursements This Page (optional) ▶

4197.54

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
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) First Commonwealth Bank <hr/> Mailing Address 1047 Franklin Street 8th Ward Office <hr/> City Johnstown State PA Zip Code 15905 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45156 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 679.92
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) First Commonwealth Bank <hr/> Mailing Address 1047 Franklin Street 8th Ward Office <hr/> City Johnstown State PA Zip Code 15905 <hr/> Purpose of Disbursement Bank Charges Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45214 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 54.95
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) First Commonwealth Bank <hr/> Mailing Address 1047 Franklin Street 8th Ward Office <hr/> City Johnstown State PA Zip Code 15905 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45189 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 679.92
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1414.79

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) First Commonwealth Bank <hr/> Mailing Address 1047 Franklin Street 8th Ward Office <hr/> City Johnstown State PA Zip Code 15905 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45210 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 679.92
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Golden Catering <hr/> Mailing Address 448 Belmont Street <hr/> City Johnstown State PA Zip Code 15904 <hr/> Purpose of Disbursement Staff Luncheon Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45220 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 744.15
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Highmark Blue Cross - Blue Shield <hr/> Mailing Address P.O. Box 371477 <hr/> City Pittsburgh State PA Zip Code 15250-7477 <hr/> Purpose of Disbursement Employee Benefits Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45179 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 156.60
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1580.67

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

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

Mailing Address P.O. Box 371477

City Pittsburgh State PA Zip Code 15250-7477

Purpose of Disbursement
Employee Benefits

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.45410
Date of Disbursement

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

Amount of Each Disbursement this Period

313.20

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

Mailing Address 399 Liberty Avenue

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.45416
Date of Disbursement

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

Amount of Each Disbursement this Period

3955.00

C. Full Name (Last, First, Middle Initial)
Mary Catherine Voytko

Mailing Address 920 Fronheiser Street

City Johnstown State PA Zip Code 15902

Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.45213
Date of Disbursement

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

Amount of Each Disbursement this Period

62.90

SUBTOTAL of Disbursements This Page (optional) ▶

4331.10

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Erin Moffat	Transaction ID: SB17.45186 Date of Disbursement 04 / 05 / 2010
	Mailing Address 1156 Bedford Street	Amount of Each Disbursement this Period 1047.26
	City Johnstown State PA Zip Code 15902	
	Purpose of Disbursement Wages	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Erin Moffat	Transaction ID: SB17.45155 Date of Disbursement 04 / 07 / 2010
	Mailing Address 1156 Bedford Street	Amount of Each Disbursement this Period 1047.26
	City Johnstown State PA Zip Code 15902	
	Purpose of Disbursement Wages	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Erin Moffat	Transaction ID: SB17.45173 Date of Disbursement 04 / 21 / 2010
	Mailing Address 1156 Bedford Street	Amount of Each Disbursement this Period 1047.26
	City Johnstown State PA Zip Code 15902	
	Purpose of Disbursement Wages	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3141.78

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Erin Moffat

Transaction ID: SB17.45198
Date of Disbursement

Mailing Address 1156 Bedford Street

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

City Johnstown State PA Zip Code 15902

Amount of Each Disbursement this Period

Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Erin Moffat

Transaction ID: SB17.45209
Date of Disbursement

Mailing Address 1156 Bedford Street

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

City Johnstown State PA Zip Code 15902

Amount of Each Disbursement this Period

Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Erin Moffat

Transaction ID: SB17.45409
Date of Disbursement

Mailing Address 1156 Bedford Street

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

City Johnstown State PA Zip Code 15902

Amount of Each Disbursement this Period

Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45414 Date of Disbursement 06 / 18 / 2010 Amount of Each Disbursement this Period 521.64
B.	Full Name (Last, First, Middle Initial) Erin Moffat Mailing Address 1156 Bedford Street City Johnstown State PA Zip Code 15902 Purpose of Disbursement Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45415 Date of Disbursement 06 / 18 / 2010 Amount of Each Disbursement this Period 1568.90
C.	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 Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45217 Date of Disbursement 06 / 09 / 2010 Amount of Each Disbursement this Period 300.00

SUBTOTAL of Disbursements This Page (optional) ▶	2390.54
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

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

Transaction ID: SB17.45153
Date of Disbursement

Mailing Address Dept. 280401

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

City Harrisburg State PA Zip Code 17128-0401

Amount of Each Disbursement this Period

Purpose of Disbursement
PA SIT W/H

Category/ Type

82.66

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

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

Transaction ID: SB17.45168
Date of Disbursement

Mailing Address Dept. 280401

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

City Harrisburg State PA Zip Code 17128-0401

Amount of Each Disbursement this Period

Purpose of Disbursement
Use Tax

Category/ Type

3.41

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

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

Transaction ID: SB17.45185
Date of Disbursement

Mailing Address Dept. 280401

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

City Harrisburg State PA Zip Code 17128-0401

Amount of Each Disbursement this Period

Purpose of Disbursement
PA SIT W/H

Category/ Type

82.66

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

168.73

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

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

Transaction ID: SB17.45208
Date of Disbursement

Mailing Address Dept. 280401

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

City Harrisburg State PA Zip Code 17128-0401

Amount of Each Disbursement this Period

82.66

Purpose of Disbursement
PA SIT W/H

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
PA UC Fund

Transaction ID: SB17.45174
Date of Disbursement

Mailing Address Seventh & Forster Streets
P.O. Box 68568

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

City Harrisburg State PA Zip Code 17106-8568

Amount of Each Disbursement this Period

195.63

Purpose of Disbursement
PA UC Tax

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

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

Transaction ID: SB17.45184
Date of Disbursement

Mailing Address 1202 Third Avenue
40th Floor

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

City Seattle State WA Zip Code 98101-3099

Amount of Each Disbursement this Period

1924.00

Purpose of Disbursement
Legal Expense

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

2202.29

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

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

Transaction ID: SB17.45160
Date of Disbursement

Mailing Address 551 Main Street, Suite 120

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

City Johnstown State PA Zip Code 15901

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Accounting Services
Candidate Name

Category/
Type

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

B.

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

Transaction ID: SB17.45195
Date of Disbursement

Mailing Address 551 Main Street, Suite 120

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	0

City Johnstown State PA Zip Code 15901

Amount of Each Disbursement this Period

1774.25

Purpose of Disbursement
Accounting Service
Candidate Name

Category/
Type

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

C.

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

Transaction ID: SB17.45222
Date of Disbursement

Mailing Address 551 Main Street, Suite 120

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

City Johnstown State PA Zip Code 15901

Amount of Each Disbursement this Period

1458.75

Purpose of Disbursement
Accounting Services
Candidate Name

Category/
Type

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

SUBTOTAL of Disbursements This Page (optional)

5733.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Susan O'Neill & Assoc. <hr/> Mailing Address 5910 Gloster Road <hr/> City Bethesda State MD Zip Code 20816 <hr/> Purpose of Disbursement Fund Raiser Recpt Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45154 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period 2920.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Susan O'Neill & Assoc. <hr/> Mailing Address 5910 Gloster Road <hr/> City Bethesda State MD Zip Code 20816 <hr/> Purpose of Disbursement Public Relations Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45424 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period 4166.67
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Susan O'Neill & Assoc. <hr/> Mailing Address 5910 Gloster Road <hr/> City Bethesda State MD Zip Code 20816 <hr/> Purpose of Disbursement Public Relations Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45183 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 4166.67
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	11253.34
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)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) UPS Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45164 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 1 0	Amount of Each Disbursement this Period 79.36
B.	Full Name (Last, First, Middle Initial) UPS Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45181 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 110.10
C.	Full Name (Last, First, Middle Initial) UPS Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45192 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 1 0	Amount of Each Disbursement this Period 47.81

SUBTOTAL of Disbursements This Page (optional) ▶	237.27
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) UPS Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45196 Date of Disbursement 05 / 13 / 2010	Amount of Each Disbursement this Period 17.78
B.	Full Name (Last, First, Middle Initial) UPS Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45199 Date of Disbursement 05 / 19 / 2010	Amount of Each Disbursement this Period 236.90
C.	Full Name (Last, First, Middle Initial) UPS Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45211 Date of Disbursement 06 / 02 / 2010	Amount of Each Disbursement this Period 6.97

SUBTOTAL of Disbursements This Page (optional) ▶	261.65
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) UPS Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45411 Date of Disbursement 06 / 16 / 2010	Amount of Each Disbursement this Period 18.80
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 Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45158 Date of Disbursement 04 / 07 / 2010	Amount of Each Disbursement this Period 8.43
C.	Full Name (Last, First, Middle Initial) Valenty Bottled Water Mailing Address P.O. Box 1055 City Northern Cambira State PA Zip Code 15714-3055 Purpose of Disbursement Campaign Office Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.45219 Date of Disbursement 06 / 09 / 2010	Amount of Each Disbursement this Period 18.86

SUBTOTAL of Disbursements This Page (optional) ▶

46.09

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 73 / 93

<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) Verizon	Transaction ID: SB17.45193 Date of Disbursement 05 / 05 / 2010
	Mailing Address P.O. Box 920041	Amount of Each Disbursement this Period 378.42
	City Dallas State TX Zip Code 75392-0041	
	Purpose of Disbursement Telephone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB17.45218 Date of Disbursement 06 / 09 / 2010
	Mailing Address P.O. Box 920041	Amount of Each Disbursement this Period 160.54
	City Dallas State TX Zip Code 75392-0041	
	Purpose of Disbursement Telephone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Ruth Villa	Transaction ID: SB17.45417 Date of Disbursement 06 / 22 / 2010
	Mailing Address 375 Theatre Drive, Graystone Ct #4304	Amount of Each Disbursement this Period 3905.00
	City Johnstown State PA Zip Code 15904	
	Purpose of Disbursement Wages Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4443.96

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

59812.76

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input 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) Madeline Arison <hr/> Mailing Address 9999 Collins Ave Apt 15GJ <hr/> City Bal Harbour State FL Zip Code 33154-1835 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB20A.45120 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Sara Carlin <hr/> Mailing Address 21921 Bellair Court <hr/> City Ashburn State VA Zip Code 20147 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB20A.45133 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) Ms Martha Casey <hr/> Mailing Address 1310 19th Street NW <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB20A.45121 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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) Terry Collins Mailing Address 613 Bellamy Avenue City Springfield State VA Zip Code 22152 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB20A.45119 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 0 Amount of Each Disbursement this Period 1400.00
B.	Full Name (Last, First, Middle Initial) Anne Degree Mailing Address 1516 Brinkerton Road City Greensburg State PA Zip Code 15601 Purpose of Disbursement Requested Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB20A.45171 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 0 Amount of Each Disbursement this Period 1400.00
C.	Full Name (Last, First, Middle Initial) Rudy DeLeon Mailing Address 1200 Wilson Blvd City Arlington State VA Zip Code 22209 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB20A.45140 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 0 Amount of Each Disbursement this Period 600.00

SUBTOTAL of Disbursements This Page (optional)	3400.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input 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. James Ervin Mailing Address 116 Queen Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB20A.45150 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 0 Amount of Each Disbursement this Period 400.00
B.	Full Name (Last, First, Middle Initial) Mrs. Wendy Harrison Mailing Address 4801 Maury Lane City Alexandria State VA Zip Code 22304 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB20A.45122 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 0 Amount of Each Disbursement this Period 400.00
C.	Full Name (Last, First, Middle Initial) Scott Harshman Mailing Address 217 Murdock Way City Greensburg State PA Zip Code 15601 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB20A.45124 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 0 Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	1800.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input 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

<p>A. Full Name (Last, First, Middle Initial) Scott Harshman</p> <p>Mailing Address 217 Murdock Way</p> <p>City Greensburg State PA Zip Code 15601</p> <p>Purpose of Disbursement Requested Refund</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB20A.45169</p> <p>Date of Disbursement 04 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p>
<p>B. Full Name (Last, First, Middle Initial) Jay Johnson</p> <p>Mailing Address 914 Whann Avenue</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement Refund</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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB20A.45141</p> <p>Date of Disbursement 04 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Walter J Keller, III</p> <p>Mailing Address 103 Firwood Drive</p> <p>City Bridgeville State PA Zip Code 15022</p> <p>Purpose of Disbursement Refund</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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB20A.45152</p> <p>Date of Disbursement 04 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4900.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input 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)
Jean M. Kitonis

Transaction ID: SB20A.45125
Date of Disbursement

Mailing Address 9760 Tico Ln.

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City State Zip Code
Bristow VA 20136

Amount of Each Disbursement this Period

400.00

Purpose of Disbursement
Refund

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Walter P. Kitonis, III

Transaction ID: SB20A.45126
Date of Disbursement

Mailing Address 9760 Tico Lnc.

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City State Zip Code
Bristow VA 20136

Amount of Each Disbursement this Period

400.00

Purpose of Disbursement
Refund

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Mr. Kim Kunkle

Transaction ID: SB20A.45147
Date of Disbursement

Mailing Address 2221 Crabtree Lane

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City State Zip Code
Johnstown PA 15905-1641

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Refund

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

2300.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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. Tom Kurtz	Transaction ID: SB20A.45127 Date of Disbursement 04 / 05 / 2010
	Mailing Address 124 Seminole Street	Amount of Each Disbursement this Period 600.00
	City Johnstown State PA Zip Code 15904	
	Purpose of Disbursement Refund	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
B.	Full Name (Last, First, Middle Initial) Mr. Thomas McCaffrey, Jr.	Transaction ID: SB20A.45128 Date of Disbursement 04 / 05 / 2010
	Mailing Address 6716 Eilerson Street	Amount of Each Disbursement this Period 1000.00
	City Clinton State MD Zip Code 20735	
	Purpose of Disbursement Refund	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
C.	Full Name (Last, First, Middle Initial) Christopher Mellon	Transaction ID: SB20A.45134 Date of Disbursement 04 / 05 / 2010
	Mailing Address 1157 Stringer Bottom	Amount of Each Disbursement this Period 2400.00
	City Laughlintown State PA Zip Code 15655	
	Purpose of Disbursement Refund	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input 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. Christopher O'Neill

Transaction ID: SB20A.45129
Date of Disbursement

Mailing Address 5419 Albia Road

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City State Zip Code
Bethesda MD 20816

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Refund

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Richard Oglevee

Transaction ID: SB20A.45130
Date of Disbursement

Mailing Address 138 Oglevee Lane

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City State Zip Code
Connellsville PA 15425

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Refund

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Dr. John Parrish

Transaction ID: SB20A.45131
Date of Disbursement

Mailing Address 32 Fruit Street

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City State Zip Code
Boston MA 02114

Amount of Each Disbursement this Period

1400.00

Purpose of Disbursement
Refund

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

3400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input 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 Pedersen

Transaction ID: SB20A.45144
Date of Disbursement

Mailing Address 700 Potomac Knolls Dr.

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City State Zip Code
McLean VA 22102-1422

Amount of Each Disbursement this Period

1400.00

Purpose of Disbursement
Refund

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
John Piasecki

Transaction ID: SB20A.45148
Date of Disbursement

Mailing Address 1101 Wyndon Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City State Zip Code
Bryn Mawr PA 19010

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Refund

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Anthony Podesta

Transaction ID: SB20A.45170
Date of Disbursement

Mailing Address 1001 G Street NW

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

City State Zip Code
Washington DC 20001

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Request Refund

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input 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) John Polacek	Transaction ID: SB20A.45135 Date of Disbursement 04 / 05 / 2010
	Mailing Address 221 Curtis Drive	Amount of Each Disbursement this Period 500.00
	City Johnstown State PA Zip Code 15904	
	Purpose of Disbursement Refund Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Theodore C. Prettiman	Transaction ID: SB20A.45136 Date of Disbursement 04 / 05 / 2010
	Mailing Address P.O. Box 828	Amount of Each Disbursement this Period 1500.00
	City Latrobe State PA Zip Code 15650	
	Purpose of Disbursement Refund Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Mr. John Rezk	Transaction ID: SB20A.45137 Date of Disbursement 04 / 05 / 2010
	Mailing Address 127 Fees Road	Amount of Each Disbursement this Period 2400.00
	City Carrolltown State PA Zip Code 15722	
	Purpose of Disbursement Refund Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4400.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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. Eli Shumar, Jr.

Transaction ID: SB20A.45138
Date of Disbursement

Mailing Address 432 Stone Church Road

04 / 05 / 2010

City Grindstone State PA Zip Code 15442

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund

Category/
Type

2400.00

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

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

Transaction ID: SB20A.45145
Date of Disbursement

Mailing Address 32 Timber Trail Dr.

04 / 05 / 2010

City Greensburg State PA Zip Code 15601

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund

Category/
Type

1500.00

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Linda Thomson

Transaction ID: SB20A.45149
Date of Disbursement

Mailing Address 1411 Paulton Street

04 / 15 / 2010

City Johnstown State PA Zip Code 15905-1953

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund

Category/
Type

1500.00

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

5400.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)

Alan Winslette

Mailing Address 7522 Guinevere Dr

City State Zip Code
Sugar Land TX 77479

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB20A.45118

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

37900.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" 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)
AIR LINE PILOTS ASSOCIATION PAC

Transaction ID: SB20C.45146
Date of Disbursement

Mailing Address 1625 Massachusetts Ave. NW
8th Floor

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Refund

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF GOVT EMPLOYEES' PAC

Transaction ID: SB20C.45114
Date of Disbursement

Mailing Address 80 F STREET N W

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City WASHINGTON State DC Zip Code 20001

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
Refund

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
BAE Systems USA PAC

Transaction ID: SB20C.45099
Date of Disbursement

Mailing Address 1215 Jefferson Davis Hwy. #1500

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City Arlington State VA Zip Code 22202

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Refund

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

11500.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" 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) BOEING COMPANY POLITICAL ACTION COMMITTEE (BPAC)	Transaction ID: SB20C.45098 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 0	
	Mailing Address 1200 WILSON BLVD		Amount of Each Disbursement this Period 5000.00
	City ARLINGTON State VA Zip Code 22209		
	Purpose of Disbursement Refund		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) BOILERMAKERS-BLACKSMITHS LEGISL. EDUC. PROGRAM CAF	Transaction ID: SB20C.45102 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 0	
	Mailing Address 753 STATE AVENUE #565		Amount of Each Disbursement this Period 1500.00
	City KANSAS CITY State KS Zip Code 66101-2511		
	Purpose of Disbursement Refund		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
C.	Full Name (Last, First, Middle Initial) COMCAST CORP. POLITICAL ACTION COMMITTEE	Transaction ID: SB20C.45111 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 0	
	Mailing Address 1500 Market Street 35th Floor		Amount of Each Disbursement this Period 2500.00
	City Philadelphia State PA Zip Code 19102		
	Purpose of Disbursement Refund		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

SUBTOTAL of Disbursements This Page (optional)	9000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" 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) EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC	Transaction ID: SB20C.45100 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 0	
	Mailing Address 520 S. GRAND AVE. #700		Amount of Each Disbursement this Period 5000.00
	City LOS ANGELES State CA Zip Code 90071		
	Purpose of Disbursement Refund		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) GENERAL ATOMICS POLITICAL ACTION COMMITTEE	Transaction ID: SB20C.45104 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 0	
	Mailing Address PO BOX 22930		Amount of Each Disbursement this Period 2500.00
	City SAN DIEGO State CA Zip Code 92122		
	Purpose of Disbursement Refund		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
C.	Full Name (Last, First, Middle Initial) GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN	Transaction ID: SB20C.45105 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 0	
	Mailing Address 3190 FAIRVIEW PARK DRIVE		Amount of Each Disbursement this Period 5000.00
	City FALLS CHURCH State VA Zip Code 22042		
	Purpose of Disbursement Refund		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

SUBTOTAL of Disbursements This Page (optional)	12500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

Transaction ID: SB20C.45106

Date of Disbursement

Mailing Address 1299 Pennsylvania Ave NW
STE 1100

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City Washington State DC Zip Code 20004

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Refund

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B. ITT INDUSTRIES PAC A/K/A (INNPAC)

Full Name (Last, First, Middle Initial)

Transaction ID: SB20C.45116

Date of Disbursement

Mailing Address 4 WEST RED OAKS LANE

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City WHITE PLAINS State NY Zip Code 10604

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Refund

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C. LATROBE SPECIALTY STEEL COMPANY BETTER GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

Transaction ID: SB20C.45112

Date of Disbursement

Mailing Address 2626 LIGONIER STREET
PO BOX 31

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City LATROBE State PA Zip Code 15650

Amount of Each Disbursement this Period

1882.33

Purpose of Disbursement
Refund

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

9382.33

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. MACHINISTS NON-PARTISAN POLITICAL LEAGUE

Full Name (Last, First, Middle Initial)

Mailing Address 9000 MACHINISTS PLACE

City UPPER MARLBORO State MD Zip Code 20772

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB20C.45113
Date of Disbursement

^M 0	^M 4	/	^D 0	^D 5	/	^Y 2	^Y 0	^Y 1	^Y 0
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

Amount of Each Disbursement this Period

5000.00

B. MANTECH INTERNATIONAL CORP PAC

Full Name (Last, First, Middle Initial)

Mailing Address 12015 LEE JACKSON HIGHWAY STE 128

City FAIRFAX State VA Zip Code 22033

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB20C.45107
Date of Disbursement

^M 0	^M 4	/	^D 0	^D 5	/	^Y 2	^Y 0	^Y 1	^Y 0
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

Amount of Each Disbursement this Period

5000.00

C. MARTY MEEHAN FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 75 Princeton Street

City No. Chelmsford State MA Zip Code 01863

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MA District: 05

Transaction ID: SB20C.45109
Date of Disbursement

^M 0	^M 4	/	^D 0	^D 5	/	^Y 2	^Y 0	^Y 1	^Y 0
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ►

12000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" 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)
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Transaction ID: SB20C.45115
Date of Disbursement

Mailing Address 141 Spring Street

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City Lexington State MA Zip Code 02421

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
TEXTRON INC POLITICAL ACTION COMMITTEE

Transaction ID: SB20C.45110
Date of Disbursement

Mailing Address 40 WESTMINSTER STREET
PO Box 878

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City PROVIDENCE State RI Zip Code 02903

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE

Transaction ID: SB20C.45117
Date of Disbursement

Mailing Address 901 MASSACHUSETTS AVENUE, NW

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City WASHINGTON State DC Zip Code 20001

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 91 / 93

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) CT Corporation <hr/> Mailing Address 111 8th Avenue <hr/> City New York State NY Zip Code 10011 <hr/> Purpose of Disbursement Donation, Murtha Foundation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.45204 Date of Disbursement 05 / 25 / 2010	Amount of Each Disbursement this Period 1226.50
B.	Full Name (Last, First, Middle Initial) Curtin Law Roberson ETL <hr/> Mailing Address 1900 M Street NW Suite 600 <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement Donation, Murtha Foundation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.45202 Date of Disbursement 05 / 25 / 2010	Amount of Each Disbursement this Period 13293.58
C.	Full Name (Last, First, Middle Initial) Curtin Law Roberson ETL <hr/> Mailing Address 1900 M Street NW Suite 600 <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement Donation to Murtha Foundation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.45420 Date of Disbursement 06 / 30 / 2010	Amount of Each Disbursement this Period 5869.17

SUBTOTAL of Disbursements This Page (optional)	20389.25
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
MARK CRITZ FOR CONGRESS COMMITTEE

Mailing Address 551 MAIN STREET SUITE 120

City JOHNSTOWN State PA Zip Code 15901

Purpose of Disbursement
Contribution

Candidate Name
MARK CRITZ

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 12

Transaction ID: SB21.45161
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
MARK CRITZ FOR CONGRESS COMMITTEE

Mailing Address 551 MAIN STREET SUITE 120

City JOHNSTOWN State PA Zip Code 15901

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 12

Transaction ID: SB21.45206
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 93 / 93
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Colony Cleaning Company			Nature of Debt (Purpose): Cleaning Expense
Mailing Address 160 Engbert Road			
City Johnstown	State PA	ZIP Code 15902	

Outstanding Balance Beginning This Period		Transaction ID: SD10.45425	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
500.06	0.00	500.06	

1) SUBTOTALS This Period This Page (optional).....	500.06
2) TOTALS This Period (last page this line number only).....	500.06
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)	500.06