

# 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 2009 through 06 30 2009

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

Type or Print Name of Treasurer Mr. Robert C. Ondick, Treasurer

Signature of Treasurer Electronically Filed by Mr. Robert C. Ondick, Treasurer Date 07 10 2009

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

**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

MURTHA FOR CONGRESS COMMITTEE

Report Covering the Period:

From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	122210.00	434549.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	122210.00	431749.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	110330.77	750354.89
(b) Total Offsets to Operating Expenditures (from Line 14).....	10148.48	82567.08
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	100182.29	667787.81
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>317213.95</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>34663.48</b>	

**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	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

56200.00

233600.00

(ii) Unitemized.....

710.00

5674.00

(iii) TOTAL of contributions

56910.00

239274.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

65300.00

195275.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

122210.00

434549.00

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

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

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

10148.48

82567.08

15. OTHER RECEIPTS

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

891.26

1104.15

16. TOTAL RECEIPTS (add Lines

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

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

133249.74

518220.23

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	110330.77	750354.89
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	2600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	200.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2800.00
21. OTHER DISBURSEMENTS.....	38477.00	53932.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	148807.77	807086.89

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	332771.98
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	133249.74
25. SUBTOTAL (add Line 23 and Line 24).....	466021.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	148807.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	317213.95

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 131  
(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)  
Jeffrey A Block

Mailing Address 90 D Timothy Dr

City Pittsburgh State PA Zip Code 15239

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

Name of Employer Nokomis Occupation Director

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1400.00

Date of Receipt: 04 / 23 / 2009  
Transaction ID: SA11AI.42380  
Amount of Each Receipt this Period: 1400.00

**B.** Full Name (Last, First, Middle Initial)  
Ray Bologna

Mailing Address PO Box 127

City Burgettstown State PA Zip Code 15021

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

Name of Employer Bologna Coal Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 04 / 09 / 2009  
Transaction ID: SA11AI.42391  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Arthur J. Boyle

Mailing Address Box 400

City Laughlintown State PA Zip Code 15655

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

Name of Employer N/A Occupation Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 04 / 08 / 2009  
Transaction ID: SA11AI.42404  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2400.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 131  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

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

Mailing Address 717 Curtis Road

City Greensburg State PA Zip Code 15601

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

Name of Employer Jones Day Occupation Atty

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 04 / 08 / 2009  
**Transaction ID:** SA11AI.42402  
 Amount of Each Receipt this Period: 500.00

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

Mailing Address 2809 Central Avenue

City Alexandria State VA Zip Code 22302

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

Name of Employer Fibergate, Inc. Occupation Vice President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 04 / 08 / 2009  
**Transaction ID:** SA11AI.42405  
 Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Brown

Mailing Address 1337 Carpers Farm Way

City Vienna State VA Zip Code 22182-1348

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

Name of Employer EM Solutions Occupation President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 04 / 08 / 2009  
**Transaction ID:** SA11AI.42438  
 Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 131  
(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)  
Joe Carlin  
 Mailing Address 21921 Bellair Court  
 City Ashburn State VA Zip Code 20147  
 Date of Receipt MM / DD / YYYY 04 / 08 / 2009  
 Transaction ID: SA11AI.42407  
 Amount of Each Receipt this Period 1400.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Argon St Occupation Vice President  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) 1400.00

**B.** Full Name (Last, First, Middle Initial)  
Sara Carlin  
 Mailing Address 21921 Bellair Court  
 City Ashburn State VA Zip Code 20147  
 Date of Receipt MM / DD / YYYY 05 / 07 / 2009  
 Transaction ID: SA11AI.42639  
 Amount of Each Receipt this Period 1400.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer N/A Occupation Housewife  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) 1400.00

**C.** Full Name (Last, First, Middle Initial)  
Terry Collins  
 Mailing Address 613 Bellamy Avenue  
 City Springfield State VA Zip Code 22152  
 Date of Receipt MM / DD / YYYY 05 / 07 / 2009  
 Transaction ID: SA11AI.42640  
 Amount of Each Receipt this Period 1400.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Argon Street Occupation President & Chairman  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) 3800.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4200.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 131  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

**A.** Full Name (Last, First, Middle Initial)  
Michael Dunn

Mailing Address 1668 Tire Hill Rd

City State Zip Code  
**Davidsville PA 15928**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Windber Research Inst. Chief Medl Officer

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 0 9

**Transaction ID: SA11AI.42408**

Amount of Each Receipt this Period  
1400.00

**B.** Full Name (Last, First, Middle Initial)  
James W Dyer

Mailing Address 3833 Whitman Road

City State Zip Code  
**Annandale VA 22003**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Cralic & Weinstock Inc Managing Director

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

**Transaction ID: SA11AI.42382**

Amount of Each Receipt this Period  
1400.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert Edmund

Mailing Address 310 Bridgeboro Road

City State Zip Code  
**Moorestown NJ 08057**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Edmund Industrial Optics CEO

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

**Transaction ID: SA11AI.42392**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 3800.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 131  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Michael Frazier

Mailing Address 1011 Reserve Champion Drive

City State Zip Code  
Rockwillve MD 20850

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

Name of Employer Occupation  
Pendulum Strategies LLC Principal

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.42409

Amount of Each Receipt this Period  
1400.00

1400.00

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

Mailing Address PO Box 5383

City State Zip Code  
Johnstown PA 15904-5383

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

Name of Employer Occupation  
Mountaintop Technologies Chairman / CEO

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 9

**Transaction ID:** SA11AI.42399

Amount of Each Receipt this Period  
1400.00

1400.00

**C.** Full Name (Last, First, Middle Initial)  
William Gray, III

Mailing Address 5256 Fisher Island Dr

City State Zip Code  
Miami Beach FL 33109-0274

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

Name of Employer Occupation  
The Amani Group Chairman

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

**Transaction ID:** SA11AI.42551

Amount of Each Receipt this Period  
2400.00

2400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5200.00**

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

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

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

FOR LINE NUMBER: PAGE 10 / 131  
(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)  
Douglas Gregory

Mailing Address 8602 Chase Pointe Way

City State Zip Code  
Fairfax Station VA 22039

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

Name of Employer Van Scoyoc Assoc Occupation VP

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.42411

Amount of Each Receipt this Period  
1400.00

**B.** Full Name (Last, First, Middle Initial)  
Lloyd N. Hand

Mailing Address 4619 Charleston Terrace NW

City State Zip Code  
Washington DC 20007

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

Name of Employer Verner Lipfert Bernhard & Hand Occupation Partner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.42412

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Wendy Harrison

Mailing Address 4801 Maury Lane

City State Zip Code  
Alexandria VA 22304

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

Name of Employer N/A Occupation Housewife

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.42413

Amount of Each Receipt this Period  
1400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3300.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 131  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Scott Harshman		Date of Receipt MM / DD / YYYY 04 / 08 / 2009
Mailing Address 217 Murdock Way		Transaction ID: SA11AI.42414
City Greensburg	State Zip Code PA 15601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Harshman Consulting	Occupation Self Employed	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2400.00	

**B.**

Full Name (Last, First, Middle Initial) David Hobson		Date of Receipt MM / DD / YYYY 06 / 04 / 2009
Mailing Address P.O. Box 2691		Transaction ID: SA11AI.42797
City Springfield	State Zip Code OH 45501	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Vorys Advisors LLC	Occupation President	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Anthony Horbal		Date of Receipt MM / DD / YYYY 04 / 08 / 2009
Mailing Address 132 Gerry Lane		Transaction ID: SA11AI.42415
City Johnstown	State Zip Code PA 15904	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1400.00
Name of Employer Great American Health Plans	Occupation Chairman/CEO	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2650.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 131  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.**

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

Mailing Address 474 Washington Rd

City State Zip Code  
Grosse Pointe MI 48230-1618

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

Name of Employer Occupation  
Oshkosh Defense Exec VP

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

Date of Receipt  

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

**Transaction ID:** SA11AI.42940

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael Hruska

Mailing Address 2748 Jerome Hill Road

City State Zip Code  
Hollisopple PA 15937

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

Name of Employer Occupation  
Intelligent Security Tech President & CEO

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

Date of Receipt  

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

**Transaction ID:** SA11AI.42416

Amount of Each Receipt this Period  
1400.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Michael Katz

Mailing Address 10719 Midsummer Drive

City State Zip Code  
Reston VA 20191

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

Name of Employer Occupation  
Concurrent Technologies Corporation Manager

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

Date of Receipt  

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

**Transaction ID:** SA11AI.42417

Amount of Each Receipt this Period  
1400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3800.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Walter J Keller, III

Mailing Address 103 Firwodd Drive

City State Zip Code  
Bridgeville PA 15022

FEC ID number of contributing federal political committee.

C

Name of Employer  
Nokomis Inc

Occupation  
President & CEO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2400.00

Date of Receipt

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

Transaction ID: SA11AI.42418

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. L. Robert Kimball

Mailing Address 619 West Horner Street

City State Zip Code  
Ebensburg PA 15931

FEC ID number of contributing federal political committee.

C

Name of Employer  
L. Robert Kimball & Assoc.

Occupation  
Chairman & CEO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1400.00

Date of Receipt

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

Transaction ID: SA11AI.42419

Amount of Each Receipt this Period

1400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Tom Kurtz

Mailing Address 124 Seminole Street

City State Zip Code  
Johnstown PA 15904

FEC ID number of contributing federal political committee.

C

Name of Employer  
Conemaugh Health System

Occupation  
Executive

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.42400

Amount of Each Receipt this Period

1000.00

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

3400.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 131  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Fred Lebder

Mailing Address 14 Judith Street

City State Zip Code  
Uniontown PA 15401

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

Name of Employer N/A Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.42420

Amount of Each Receipt this Period  
1400.00

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

Mailing Address 4207 Pineridge Drive

City State Zip Code  
Annandale VA 22003

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

Name of Employer Colex & Assoc. Occupation Legislative Director

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.42422

Amount of Each Receipt this Period  
1400.00

**C.** Full Name (Last, First, Middle Initial)  
Colette Marchesini

Mailing Address 1202 Walter St SE

City State Zip Code  
Washington DC 20003

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

Name of Employer GSP Consulting Occupation Federal Relations Exec

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 8 / 2 0 0 9

**Transaction ID:** SA11AI.42552

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3300.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 131  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. John McInnis

Mailing Address 1522 Cheltenham Ct. West

City State Zip Code  
Crownsville MD 21032

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

Name of Employer Occupation  
Production Technology Inc. Engineering Mgr./CEO

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 25 / 2009

**Transaction ID:** SA11AI.42970

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Christopher Mellon

Mailing Address 1157 Stringer Bottom

City State Zip Code  
Laughlintown PA 15655

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

Name of Employer Occupation  
Mellon Consulting President

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 29 / 2009

**Transaction ID:** SA11AI.42379

Amount of Each Receipt this Period  
1400.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. David O'Loughlin

Mailing Address 9 Dunmoyle Pl.

City State Zip Code  
Pittsburgh PA 15217

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

Name of Employer Occupation  
U. S. Maglev Development Corp. President

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 08 / 2009

**Transaction ID:** SA11AI.42550

Amount of Each Receipt this Period  
1400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3300.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 131  
(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)  
Kendell M. Pease, Jr.  
Mailing Address 3509 Nodding Pine Ct  
City State Zip Code  
Fairfax VA 22033  
FEC ID number of contributing federal political committee. **C**  
Name of Employer General Dynamics Occupation VP  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 8 / 2 0 0 9  
Transaction ID: SA11AI.42423  
Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gene Pochapsky  
Mailing Address 100 Black Oak Drive  
City State Zip Code  
Cheswick PA 15024  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Optical Systems Tech Inc. Occupation Engineer  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 6 / 2 0 0 9  
Transaction ID: SA11AI.42546  
Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
Eli Polovina  
Mailing Address 715 Lincoln Avenue  
City State Zip Code  
Charleroi PA 15022  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Nikomis Inc Occupation Dir of Infrastructure  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 800.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 8 / 2 0 0 9  
Transaction ID: SA11AI.42424  
Amount of Each Receipt this Period  
800.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3300.00  
**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 131  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Michael R. Reed

Mailing Address 12332 Caminito Esmero

City State Zip Code  
San Diego CA 92130

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

Name of Employer Occupation  
General Atomics VP-EMS

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

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

Transaction ID: SA11AI.42395

Amount of Each Receipt this Period  
300.00

300.00

**B.** Full Name (Last, First, Middle Initial)  
Newt Reynolds

Mailing Address 260 Bellaire Drive

City State Zip Code  
New Orleans LA 70124

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

Name of Employer Occupation  
MAS Industries Owner

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

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

Transaction ID: SA11AI.42633

Amount of Each Receipt this Period  
2300.00

In-kind - Artist Painting

2300.00

**C.** Full Name (Last, First, Middle Initial)  
Stephen L. Rosedale

Mailing Address 2675 Fair Oaks Lane

City State Zip Code  
Cincinnati OH 45242

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

Name of Employer Occupation  
Communicare Executive

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	0	9

Transaction ID: SA11AI.42930

Amount of Each Receipt this Period  
1000.00

1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3600.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 131  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Joseph Russo

Mailing Address 1620 L Street, NW  
#1210

City Washington State DC Zip Code 20036

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

Name of Employer McGovern & Smith LLC Occupation Principal

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 7 / 2 0 0 9

**Transaction ID:** SA11AI.42641

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Karen Russo

Mailing Address 700 13th St. NW  
Ste 400

City Washington State DC Zip Code 20005-3960

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

Name of Employer N/A Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 6 / 2 0 0 9

**Transaction ID:** SA11AI.42545

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Shelton

Mailing Address 86 1/2 Golde Street

City Johnstown State PA Zip Code 15902

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

Name of Employer World Tech Evaluation Ctr Occupation President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.42549

Amount of Each Receipt this Period  
1400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3400.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 131  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Eli Shumar, Jr.  
Mailing Address 432 Stone Church Road

City State Zip Code  
Grindstone PA 15442

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

Name of Employer Shumar's Welding & Machine Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 8 / 2 0 0 9  
**Transaction ID:** SA11AI.42426  
 Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Eli Shumar, Jr.  
Mailing Address 432 Stone Church Road

City State Zip Code  
Grindstone PA 15442

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

Name of Employer Shumar's Welding & Machine Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 8 / 2 0 0 9  
**Transaction ID:** SA11AI.42554  
 Amount of Each Receipt this Period  
 400.00

**C.** Full Name (Last, First, Middle Initial)  
Debra Tekavec  
Mailing Address 1510 N Rolfe Street #8

City State Zip Code  
Arlington VA 22209

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

Name of Employer Carnegie Mellon Univeristy Occupation Govt Relations

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 9 / 2 0 0 9  
**Transaction ID:** SA11AI.42635  
 Amount of Each Receipt this Period  
 1400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2800.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 131  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
James Vasilko

Mailing Address 140 Luna Lane

City State Zip Code  
Johnstown PA 15904

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

Name of Employer Occupation  
Johnstown Construction Co. President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

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

Transaction ID: SA11AI.42427

Amount of Each Receipt this Period  
1400.00

Election Cycle-to-Date ▼ 1400.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Barton Whitman

Mailing Address 3100 White Daisy Place

City State Zip Code  
Fairfax VA 22031

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

Name of Employer Occupation  
MTS Technologies Vice President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	7	/	2	0	0	9

Transaction ID: SA11AI.42643

Amount of Each Receipt this Period  
1400.00

Election Cycle-to-Date ▼ 1400.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. John Winkelmann

Mailing Address 685 Stanley Avenue

City State Zip Code  
Cincinnati OH 45208

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

Name of Employer Occupation  
Self Employed Hematologist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	0	9

Transaction ID: SA11AI.42802

Amount of Each Receipt this Period  
1000.00

Election Cycle-to-Date ▼ 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3800.00**

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

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

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

FOR LINE NUMBER: PAGE 21 / 131  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Karen Wood

Mailing Address 1120 Club Drive

City State Zip Code  
Johnstown PA 15905

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

Name of Employer Occupation  
DRS Technologies HR Director

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

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2009

**Transaction ID:** SA11AI.42428

Amount of Each Receipt this Period  
1400.00

**B.** Full Name (Last, First, Middle Initial)  
George Zitnay

Mailing Address 97 Dartmouth Avenue

City State Zip Code  
Johnstown PA 15905

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

Name of Employer Occupation  
Defense & Vet Brain Inj Ctr Neuropsychologist

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

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2009

**Transaction ID:** SA11AI.42429

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1450.00**

**TOTAL** This Period (last page this line number only) ..... ► **56200.00**

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

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

FOR LINE NUMBER: PAGE 22 / 131  
(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)  
ACTION COMMITTEE FOR RURAL ELECTRIFICATION (ACRE) NATIONAL RURAL ELECTRIC COOP. ASSOC.  
 Mailing Address 4301 Wilson Boulevard  
 City Arlington State VA Zip Code 22203  
 FEC ID number of contributing federal political committee. **C** C00002972  
 Name of Employer Occupation  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 Amount of Each Receipt this Period 1000.00  
 Date of Receipt 04 / 08 / 2009  
**Transaction ID: SA11C.42430**

**B.** Full Name (Last, First, Middle Initial)  
AIR PRODUCTS AND CHEMICALS INC. POLITICAL ALLIANCE  
 Mailing Address P.O. Box 441  
 City Trexlertown State PA Zip Code 18087  
 FEC ID number of contributing federal political committee. **C** C00127258  
 Name of Employer Occupation  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 Amount of Each Receipt this Period 2500.00  
 Date of Receipt 04 / 09 / 2009  
**Transaction ID: SA11C.42397**

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED  
 Mailing Address 1625 L STREET NW  
 City WASHINGTON State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C** C00011114  
 Name of Employer Occupation  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 Amount of Each Receipt this Period 2500.00  
 Date of Receipt 06 / 25 / 2009  
**Transaction ID: SA11C.42938**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 23 / 131  
(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)  
ANALYTICAL GRAPHICS INC PAC (AGI PAC)  
Mailing Address 40 GENERAL WARREN BOULEVARD

City State Zip Code  
MALVERN PA 19355

FEC ID number of contributing federal political committee. **C** C00370023

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 7 / 2 0 0 9

**Transaction ID:** SA11C.42644

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
BABCOCK & WILCOX COMPANY GOOD GOVERNMENT FUND; THE  
Mailing Address 2016 Mt. Athos Rd

City State Zip Code  
Lynchburg VA 24504

FEC ID number of contributing federal political committee. **C** C00063461

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 1 / 2 0 0 9

**Transaction ID:** SA11C.42387

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
BAE Systems USA PAC  
Mailing Address 1215 Jefferson Davis Hwy. #1500

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing federal political committee. **C** C00281212

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 1 7 / 2 0 0 9

**Transaction ID:** SA11C.42927

Amount of Each Receipt this Period  
 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

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

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

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

FOR LINE NUMBER: PAGE 24 / 131  
(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)  
BLANK ROME PAC

Mailing Address 600 New Hampshire Avenue NW

City Washington State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00150797

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
04 / 08 / 2009

Transaction ID: SA11C.42437

Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
CRAY INC EMPLOYEE POLITICAL ACTION COMMITTEE AKA (CRAY PAC)

Mailing Address 2001 JEFFERSON DAVIS HIGHWAY  
CRYSTAL PLAZA ONE SUITE 200

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00458547

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt: MM / DD / YYYY  
04 / 08 / 2009

Transaction ID: SA11C.42431

Amount of Each Receipt this Period: 2300.00

**C.** Full Name (Last, First, Middle Initial)  
CUBIC CORPORATION EMPLOYEES' PAC

Mailing Address 9333 BALBOA AVENUE

City SAN DIEGO State CA Zip Code 92123

FEC ID number of contributing federal political committee. **C** C00151787

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY  
06 / 15 / 2009

Transaction ID: SA11C.42928

Amount of Each Receipt this Period: 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8300.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 131  
(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)  
DELOITTE & TOUCHE FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address P.O. Box 365

City State Zip Code  
Washington DC 20044

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  

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

**Transaction ID:** SA11C.42436

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 520 S. GRAND AVE. #700

City State Zip Code  
LOS ANGELES CA 90071

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  

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

**Transaction ID:** SA11C.42637

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
KEEP MCDADE IN CONGRESS COMMITTEE

Mailing Address 11TH FLOOR BANK TOWERS  
321 SPRUCE STREET

City State Zip Code  
SCRANTON PA 18503

FEC ID number of contributing federal political committee. **C** C00047548

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	0	9

**Transaction ID:** SA11C.42805

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **9000.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 131  
(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)  
LOCKHEED MARTIN EMPLOYEES PAC

Mailing Address 1725 JEFFERSON DAVIS HIGHWAY  
CRYSTAL SQUARE TWO SUITE 300

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 04 / 30 / 2009  
**Transaction ID:** SA11C.42377  
 Amount of Each Receipt this Period: 3000.00

**B.** Full Name (Last, First, Middle Initial)  
MANTECH INTERNATIONAL CORP PAC

Mailing Address 12015 LEE JACKSON HIGHWAY STE 128

City FAIRFAX State VA Zip Code 22033

FEC ID number of contributing federal political committee. **C** C00208983

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8500.00

Date of Receipt: 04 / 08 / 2009  
**Transaction ID:** SA11C.42433  
 Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
MCKENNA LONG & ALDRIDGE LLP POLITICAL ACTION COMMITTEE

Mailing Address 303 Peachtree Street  
Suite 5300

City Atlanta State GA Zip Code 30308

FEC ID number of contributing federal political committee. **C** C00391383

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 04 / 23 / 2009  
**Transaction ID:** SA11C.42384  
 Amount of Each Receipt this Period: 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 131  
(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)  
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

Mailing Address 100 Daingerfield Road

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 8 / 2 0 0 9

**Transaction ID:** SA11C.42434

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
OSHKOSH TRUCK CORP EMPLOYEES POLITICAL ACTION COMMITTEE (OTCEPAC)

Mailing Address 2307 OREGON ST  
PO BOX 2566

City State Zip Code  
OSHKOSH WI 54901

FEC ID number of contributing federal political committee. **C** C00304477

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

**Transaction ID:** SA11C.42943

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
PARSONS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 100 WEST WALNUT STREET

City State Zip Code  
PASADENA CA 91124

FEC ID number of contributing federal political committee. **C** C00103549

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 9 / 2 0 0 9

**Transaction ID:** SA11C.42636

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **9500.00**

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial) POLITICAL EDUCATIONAL FUND OF THE BUILDING AND CONSTRUCTION TRADES DEPARTMENT

Mailing Address 815 16th St. NW Suite 600

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00003160

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11C.42383

Amount of Each Receipt this Period

2500.00

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

Mailing Address 430 NORTH MICHIGAN AVE

City State Zip Code  
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 9

Transaction ID: SA11C.42806

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial) ROLLS-ROYCE NORTH AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 14850 Conference Center Drive  
Suite 100

City State Zip Code  
Chantilly VA 20151

FEC ID number of contributing federal political committee. **C** C00296822

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

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

Transaction ID: SA11C.42939

Amount of Each Receipt this Period

5000.00

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

8500.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 131  
(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)  
SAIC VOLUNTARY POLITICAL ACTION COMMITTEE

Mailing Address 10260 CAMPUS POINT DRIVE F2

City State Zip Code  
SAN DIEGO CA 92121

FEC ID number of contributing federal political committee. **C** C00300418

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 9 / 2 0 0 9

**Transaction ID:** SA11C.42396

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
UNITED STATES STEEL CORPORATION PAC

Mailing Address 600 Grant Street  
Room 685

City State Zip Code  
Pittsburgh PA 15219

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 9 / 2 0 0 9

**Transaction ID:** SA11C.42398

Amount of Each Receipt this Period  
1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6500.00**

**TOTAL** This Period (last page this line number only) ..... ► **65300.00**

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 30 / 131  
(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)  
Army Navy Country Club  
Mailing Address 2400 18th Street S  
City Arlington State VA Zip Code 22204  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Election Cycle-to-Date ▼ 6778.03  
Date of Receipt 04 / 28 / 2009  
Transaction ID: SA14.42520  
Amount of Each Receipt this Period 6778.03  
Void Ck, Fund Raiser Rect Exp

**B.** Full Name (Last, First, Middle Initial)  
Credit Card Dept.  
Mailing Address P.O. Box 0537  
City Indiana State PA Zip Code 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 ▼ 530.44  
Date of Receipt 05 / 19 / 2009  
Transaction ID: SA14.42645  
Amount of Each Receipt this Period 530.44  
Refund, See Detail

**C.** Full Name (Last, First, Middle Initial)  
Westin Hotels  
Mailing Address 17 Chestnut Lane  
City Philadelphia State PA Zip Code 19115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Election Cycle-to-Date ▼ -1034.58  
Date of Receipt 05 / 19 / 2009  
Transaction ID: SA14.42645.0  
Amount of Each Receipt this Period -1034.58  
Fund Raiser Recpt Exp  
[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 7308.47  
**TOTAL** This Period (last page this line number only) ..... ▶

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 31 / 131  
(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)  
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:  Primary  General  Other (specify) ▼  
Election Cycle-to-Date ▼ 290.82

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: SA14.42645.6

Amount of Each Receipt this Period  
204.12

Telephone

**[MEMO ITEM]**

**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:  Primary  General  Other (specify) ▼  
Election Cycle-to-Date ▼ 319.72

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: SA14.42645.7

Amount of Each Receipt this Period  
28.90

Telephone

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Friends of Randy Abraham  
Mailing Address 11 Church Street

City State Zip Code  
Fairchance PA 15436

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

Name of Employer Occupation

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA14.42626

Amount of Each Receipt this Period  
1000.00

Voiced, Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 131

(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
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.**

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

Mailing Address 2238 WOODCREST DRIVE

City State Zip Code  
JOHNSTOWN PA 15905

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
468.00

Date of Receipt

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

Transaction ID: SA14.42518

Amount of Each Receipt this Period

261.00

Reimbursement Travel

**B.**

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

Mailing Address 2238 WOODCREST DRIVE

City State Zip Code  
JOHNSTOWN PA 15905

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
506.50

Date of Receipt

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

Transaction ID: SA14.42638

Amount of Each Receipt this Period

38.50

Reimb Travel Exp

**C.**

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

Mailing Address 1202 Third Avenue  
40th Floor

City State Zip Code  
Seattle WA 98101-3099

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1489.35

Date of Receipt

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

Transaction ID: SA14.42968

Amount of Each Receipt this Period

1489.35

Refund Legal Fees

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

1788.85

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

10097.32



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 33 / 131  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
1st Summit Bank

Mailing Address Donald Lane

City State Zip Code  
Johnstown PA 15904

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
331.15

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	9

**Transaction ID:** SA15.42629

Amount of Each Receipt this Period  
199.18

Interest Income

**B.** Full Name (Last, First, Middle Initial)  
1st Summit Bank

Mailing Address Donald Lane

City State Zip Code  
Johnstown PA 15904

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
512.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	0	9

**Transaction ID:** SA15.42780

Amount of Each Receipt this Period  
180.85

Interest Income

**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: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
688.38

Date of Receipt  

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

**Transaction ID:** SA15.42962

Amount of Each Receipt this Period  
176.38

Interest Income

**SUBTOTAL** of Receipts This Page (optional) ..... ► **556.41**

**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 34 / 131  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. JOHN P MURTHA		Date of Receipt
	Mailing Address 2238 WOODCREST DRIVE		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	JOHNSTOWN	PA	15905
	FEC ID number of contributing federal political committee.		<input type="text" value="C H6PA12030"/>
Name of Employer		Occupation	Transaction ID: SA15.42926
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="621.50"/>	Amount of Each Receipt this Period <input type="text" value="115.00"/>
			Reimb. Travel Exp

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="115.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="671.41"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

Any Information copied from such Reports and Statements 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)  
Allegheny Kiski Valley NAACP

Mailing Address 1013 Nesbit Ave

City Brackenridge State PA Zip Code 15014

Purpose of Disbursement  
Adv. & Tickets  
Candidate Name

Category/  
Type

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

Transaction ID: SB17.42955  
Date of Disbursement

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

Amount of Each Disbursement this Period

280.00
--------

B.

Full Name (Last, First, Middle Initial)  
Armstrong Co. Friends of NRA

Mailing Address C/O David Zablocki  
562 East Brady Rd

City Kittanning State PA Zip Code 16201

Purpose of Disbursement  
Tickets & Adv.  
Candidate Name

Category/  
Type

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

Transaction ID: SB17.42477  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	9

Amount of Each Disbursement this Period

600.00
--------

C.

Full Name (Last, First, Middle Initial)  
Army Navy Country Club

Mailing Address 2400 18th Street S

City Arlington State VA Zip Code 22204

Purpose of Disbursement  
Fund Raiser Recpt Exp  
Candidate Name

Category/  
Type

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

Transaction ID: SB17.42521  
Date of Disbursement

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

Amount of Each Disbursement this Period

6778.03
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**SUBTOTAL** of Disbursements This Page (optional) ..... ►

7658.03
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**TOTAL** This Period (last page this line number only) ..... ►

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Army Navy Country Club <hr/> Mailing Address 2400 18th Street S <hr/> City Arlington State VA Zip Code 22204 <hr/> Purpose of Disbursement Fund Raiser Recept Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42794 Date of Disbursement 06 / 03 / 2009 <hr/> Amount of Each Disbursement this Period 1957.00
B.	Full Name (Last, First, Middle Initial) Artcraft Specialties Co LLC <hr/> Mailing Address 7215 Kensington Ct <hr/> City University Park State FL Zip Code 34201 <hr/> Purpose of Disbursement Gifts Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42839 Date of Disbursement 06 / 24 / 2009 <hr/> Amount of Each Disbursement this Period 639.00
C.	Full Name (Last, First, Middle Initial) A T&T <hr/> Mailing Address P.O. Box 9001309 <hr/> City Louisville State KY Zip Code 40290-1309 <hr/> Purpose of Disbursement Telephone 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: SB17.42439 Date of Disbursement 04 / 08 / 2009 <hr/> Amount of Each Disbursement this Period 697.48

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3293.48</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) A T&T	Transaction ID: SB17.42669 Date of Disbursement 05 / 13 / 2009
	Mailing Address P.O. Box 9001309	Amount of Each Disbursement this Period 754.29
	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: SB17.42810 Date of Disbursement 06 / 10 / 2009
	Mailing Address P.O. Box 9001309	Amount of Each Disbursement this Period 847.57
	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: SB17.42448 Date of Disbursement 04 / 08 / 2009
	Mailing Address 120 Southmont Blvd	Amount of Each Disbursement this Period 76.15
	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) ..... ▶

1678.01

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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: SB17.42651 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9  Amount of Each Disbursement this Period 76.15
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: SB17.42793 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 9  Amount of Each Disbursement this Period 76.17
C.	Full Name (Last, First, Middle Initial) B & B Floral  Mailing Address 1199 Scalp Avenue  City Johnstown State PA Zip Code 15904  Purpose of Disbursement Floral Arrangements Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42844 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 9  Amount of Each Disbursement this Period 82.15

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	234.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Bittner Long Floral & Greenhouse <hr/> Mailing Address 339 Stoystown Road <hr/> City Somerset State PA Zip Code 15501 <hr/> Purpose of Disbursement Floral Arrangements Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42812 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">83.20</td> </tr> </table> <hr/> Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	0	/	2	0	0	9	83.20
M	M	/	D	D	/	Y	Y	Y	Y														
0	6	/	1	0	/	2	0	0	9														
83.20																							
<b>B.</b>	Full Name (Last, First, Middle Initial) Cambria Business Machines <hr/> Mailing Address P.O. Box 456 <hr/> City Johnstown State PA Zip Code 15907-0456 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42449 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">465.72</td> </tr> </table> <hr/> Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	0	8	/	2	0	0	9	465.72
M	M	/	D	D	/	Y	Y	Y	Y														
0	4	/	0	8	/	2	0	0	9														
465.72																							
<b>C.</b>	Full Name (Last, First, Middle Initial) Cambria Business Machines <hr/> Mailing Address P.O. Box 456 <hr/> City Johnstown State PA Zip Code 15907-0456 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42461 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">64.00</td> </tr> </table> <hr/> Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	1	5	/	2	0	0	9	64.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4	/	1	5	/	2	0	0	9														
64.00																							

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

**612.92**

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Cambria Business Machines <hr/> Mailing Address P.O. Box 456 <hr/> City Johnstown State PA Zip Code 15907-0456 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42821 Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2009
	Amount of Each Disbursement this Period 134.11
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Cambria Business Machines <hr/> Mailing Address P.O. Box 456 <hr/> City Johnstown State PA Zip Code 15907-0456 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42842 Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2009
	Amount of Each Disbursement this Period 89.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Cam Co Dept of Emer Services <hr/> Mailing Address 401 Candlelight Drive Suite 100 <hr/> City Ebensburg State PA Zip Code 15931-1959 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42791 Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2009
	Amount of Each Disbursement this Period 75.00
	Category/ Type
	Category/ Type

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

298.11

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Central Tax Bureau of PA, Inc. <hr/> Mailing Address 1610 Bedford Street <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Local I/T W/H Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42496 Date of Disbursement 04 / 22 / 2009 <hr/> Amount of Each Disbursement this Period 99.90
<b>B.</b>	Full Name (Last, First, Middle Initial) Central Tax Bureau of PA, Inc. <hr/> Mailing Address 1610 Bedford Street <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement LST Tax W/H Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42497 Date of Disbursement 04 / 22 / 2009 <hr/> Amount of Each Disbursement this Period 12.00
<b>C.</b>	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 Exp Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42502 Date of Disbursement 04 / 22 / 2009 <hr/> Amount of Each Disbursement this Period 127.91

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

**239.81**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Christian Book Store</p> <p>Mailing Address 1238 Scalp Avenue</p> <p>City Johnstown State PA Zip Code 15904</p> <p>Purpose of Disbursement Campaign Office Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.42700</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="244.01"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Christian Book Store</p> <p>Mailing Address 1238 Scalp Avenue</p> <p>City Johnstown State PA Zip Code 15904</p> <p>Purpose of Disbursement Campaign Office Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.42841</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="110.24"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Colony Cleaning Company</p> <p>Mailing Address 160 Engbert Road</p> <p>City Johnstown State PA Zip Code 15902</p> <p>Purpose of Disbursement Cleaning Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.42465</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="205.64"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Colony Cleaning Company <hr/> Mailing Address 160 Engbert Road <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Cleaning Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42654 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 205.64
<b>B.</b>	Full Name (Last, First, Middle Initial) Colony Cleaning Company <hr/> Mailing Address 160 Engbert Road <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Cleaning Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42809 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 257.05
<b>C.</b>	Full Name (Last, First, Middle Initial) Credit Card Dept. <hr/> Mailing Address P.O. Box 0537 <hr/> City Indiana State PA Zip Code 15701-0537 <hr/> Purpose of Disbursement See Detail Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42459 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 3270.87

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

**3733.56**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) On Star  Mailing Address P.O. Box 278  City Sheldon State IA Zip Code 51201  Purpose of Disbursement Telephone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.42459.1 Date of Disbursement 04 / 15 / 2009	Amount of Each Disbursement this Period 28.90  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Sheetz  Mailing Address 5700 Sixth Avenue  City Altoona State PA Zip Code 16602  Purpose of Disbursement Telephone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.42459.2 Date of Disbursement 04 / 15 / 2009	Amount of Each Disbursement this Period 36.45  <b>[MEMO ITEM]</b>
<b>C.</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 Telephone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.42459.5 Date of Disbursement 04 / 15 / 2009	Amount of Each Disbursement this Period 15.00  <b>[MEMO ITEM]</b>

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

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Coffee Whiz.Com <hr/> Mailing Address 221 Church Street <hr/> City Philadelphia State PA Zip Code 19107 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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:	Transaction ID: SB17.42459.6 Date of Disbursement 04 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 179.56 <hr/> <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) U.S. House Member's Dining <hr/> Mailing Address H 118 U.S. Capitol <hr/> City Washington State DC Zip Code 20515 <hr/> Purpose of Disbursement Meeting Expense Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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:	Transaction ID: SB17.42459.8 Date of Disbursement 04 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 72.55 <hr/> <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Coffee Whiz.Com <hr/> Mailing Address 221 Church Street <hr/> City Philadelphia State PA Zip Code 19107 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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:	Transaction ID: SB17.42459.10 Date of Disbursement 04 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 178.39 <hr/> <b>[MEMO ITEM]</b>

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42459.17 Date of Disbursement 04 / 15 / 2009	Amount of Each Disbursement this Period 16.21 [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) Symon's Auto Wash Mailing Address Menoher Blvd City Johnstown State PA Zip Code 15905 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42459.18 Date of Disbursement 04 / 15 / 2009	Amount of Each Disbursement this Period 20.00 [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42459.19 Date of Disbursement 04 / 15 / 2009	Amount of Each Disbursement this Period 20.00 [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: SB17.42459.20 Date of Disbursement 04 / 15 / 2009	Amount of Each Disbursement this Period 37.64 [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: SB17.42459.21 Date of Disbursement 04 / 15 / 2009	Amount of Each Disbursement this Period 35.50 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Giant Eagle Mailing Address Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42459.22 Date of Disbursement 04 / 15 / 2009	Amount of Each Disbursement this Period 92.33 [MEMO ITEM]

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

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

Transaction ID: SB17.42459.23  
Date of Disbursement

Mailing Address Menoher Blvd

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	9	

City Johnstown State PA Zip Code 15905

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel

14.99
-------

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: SB17.42459.25  
Date of Disbursement

Mailing Address 5700 Sixth Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	9	

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel

18.51
-------

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)  
Sheetz

Transaction ID: SB17.42459.27  
Date of Disbursement

Mailing Address 5700 Sixth Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	9	

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel

25.41
-------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

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

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Sheetz	Transaction ID: SB17.42459.28 Date of Disbursement 04 / 15 / 2009
	Mailing Address 5700 Sixth Avenue	Amount of Each Disbursement this Period 23.00
	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:	

B.	Full Name (Last, First, Middle Initial) Sheetz	Transaction ID: SB17.42459.29 Date of Disbursement 04 / 15 / 2009
	Mailing Address 5700 Sixth Avenue	Amount of Each Disbursement this Period 24.78
	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) Sheetz	Transaction ID: SB17.42459.30 Date of Disbursement 04 / 15 / 2009
	Mailing Address 5700 Sixth Avenue	Amount of Each Disbursement this Period 6.32
	City Altoona State PA Zip Code 16602	
	Purpose of Disbursement Meals	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42459.31 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 20.41
	[MEMO ITEM]
	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42459.33 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 22.99
	[MEMO ITEM]
	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42459.34 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 15.55
	[MEMO ITEM]
	Category/Type

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) 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: SB17.42459.35 Date of Disbursement 04 / 15 / 2009	Amount of Each Disbursement this Period 33.00 [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) Homewood Suites Mailing Address 4850 Leesburg Pike City Alexandria State VA Zip Code 22302 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42459.36 Date of Disbursement 04 / 15 / 2009	Amount of Each Disbursement this Period 230.16 [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42459.38 Date of Disbursement 04 / 15 / 2009	Amount of Each Disbursement this Period 41.00 [MEMO ITEM]

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Symon's Auto Wash			<b>Transaction ID:</b> SB17.42459.39		
	Mailing Address    Menoher Blvd			Date of Disbursement MM / DD / YYYY 04 / 15 / 2009		
	City Johnstown		State PA	Zip Code 15905		Amount of Each Disbursement this Period  13.99
	Purpose of Disbursement Travel		Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]		
State:                  District:						
<b>B.</b>	Full Name (Last, First, Middle Initial) Sheetz			<b>Transaction ID:</b> SB17.42459.41		
	Mailing Address    5700 Sixth Avenue			Date of Disbursement MM / DD / YYYY 04 / 15 / 2009		
	City Altoona		State PA	Zip Code 16602		Amount of Each Disbursement this Period  15.38
	Purpose of Disbursement Travel		Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]		
State:                  District:						
<b>C.</b>	Full Name (Last, First, Middle Initial) Symon's Auto Wash			<b>Transaction ID:</b> SB17.42459.43		
	Mailing Address    Menoher Blvd			Date of Disbursement MM / DD / YYYY 04 / 15 / 2009		
	City Johnstown		State PA	Zip Code 15905		Amount of Each Disbursement this Period  20.00
	Purpose of Disbursement Travel		Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]		
State:                  District:						

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Sheetz

Transaction ID: SB17.42459.46  
Date of Disbursement

Mailing Address 5700 Sixth Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	9

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

25.00
-------

Purpose of Disbursement  
Travel

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

Candidate Name

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

[MEMO ITEM]

State: District:

B.

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

Transaction ID: SB17.42459.50  
Date of Disbursement

Mailing Address Scalp Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	9

City Johnstown State PA Zip Code 15904

Amount of Each Disbursement this Period

31.90
-------

Purpose of Disbursement  
Campaign Office Exp

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

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)  
Sheetz

Transaction ID: SB17.42459.51  
Date of Disbursement

Mailing Address 5700 Sixth Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	9

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

24.50
-------

Purpose of Disbursement  
Travel

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

Candidate Name

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

[MEMO ITEM]

State: District:

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

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) The Fish Boat  Mailing Address Main Street  City Johnstown State PA Zip Code 15901 Purpose of Disbursement Meeting Exp Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42459.52 Date of Disbursement 04 / 15 / 2009	Amount of Each Disbursement this Period 93.22  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Symon's Auto Wash  Mailing Address Menoher Blvd  City Johnstown State PA Zip Code 15905 Purpose of Disbursement Travel Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42459.53 Date of Disbursement 04 / 15 / 2009	Amount of Each Disbursement this Period 20.00  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Sheetz  Mailing Address 5700 Sixth Avenue  City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42459.54 Date of Disbursement 04 / 15 / 2009	Amount of Each Disbursement this Period 40.50  <b>[MEMO ITEM]</b>

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

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Giant Eagle</p> <p>Mailing Address Scalp Avenue</p> <p>City Johnstown State PA Zip Code 15904</p> <p>Purpose of Disbursement Campaign Office Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.42459.55</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="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="120.57"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Johnstown Szechuan</p> <p>Mailing Address Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Meeting Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.42459.56</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="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="52.75"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The Fish Boat</p> <p>Mailing Address Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Meeting Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.42459.57</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="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="58.08"/></p> <p><b>[MEMO ITEM]</b></p>

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Sheetz <hr/> Mailing Address 5700 Sixth Avenue <hr/> City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42459.58 Date of Disbursement MM / DD / YYYY 04 / 15 / 2009
	Amount of Each Disbursement this Period 22.35
	[MEMO ITEM]
	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Giant Eagle <hr/> Mailing Address Scalp Avenue <hr/> City Johnstown State PA Zip Code 15904 Purpose of Disbursement Campaign Office Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42459.59 Date of Disbursement MM / DD / YYYY 04 / 15 / 2009
	Amount of Each Disbursement this Period 77.34
	[MEMO ITEM]
	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Sheetz <hr/> Mailing Address 5700 Sixth Avenue <hr/> City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42459.62 Date of Disbursement MM / DD / YYYY 04 / 15 / 2009
	Amount of Each Disbursement this Period 31.35
	[MEMO ITEM]
	Category/Type

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Hoss's  Mailing Address Theatre Drive  City Johnstown State PA Zip Code 15904  Purpose of Disbursement Meeting Exp Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42459.63 Date of Disbursement 04 / 15 / 2009	Amount of Each Disbursement this Period 292.40  [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) Sheetz  Mailing Address 5700 Sixth Avenue  City Altoona State PA Zip Code 16602  Purpose of Disbursement Travel Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42459.65 Date of Disbursement 04 / 15 / 2009	Amount of Each Disbursement this Period 29.50  [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) Credit Card Dept.  Mailing Address P.O. Box 0537  City Indiana State PA Zip Code 15701-0537  Purpose of Disbursement See Detail Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42665 Date of Disbursement 05 / 13 / 2009	Amount of Each Disbursement this Period 3445.13

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3445.13
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42665.0 Date of Disbursement 05 / 13 / 2009	Amount of Each Disbursement this Period 44.50 [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) On Star Mailing Address P.O. Box 278 City Sheldon State IA Zip Code 51201 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42665.1 Date of Disbursement 05 / 13 / 2009	Amount of Each Disbursement this Period 28.90 [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) Coffee Whiz.Com Mailing Address 221 Church Street City Philadelphia State PA Zip Code 19107 Purpose of Disbursement Meeting Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42665.7 Date of Disbursement 05 / 13 / 2009	Amount of Each Disbursement this Period 225.64 [MEMO ITEM]

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42665.9 Date of Disbursement 05 / 13 / 2009 Amount of Each Disbursement this Period 37.31 [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) Penelec Mailing Address PO Box 3687 City Akron State OH Zip Code 44309-3687 Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42665.10 Date of Disbursement 05 / 13 / 2009 Amount of Each Disbursement this Period 348.00 [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42665.14 Date of Disbursement 05 / 13 / 2009 Amount of Each Disbursement this Period 20.00 [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)

PAGE 60 / 131

<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: SB17.42665.15 Date of Disbursement 05 / 13 / 2009	Amount of Each Disbursement this Period 28.47 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Keurig at Home Mailing Address 101 Edgewater City Wakefield State MA Zip Code 01880 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42665.16 Date of Disbursement 05 / 13 / 2009	Amount of Each Disbursement this Period 249.86 [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: SB17.42665.18 Date of Disbursement 05 / 13 / 2009	Amount of Each Disbursement this Period 20.00 [MEMO ITEM]

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

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: SB17.42665.19 Date of Disbursement 05 / 13 / 2009	Amount of Each Disbursement this Period 14.93 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address Locust & Franklin Streets City Johnstown State PA Zip Code 15901 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42665.20 Date of Disbursement 05 / 13 / 2009	Amount of Each Disbursement this Period 13.80 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Giant Eagle Mailing Address Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42665.21 Date of Disbursement 05 / 13 / 2009	Amount of Each Disbursement this Period 296.78 [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

Transaction ID: SB17.42665.22  
Date of Disbursement

Mailing Address 5700 Sixth Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	9	

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

34.55
-------

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: SB17.42665.23  
Date of Disbursement

Mailing Address 5700 Sixth Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	9	

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

13.23
-------

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)  
Sheetz

Transaction ID: SB17.42665.24  
Date of Disbursement

Mailing Address 5700 Sixth Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	9	

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

38.00
-------

Purpose of Disbursement  
Travel

--

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

[MEMO ITEM]

State: District:

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Johnstown Szechuan  Mailing Address Main Street  City Johnstown State PA Zip Code 15901  Purpose of Disbursement Meeting Exp Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42665.25 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 9	Amount of Each Disbursement this Period 58.05  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Fish Market  Mailing Address San Polo Sq  City Alexandria State VA Zip Code 22202  Purpose of Disbursement Meeting Exp Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42665.27 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 9	Amount of Each Disbursement this Period 189.65  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Sheetz  Mailing Address 5700 Sixth Avenue  City Altoona State PA Zip Code 16602  Purpose of Disbursement Travel Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42665.28 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 9	Amount of Each Disbursement this Period 30.50  <b>[MEMO ITEM]</b>

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42665.29 Date of Disbursement 05 / 13 / 2009	Amount of Each Disbursement this Period 23.00 [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) Homewood Suites Mailing Address 4850 Leesburg Pike City Alexandria State VA Zip Code 22302 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42665.30 Date of Disbursement 05 / 13 / 2009	Amount of Each Disbursement this Period 227.81 [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42665.33 Date of Disbursement 05 / 13 / 2009	Amount of Each Disbursement this Period 25.40 [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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Sheetz <hr/> Mailing Address 5700 Sixth Avenue <hr/> City Altoona State PA Zip Code 16602 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42665.34 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 27.50
	[MEMO ITEM]
	Category/Type
<b>B.</b> 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 Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42665.35 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 18.00
	[MEMO ITEM]
	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Giant Eagle <hr/> Mailing Address Scalp Avenue <hr/> City Johnstown State PA Zip Code 15904 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42665.36 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 214.07
	[MEMO ITEM]
	Category/Type

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Johnstown Szechuan

Transaction ID: SB17.42665.37  
Date of Disbursement

Mailing Address Main Street

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	9	

City Johnstown State PA Zip Code 15901

Amount of Each Disbursement this Period

70.00
-------

Purpose of Disbursement Meeting Exp  
Candidate Name

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Sheetz

Transaction ID: SB17.42665.38  
Date of Disbursement

Mailing Address 5700 Sixth Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	9	

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

27.50
-------

Purpose of Disbursement Travel  
Candidate Name

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

[MEMO ITEM]

C.

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

Transaction ID: SB17.42665.40  
Date of Disbursement

Mailing Address P.O. Box 9001309

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	9	

City Louisville State KY Zip Code 40290-1309

Amount of Each Disbursement this Period

31.79
-------

Purpose of Disbursement Telephone  
Candidate Name

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

[MEMO ITEM]

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

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Sheetz <hr/> Mailing Address 5700 Sixth Avenue <hr/> City Altoona State PA Zip Code 16602 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42665.43 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 20.00
	[MEMO ITEM]
	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Sheetz <hr/> Mailing Address 5700 Sixth Avenue <hr/> City Altoona State PA Zip Code 16602 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42665.44 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 9.55
	[MEMO ITEM]
	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Symon's Auto Wash <hr/> Mailing Address Menoher Blvd <hr/> City Johnstown State PA Zip Code 15905 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42665.46 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 23.06
	[MEMO ITEM]
	Category/Type

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) 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: SB17.42665.50 Date of Disbursement 05 / 13 / 2009	Amount of Each Disbursement this Period 37.50 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) EM's Sub Shop Mailing Address 1111 Scalp Avenue City Johnstown State PA Zip Code 15904-3036 Purpose of Disbursement Meeting 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: SB17.42665.51 Date of Disbursement 05 / 13 / 2009	Amount of Each Disbursement this Period 44.76 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Giant Eagle Mailing Address Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42665.55 Date of Disbursement 05 / 13 / 2009	Amount of Each Disbursement this Period 172.07 [MEMO ITEM]

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Credit Card Dept. <hr/> Mailing Address P.O. Box 0537 <hr/> City Indiana State PA Zip Code 15701-0537 <hr/> Purpose of Disbursement See Detail Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42819 Date of Disbursement 06 / 17 / 2009
	Amount of Each Disbursement this Period 3467.03
	Category/ Type
	[MEMO ITEM]
<b>B.</b> Full Name (Last, First, Middle Initial) On Star <hr/> Mailing Address P.O. Box 278 <hr/> City Sheldon State IA Zip Code 51201 <hr/> Purpose of Disbursement Telephone 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: SB17.42819.0 Date of Disbursement 06 / 17 / 2009
	Amount of Each Disbursement this Period 28.90
	Category/ Type
	[MEMO ITEM]
<b>C.</b> Full Name (Last, First, Middle Initial) On Star <hr/> Mailing Address P.O. Box 278 <hr/> City Sheldon State IA Zip Code 51201 <hr/> Purpose of Disbursement Telephone 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: SB17.42819.1 Date of Disbursement 06 / 17 / 2009
	Amount of Each Disbursement this Period 28.90
	Category/ Type
	[MEMO ITEM]

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

3467.03

**TOTAL** This Period (last page this line 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)  
BP Oil

Transaction ID: SB17.42819.4  
Date of Disbursement

Mailing Address Bedford Street

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	0	9

City Johnstown State PA Zip Code 15901

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel

Category/  
Type

37.02
-------

Candidate Name

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: SB17.42819.6  
Date of Disbursement

Mailing Address 5700 Sixth Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	0	9

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel

Category/  
Type

35.50
-------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

[MEMO ITEM]

State: District:

C.

Full Name (Last, First, Middle Initial)  
Sheetz

Transaction ID: SB17.42819.9  
Date of Disbursement

Mailing Address 5700 Sixth Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	0	9

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel

Category/  
Type

19.17
-------

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sheetz  Mailing Address 5700 Sixth Avenue  City Altoona State PA Zip Code 16602  Purpose of Disbursement Travel Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42819.10 Date of Disbursement 06 / 17 / 2009  Amount of Each Disbursement this Period 13.09  <b>[MEMO ITEM]</b>
<b>B.</b>	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: SB17.42819.11 Date of Disbursement 06 / 17 / 2009  Amount of Each Disbursement this Period 4.50  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) EM's Sub Shop  Mailing Address 1111 Scalp Avenue  City Johnstown State PA Zip Code 15904-3036  Purpose of Disbursement 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: SB17.42819.12 Date of Disbursement 06 / 17 / 2009  Amount of Each Disbursement this Period 20.98  <b>[MEMO ITEM]</b>

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) EM's Sub Shop  Mailing Address 1111 Scalp Avenue  City Johnstown State PA Zip Code 15904-3036  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: SB17.42819.14 Date of Disbursement 06 / 17 / 2009	Amount of Each Disbursement this Period 26.60  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) U.S. Postal Service  Mailing Address Locust & Franklin Streets  City Johnstown State PA Zip Code 15901  Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42819.18 Date of Disbursement 06 / 17 / 2009	Amount of Each Disbursement this Period 221.80  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Sheetz  Mailing Address 5700 Sixth Avenue  City Altoona State PA Zip Code 16602  Purpose of Disbursement Travel Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42819.23 Date of Disbursement 06 / 17 / 2009	Amount of Each Disbursement this Period 18.00  <b>[MEMO ITEM]</b>

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) EM's Sub Shop <hr/> Mailing Address 1111 Scalp Avenue <hr/> City Johnstown State PA Zip Code 15904-3036 <hr/> Purpose of Disbursement Meals 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: SB17.42819.26 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 26.57
	[MEMO ITEM]
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Holiday Inn <hr/> Mailing Address 3 Ravinia Drive <hr/> City Atlanta State GA Zip Code 30346-2149 <hr/> Purpose of Disbursement Lodging Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42819.27 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 446.88
	[MEMO ITEM]
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Sheetz <hr/> Mailing Address 5700 Sixth Avenue <hr/> City Altoona State PA Zip Code 16602 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42819.28 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 18.51
	[MEMO ITEM]
	Category/ Type

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Giant Eagle  Mailing Address Scalp Avenue  City Johnstown State PA Zip Code 15904  Purpose of Disbursement Campaign Office Exp Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42819.29 Date of Disbursement 06 / 17 / 2009  Amount of Each Disbursement this Period 53.11  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Sheetz  Mailing Address 5700 Sixth Avenue  City Altoona State PA Zip Code 16602  Purpose of Disbursement Travel Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42819.30 Date of Disbursement 06 / 17 / 2009  Amount of Each Disbursement this Period 30.50  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Giant Eagle  Mailing Address Scalp Avenue  City Johnstown State PA Zip Code 15904  Purpose of Disbursement Campaign Office Exp Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42819.31 Date of Disbursement 06 / 17 / 2009  Amount of Each Disbursement this Period 87.83  <b>[MEMO ITEM]</b>

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

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

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

Mailing Address Main Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement Meals

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** SB17.42819.32  
**Date of Disbursement:** 06 / 17 / 2009

Amount of Each Disbursement this Period: 30.89

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
Giant Eagle

Mailing Address Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement Campaign Office Exp

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** SB17.42819.33  
**Date of Disbursement:** 06 / 17 / 2009

Amount of Each Disbursement this Period: 30.45

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
Giant Eagle

Mailing Address Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement Campaign Office Exp

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** SB17.42819.34  
**Date of Disbursement:** 06 / 17 / 2009

Amount of Each Disbursement this Period: 8.38

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Sheetz  Mailing Address 5700 Sixth Avenue  City Altoona State PA Zip Code 16602  Purpose of Disbursement Travel Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42819.35 Date of Disbursement 06 / 17 / 2009  Amount of Each Disbursement this Period 29.60  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Giant Eagle  Mailing Address Scalp Avenue  City Johnstown State PA Zip Code 15904  Purpose of Disbursement Campaign Office Exp Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42819.36 Date of Disbursement 06 / 17 / 2009  Amount of Each Disbursement this Period 20.12  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) A T&T  Mailing Address P.O. Box 9001309  City Louisville State KY Zip Code 40290-1309  Purpose of Disbursement Telephone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42819.40 Date of Disbursement 06 / 17 / 2009  Amount of Each Disbursement this Period 485.45  <b>[MEMO ITEM]</b>

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Sheetz  Mailing Address 5700 Sixth Avenue  City Altoona State PA Zip Code 16602  Purpose of Disbursement Volunteer Exp Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42819.42 Date of Disbursement 06 / 17 / 2009  Amount of Each Disbursement this Period 15.00  [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) Giant Eagle  Mailing Address Scalp Avenue  City Johnstown State PA Zip Code 15904  Purpose of Disbursement Campaign Office Exp Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42819.43 Date of Disbursement 06 / 17 / 2009  Amount of Each Disbursement this Period 11.15  [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) Symon's Auto Wash  Mailing Address Menoher Blvd  City Johnstown State PA Zip Code 15905  Purpose of Disbursement Travel Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42819.45 Date of Disbursement 06 / 17 / 2009  Amount of Each Disbursement this Period 13.99  [MEMO ITEM]

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

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) EM's Sub Shop <hr/> Mailing Address 1111 Scalp Avenue <hr/> City Johnstown State PA Zip Code 15904-3036 Purpose of Disbursement Volunteer Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42819.48 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 5.61  <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) EM's Sub Shop <hr/> Mailing Address 1111 Scalp Avenue <hr/> City Johnstown State PA Zip Code 15904-3036 Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42819.49 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 46.39  <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) A T&T <hr/> Mailing Address P.O. Box 9001309 <hr/> City Louisville State KY Zip Code 40290-1309 Purpose of Disbursement Telephone 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: SB17.42819.50 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 95.36  <b>[MEMO ITEM]</b>

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

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

PAGE 79 / 131

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Symon's Auto Wash		Transaction ID: SB17.42819.51	
	Mailing Address Menoher Blvd		Date of Disbursement 06 / 17 / 2009	
	City Johnstown	State PA	Zip Code 15905	Amount of Each Disbursement this Period 13.99
	Purpose of Disbursement Travel		Category/ Type	<b>[MEMO ITEM]</b>
	Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
<b>B.</b>	Full Name (Last, First, Middle Initial) The Fish Boat		Transaction ID: SB17.42819.52	
	Mailing Address Main Street		Date of Disbursement 06 / 17 / 2009	
	City Johnstown	State PA	Zip Code 15901	Amount of Each Disbursement this Period 28.34
	Purpose of Disbursement Meals		Category/ Type	<b>[MEMO ITEM]</b>
	Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
<b>C.</b>	Full Name (Last, First, Middle Initial) Sheetz		Transaction ID: SB17.42819.53	
	Mailing Address 5700 Sixth Avenue		Date of Disbursement 06 / 17 / 2009	
	City Altoona	State PA	Zip Code 16602	Amount of Each Disbursement this Period 24.50
	Purpose of Disbursement Travel		Category/ Type	<b>[MEMO ITEM]</b>
	Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Get Go Mailing Address 3143 Natl Pike Road City Richeyville State PA Zip Code 15358 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42819.54 Date of Disbursement 06 / 17 / 2009	Amount of Each Disbursement this Period 37.30 [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) Giant Eagle Mailing Address Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42819.55 Date of Disbursement 06 / 17 / 2009	Amount of Each Disbursement this Period 234.72 [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) Get Go Mailing Address 3143 Natl Pike Road City Richeyville State PA Zip Code 15358 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42819.58 Date of Disbursement 06 / 17 / 2009	Amount of Each Disbursement this Period 29.60 [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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>Symon's Auto Wash</b> <hr/> Mailing Address <b>Menoher Blvd</b> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">City <b>Johnstown</b></td> <td style="width: 10%;">State <b>PA</b></td> <td style="width: 60%;">Zip Code <b>15905</b></td> </tr> </table> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Purpose of Disbursement Travel</td> <td style="width: 5%; border: 1px solid black; text-align: center;"> </td> <td style="width: 45%;"></td> </tr> <tr> <td>Candidate Name</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="text-align: center;">Category/ Type</td> </tr> </table> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width: 70%;">Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:                  District:</td> <td></td> </tr> </table>	City <b>Johnstown</b>	State <b>PA</b>	Zip Code <b>15905</b>	Purpose of Disbursement Travel			Candidate Name		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:                  District:		<b>Transaction ID:</b> SB17.42819.59 <b>Date of Disbursement</b> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0 6 / 1 7 / 2 0 0 9</td> </tr> </table> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">13.99</div> <b>[MEMO ITEM]</b>	M M / D D / Y Y Y Y	0 6 / 1 7 / 2 0 0 9
City <b>Johnstown</b>	State <b>PA</b>	Zip Code <b>15905</b>															
Purpose of Disbursement Travel																	
Candidate Name		Category/ Type															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																
State:                  District:																	
M M / D D / Y Y Y Y																	
0 6 / 1 7 / 2 0 0 9																	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>EM's Sub Shop</b> <hr/> Mailing Address <b>1111 Scalp Avenue</b> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">City <b>Johnstown</b></td> <td style="width: 10%;">State <b>PA</b></td> <td style="width: 60%;">Zip Code <b>15904-3036</b></td> </tr> </table> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Purpose of Disbursement Volunteer Exp</td> <td style="width: 5%; border: 1px solid black; text-align: center;"> </td> <td style="width: 45%;"></td> </tr> <tr> <td>Candidate Name</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="text-align: center;">Category/ Type</td> </tr> </table> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width: 70%;">Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:                  District:</td> <td></td> </tr> </table>	City <b>Johnstown</b>	State <b>PA</b>	Zip Code <b>15904-3036</b>	Purpose of Disbursement Volunteer Exp			Candidate Name		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:                  District:		<b>Transaction ID:</b> SB17.42819.60 <b>Date of Disbursement</b> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0 6 / 1 7 / 2 0 0 9</td> </tr> </table> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">11.77</div> <b>[MEMO ITEM]</b>	M M / D D / Y Y Y Y	0 6 / 1 7 / 2 0 0 9
City <b>Johnstown</b>	State <b>PA</b>	Zip Code <b>15904-3036</b>															
Purpose of Disbursement Volunteer Exp																	
Candidate Name		Category/ Type															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																
State:                  District:																	
M M / D D / Y Y Y Y																	
0 6 / 1 7 / 2 0 0 9																	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>Sheetz</b> <hr/> Mailing Address <b>5700 Sixth Avenue</b> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">City <b>Altoona</b></td> <td style="width: 10%;">State <b>PA</b></td> <td style="width: 60%;">Zip Code <b>16602</b></td> </tr> </table> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Purpose of Disbursement Travel</td> <td style="width: 5%; border: 1px solid black; text-align: center;"> </td> <td style="width: 45%;"></td> </tr> <tr> <td>Candidate Name</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="text-align: center;">Category/ Type</td> </tr> </table> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width: 70%;">Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:                  District:</td> <td></td> </tr> </table>	City <b>Altoona</b>	State <b>PA</b>	Zip Code <b>16602</b>	Purpose of Disbursement Travel			Candidate Name		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:                  District:		<b>Transaction ID:</b> SB17.42819.61 <b>Date of Disbursement</b> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0 6 / 1 7 / 2 0 0 9</td> </tr> </table> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">30.00</div> <b>[MEMO ITEM]</b>	M M / D D / Y Y Y Y	0 6 / 1 7 / 2 0 0 9
City <b>Altoona</b>	State <b>PA</b>	Zip Code <b>16602</b>															
Purpose of Disbursement Travel																	
Candidate Name		Category/ Type															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																
State:                  District:																	
M M / D D / Y Y Y Y																	
0 6 / 1 7 / 2 0 0 9																	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px;">0.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; padding: 5px;"> </div>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Get Go Mailing Address 3143 Natl Pike Road City Richeyville State PA Zip Code 15358 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42819.62 Date of Disbursement 06 / 17 / 2009	Amount of Each Disbursement this Period 13.20 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Symon's Auto Wash Mailing Address Menoher Blvd City Johnstown State PA Zip Code 15905 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42819.63 Date of Disbursement 06 / 17 / 2009	Amount of Each Disbursement this Period 20.00 [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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42819.64 Date of Disbursement 06 / 17 / 2009	Amount of Each Disbursement this Period 20.00 [MEMO ITEM]

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) The Fish Boat			<b>Transaction ID:</b> SB17.42819.65		
	Mailing Address Main Street			Date of Disbursement MM / DD / YYYY 06 / 17 / 2009		
	City Johnstown	State PA	Zip Code 15901	Amount of Each Disbursement this Period 52.26		
	Purpose of Disbursement Meals		Category/ Type	<b>[MEMO ITEM]</b>		
Candidate Name						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
State: District:						
<b>B.</b>	Full Name (Last, First, Middle Initial) Giant Eagle			<b>Transaction ID:</b> SB17.42819.66		
	Mailing Address Scalp Avenue			Date of Disbursement MM / DD / YYYY 06 / 17 / 2009		
	City Johnstown	State PA	Zip Code 15904	Amount of Each Disbursement this Period 118.37		
	Purpose of Disbursement Campaign Office Exp		Category/ Type	<b>[MEMO ITEM]</b>		
Candidate Name						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
State: District:						
<b>C.</b>	Full Name (Last, First, Middle Initial) Get Go			<b>Transaction ID:</b> SB17.42819.67		
	Mailing Address 3143 Natl Pike Road			Date of Disbursement MM / DD / YYYY 06 / 17 / 2009		
	City Richeyville	State PA	Zip Code 15358	Amount of Each Disbursement this Period 22.00		
	Purpose of Disbursement Travel		Category/ Type	<b>[MEMO ITEM]</b>		
Candidate Name						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
State: District:						

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

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Darra Group Inc <hr/> Mailing Address PO Box 48 <hr/> City Monessen State PA Zip Code 15062 <hr/> Purpose of Disbursement Gifts Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42507 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 385.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Digital Razor <hr/> Mailing Address P.O. Box 369 <hr/> City Indiana State PA Zip Code 15701 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42468 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 60.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Digital Razor <hr/> Mailing Address P.O. Box 369 <hr/> City Indiana State PA Zip Code 15701 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42690 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 60.00
	Category/ Type
	Category/ Type

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

505.00

**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) Digital Razor <hr/> Mailing Address P.O. Box 369 <hr/> City Indiana State PA Zip Code 15701 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42820 Date of Disbursement 06 / 17 / 2009 <hr/> Amount of Each Disbursement this Period 60.00
B.	Full Name (Last, First, Middle Initial) Dominion Peoples <hr/> Mailing Address PO Box 26784 <hr/> City Richmond State VA Zip Code 23261-6784 <hr/> Purpose of Disbursement Utilities 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: SB17.42446 Date of Disbursement 04 / 08 / 2009 <hr/> Amount of Each Disbursement this Period 288.00
C.	Full Name (Last, First, Middle Initial) Dominion Peoples <hr/> Mailing Address PO Box 26784 <hr/> City Richmond State VA Zip Code 23261-6784 <hr/> Purpose of Disbursement Utilities 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: SB17.42531 Date of Disbursement 04 / 29 / 2009 <hr/> Amount of Each Disbursement this Period 152.37

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

500.37

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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)  
Dominion Peoples

Mailing Address PO Box 26784

City Richmond State VA Zip Code 23261-6784

Purpose of Disbursement  
Utilities

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.42699  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	9	

Amount of Each Disbursement this Period

98.32
-------

B.

Full Name (Last, First, Middle Initial)  
Executive Intelligence Review

Mailing Address PO Box 17390

City Washington State DC Zip Code 20041-0390

Purpose of Disbursement  
Subscription

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.42685  
Date of Disbursement

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

Amount of Each Disbursement this Period

360.00
--------

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

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.42505  
Date of Disbursement

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

Amount of Each Disbursement this Period

1463.18
---------

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

1921.50

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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: SB17.42688 Date of Disbursement 05 / 20 / 2009	Amount of Each Disbursement this Period 1463.18
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 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: SB17.42833 Date of Disbursement 06 / 24 / 2009	Amount of Each Disbursement this Period 1463.18
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: SB17.42444 Date of Disbursement 04 / 08 / 2009	Amount of Each Disbursement this Period 684.92

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3611.28
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) First Commonwealth Bank  Mailing Address 1047 Franklin Street 8th Ward Office  City Johnstown State PA Zip Code 15905  Purpose of Disbursement Bank Charges Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42630 Date of Disbursement 04 / 30 / 2009  Amount of Each Disbursement this Period 191.60	
<b>B.</b>	Full Name (Last, First, Middle Initial) First Commonwealth Bank  Mailing Address 1047 Franklin Street 8th Ward Office  City Johnstown State PA Zip Code 15905  Purpose of Disbursement Payroll Taxes Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42649 Date of Disbursement 05 / 06 / 2009  Amount of Each Disbursement this Period 694.22	
<b>C.</b>	Full Name (Last, First, Middle Initial) First Commonwealth Bank  Mailing Address 1047 Franklin Street 8th Ward Office  City Johnstown State PA Zip Code 15905  Purpose of Disbursement Bank Charges Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42783 Date of Disbursement 05 / 27 / 2009  Amount of Each Disbursement this Period 32.00	

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

**917.82**

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) First Commonwealth Bank  Mailing Address 1047 Franklin Street 8th Ward Office  City Johnstown State PA Zip Code 15905  Purpose of Disbursement Bank Charges Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42782 Date of Disbursement 05 / 31 / 2009  Amount of Each Disbursement this Period 352.31	
<b>B.</b>	Full Name (Last, First, Middle Initial) First Commonwealth Bank  Mailing Address 1047 Franklin Street 8th Ward Office  City Johnstown State PA Zip Code 15905  Purpose of Disbursement Payroll Taxes Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42786 Date of Disbursement 06 / 03 / 2009  Amount of Each Disbursement this Period 648.92	
<b>C.</b>	Full Name (Last, First, Middle Initial) First Commonwealth Bank  Mailing Address 1047 Franklin Street 8th Ward Office  City Johnstown State PA Zip Code 15905  Purpose of Disbursement Bank Charges Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42963 Date of Disbursement 06 / 30 / 2009  Amount of Each Disbursement this Period 40.85	

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

**1042.08**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) First National Bank of PA	Transaction ID: SB17.42445 Date of Disbursement 04 / 08 / 2009
	Mailing Address 534 Main Street	Amount of Each Disbursement this Period 937.32
	City Johnstown State PA Zip Code 15901	
	Purpose of Disbursement Loan Payment	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) First National Bank of PA	Transaction ID: SB17.42519 Date of Disbursement 04 / 22 / 2009
	Mailing Address 534 Main Street	Amount of Each Disbursement this Period 924.64
	City Johnstown State PA Zip Code 15901	
	Purpose of Disbursement Loan Payment	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) First National Bank of PA	Transaction ID: SB17.42650 Date of Disbursement 05 / 06 / 2009
	Mailing Address 534 Main Street	Amount of Each Disbursement this Period 937.32
	City Johnstown State PA Zip Code 15901	
	Purpose of Disbursement Loan Payment	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2799.28
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) First National Bank of PA <hr/> Mailing Address 534 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Loan Payment 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: SB17.42788 Date of Disbursement 06 / 03 / 2009
	Amount of Each Disbursement this Period 937.32
	Category/ Type
	[Empty Box]
<b>B.</b> Full Name (Last, First, Middle Initial) First Natl Bank of PA <hr/> Mailing Address P O Box 703769 <hr/> City Dallas State TX Zip Code 75370 <hr/> Purpose of Disbursement Loan Payment 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: SB17.42692 Date of Disbursement 05 / 27 / 2009
	Amount of Each Disbursement this Period 924.64
	Category/ Type
	[Empty Box]
<b>C.</b> Full Name (Last, First, Middle Initial) First Natl Bank of PA <hr/> Mailing Address P O Box 703769 <hr/> City Dallas State TX Zip Code 75370 <hr/> Purpose of Disbursement Loan Payment 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: SB17.42830 Date of Disbursement 06 / 24 / 2009
	Amount of Each Disbursement this Period 924.64
	Category/ Type
	[Empty Box]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2786.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Flower Barn  Mailing Address Millcreek at Bucknell  City Johnstown State PA Zip Code 15905  Purpose of Disbursement Floral Arrangements Candidate Name <span style="float: right;">Category/Type</span>  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:	Transaction ID: SB17.42655 Date of Disbursement 05 / 06 / 2009  Amount of Each Disbursement this Period 192.92
<b>B.</b>	Full Name (Last, First, Middle Initial) Flower Barn  Mailing Address Millcreek at Bucknell  City Johnstown State PA Zip Code 15905  Purpose of Disbursement Floral Arrangements Candidate Name <span style="float: right;">Category/Type</span>  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:	Transaction ID: SB17.42667 Date of Disbursement 05 / 13 / 2009  Amount of Each Disbursement this Period 85.86
<b>C.</b>	Full Name (Last, First, Middle Initial) Flower Barn  Mailing Address Millcreek at Bucknell  City Johnstown State PA Zip Code 15905  Purpose of Disbursement Floral Arrangements Candidate Name <span style="float: right;">Category/Type</span>  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:	Transaction ID: SB17.42811 Date of Disbursement 06 / 10 / 2009  Amount of Each Disbursement this Period 59.36

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>338.14</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Flower Barn  Mailing Address Millcreek at Bucknell  City Johnstown State PA Zip Code 15905  Purpose of Disbursement Floral Arrangements Candidate Name <span style="float: right;">Category/Type</span>  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:	Transaction ID: SB17.42822 Date of Disbursement 06 / 17 / 2009  Amount of Each Disbursement this Period 85.86
B.	Full Name (Last, First, Middle Initial) Gtr Johnstown Chamber of Commerce  Mailing Address 111 Market St  City Johnstown State PA Zip Code 15901  Purpose of Disbursement Tickets Candidate Name <span style="float: right;">Category/Type</span>  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:	Transaction ID: SB17.42453 Date of Disbursement 04 / 08 / 2009  Amount of Each Disbursement this Period 45.00
C.	Full Name (Last, First, Middle Initial) Gtr Johnstown Chamber of Commerce  Mailing Address 111 Market St  City Johnstown State PA Zip Code 15901  Purpose of Disbursement Tickets Candidate Name <span style="float: right;">Category/Type</span>  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:	Transaction ID: SB17.42471 Date of Disbursement 04 / 15 / 2009  Amount of Each Disbursement this Period 20.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	150.86
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Gtr Westmoreland Co Labor Council  Mailing Address One Northgate Square  City Greensburg State PA Zip Code 15601-1341  Purpose of Disbursement Tickets & Adv. Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42488 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9  Amount of Each Disbursement this Period 120.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Highmark Blue Cross - Blue Shield  Mailing Address P.O. Box 371477  City Pittsburgh State PA Zip Code 15250-7477  Purpose of Disbursement Employee Benefits Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42494 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9  Amount of Each Disbursement this Period 152.75
<b>C.</b>	Full Name (Last, First, Middle Initial) Highmark Blue Cross - Blue Shield  Mailing Address P.O. Box 371477  City Pittsburgh State PA Zip Code 15250-7477  Purpose of Disbursement Employee Benefits Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42682 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 9  Amount of Each Disbursement this Period 152.75

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>425.50</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) 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: SB17.42829 Date of Disbursement 06 / 24 / 2009 <hr/> Amount of Each Disbursement this Period 152.75
B.	Full Name (Last, First, Middle Initial) David Howard <hr/> Mailing Address 399 Liberty Avenue <hr/> City Johnstown State PA Zip Code 15905 <hr/> Purpose of Disbursement Postage & Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42451 Date of Disbursement 04 / 08 / 2009 <hr/> Amount of Each Disbursement this Period 103.55
C.	Full Name (Last, First, Middle Initial) David Howard <hr/> Mailing Address 399 Liberty Avenue <hr/> City Johnstown State PA Zip Code 15905 <hr/> Purpose of Disbursement Reimb. Tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42664 Date of Disbursement 05 / 12 / 2009 <hr/> Amount of Each Disbursement this Period 280.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>536.30</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) David Howard  Mailing Address 399 Liberty Avenue  City Johnstown State PA Zip Code 15905  Purpose of Disbursement Meals, Volunteer Exp Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42828 Date of Disbursement 06 / 17 / 2009  Amount of Each Disbursement this Period 26.30
<b>B.</b>	Full Name (Last, First, Middle Initial) Johnstown Chiefs  Mailing Address 326 Napoleon Street  City Johnstown State PA Zip Code 15901  Purpose of Disbursement Gifts Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42684 Date of Disbursement 05 / 20 / 2009  Amount of Each Disbursement this Period 836.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Johnstown Magazine  Mailing Address P O Box 340  City Johnstown State PA Zip Code 15907-0340  Purpose of Disbursement Subscription Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42530 Date of Disbursement 04 / 29 / 2009  Amount of Each Disbursement this Period 54.00

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

**916.30**

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Johnstown Oldtimers

Transaction ID: SB17.42815  
Date of Disbursement

Mailing Address P.O. Box 277

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

City State Zip Code  
Johnstown PA 15907

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Advertising

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Johnstown Somerset Labor Counc.

Transaction ID: SB17.42476  
Date of Disbursement

Mailing Address P.O. Box 658

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	9

City State Zip Code  
Johnstown PA 15907-0658

Amount of Each Disbursement this Period

200.00
--------

Purpose of Disbursement  
Tickets

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
James Kilbert

Transaction ID: SB17.42499  
Date of Disbursement

Mailing Address 762 Dunn Dr

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

City State Zip Code  
Pittsburgh PA 15227

Amount of Each Disbursement this Period

290.00
--------

Purpose of Disbursement  
Campaign Office Exp

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

1490.00
---------

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) Latrobe Bulletin  Mailing Address P.O. Box 111 Circulation Department  City Latrobe State PA Zip Code 15650  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: SB17.42668 Date of Disbursement 05 / 13 / 2009  Amount of Each Disbursement this Period 148.00
B.	Full Name (Last, First, Middle Initial) Theresa Lehman  Mailing Address 1258 Frances Street  City Johnstown State PA Zip Code 15904  Purpose of Disbursement Wages Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42442 Date of Disbursement 04 / 08 / 2009  Amount of Each Disbursement this Period 57.07
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  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42440 Date of Disbursement 04 / 08 / 2009  Amount of Each Disbursement this Period 62.92

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

267.99

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary Catherine Voytko <hr/> Mailing Address 920 Fronheiser Street <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42646 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 62.92
<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Catherine Voytko <hr/> Mailing Address 920 Fronheiser Street <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42784 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 62.92
<b>C.</b>	Full Name (Last, First, Middle Initial) Erin Moffat <hr/> Mailing Address 1156 Bedford Street <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42441 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 964.10

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

**1089.94**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 100 / 131

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Erin Moffat <hr/> Mailing Address 1156 Bedford Street <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42492 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 964.10
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Erin Moffat <hr/> Mailing Address 1156 Bedford Street <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42647 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 964.10
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Erin Moffat <hr/> Mailing Address 1156 Bedford Street <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42681 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 964.10
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2892.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 131

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Erin Moffat <hr/> Mailing Address 1156 Bedford Street <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42785 Date of Disbursement 06 / 03 / 2009 <hr/> Amount of Each Disbursement this Period 964.10
<b>B.</b>	Full Name (Last, First, Middle Initial) Erin Moffat <hr/> Mailing Address 1156 Bedford Street <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42818 Date of Disbursement 06 / 17 / 2009 <hr/> Amount of Each Disbursement this Period 1047.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Erin Moffat <hr/> Mailing Address 1156 Bedford Street <hr/> City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42945 Date of Disbursement 06 / 30 / 2009 <hr/> Amount of Each Disbursement this Period 1047.53

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

3059.16

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Nancie's Floral Fantasies

Transaction ID: SB17.42525  
Date of Disbursement

Mailing Address 606 Ferndale Avenue

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

City Johnstown State PA Zip Code 15905

Amount of Each Disbursement this Period

Purpose of Disbursement  
Floral Arrangements

Category/  
Type

81.62
-------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
National Democratic Club

Transaction ID: SB17.42949  
Date of Disbursement

Mailing Address 30 Ivy Street S.E.

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

City Washington State DC Zip Code 20003-4071

Amount of Each Disbursement this Period

Purpose of Disbursement  
Fund Raiser Recept Exp

Category/  
Type

1491.85
---------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

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

Transaction ID: SB17.42824  
Date of Disbursement

Mailing Address 1142 Hester Street

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	0	9

City Johnstown State PA Zip Code 15905

Amount of Each Disbursement this Period

Purpose of Disbursement  
Campaign Office Exp

Category/  
Type

218.00
--------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

1791.47

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

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

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

FOR LINE NUMBER:  
(check only one)

<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) NGP Software Inc <hr/> Mailing Address 1101 Vermont Ave NW Suite 710 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42466 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 3450.00
B.	Full Name (Last, First, Middle Initial) Norvelt VFD <hr/> Mailing Address P.O. Box 173 <hr/> City Norvelt State PA Zip Code 15674 <hr/> Purpose of Disbursement Advertising 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: SB17.42660 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 250.00
C.	Full Name (Last, First, Middle Initial) Observer Reporter <hr/> Mailing Address P.O. Box 5003 122 South Main St. <hr/> City Washington State PA Zip Code 15301-1153 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42469 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 188.50

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

**3888.50**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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: SB17.42443  
Date of Disbursement

Mailing Address Dept. 280401

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

City Harrisburg State PA Zip Code 17128-0401

Amount of Each Disbursement this Period

Purpose of Disbursement  
PA SIT W/H

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

78.63
-------

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: SB17.42493  
Date of Disbursement

Mailing Address Dept. 280401

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

City Harrisburg State PA Zip Code 17128-0401

Amount of Each Disbursement this Period

Purpose of Disbursement  
Use Tax

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

351.29
--------

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: SB17.42648  
Date of Disbursement

Mailing Address Dept. 280401

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

City Harrisburg State PA Zip Code 17128-0401

Amount of Each Disbursement this Period

Purpose of Disbursement  
PA State Tax W/H

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

81.70
-------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

511.62
--------

**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 105 / 131

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) PA Dept. of Revenue <hr/> Mailing Address Dept. 280401 <hr/> City Harrisburg State PA Zip Code 17128-0401 <hr/> Purpose of Disbursement PA State Tax W/H 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: SB17.42787 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 78.63
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) PA UC Fund <hr/> Mailing Address Seventh & Forster Streets P.O. Box 68568 <hr/> City Harrisburg State PA Zip Code 17106-8568 <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: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42495 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 194.57
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Penelec <hr/> Mailing Address PO Box 3687 <hr/> City Akron State OH Zip Code 44309-3687 <hr/> Purpose of Disbursement Utilities 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: SB17.42686 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 133.58
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	406.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 106 / 131

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Penelec Mailing Address PO Box 3687 City Akron State OH Zip Code 44309-3687 Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42843 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 168.64
<b>B.</b>	Full Name (Last, First, Middle Initial) Penn National Insurance Mailing Address P.O. Box 13746 City Philadelphia State PA Zip Code 19101-3746 Purpose of Disbursement Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42467 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 831.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Penn State University Press Mailing Address 820 N University Drive Suite C City University Park State PA Zip Code 16802 Purpose of Disbursement Gifts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42695 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 3020.52

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

4020.16

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Penns Woods Council - BSA  Mailing Address 664 Old Tire Hill Road  City Johnstown State PA Zip Code 15905  Purpose of Disbursement Tickets Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42657 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9  Amount of Each Disbursement this Period 250.00
B.	Full Name (Last, First, Middle Initial) Perkins Coie  Mailing Address 1202 Third Avenue 40th Floor  City Seattle State WA Zip Code 98101-3099  Purpose of Disbursement Legal Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42967 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 9  Amount of Each Disbursement this Period 1489.35
C.	Full Name (Last, First, Middle Initial) Perkins Coie  Mailing Address 1202 Third Avenue 40th Floor  City Seattle State WA Zip Code 98101-3099  Purpose of Disbursement Legal Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42790 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 9  Amount of Each Disbursement this Period 1292.00

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

3031.35

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) Petty Cash <hr/> Mailing Address 647 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement See Detail Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42454 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 97.95 <hr/> Category/ Type
B.	Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42454.0 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 70.00 <hr/> [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42454.1 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 20.00 <hr/> [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	97.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Volunteer Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.42454.2</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>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">7.95</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	8		2	0	0	9	7.95
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	8		2	0	0	9													
7.95																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement See Detail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.42523</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>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">96.68</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	9	96.68
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	9		2	0	0	9													
96.68																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Volunteer Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.42523.0</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>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">30.94</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	9	30.94
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	9		2	0	0	9													
30.94																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<table border="1"> <tr> <td style="text-align: right;">96.68</td> </tr> </table>	96.68
96.68		
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<table border="1"> <tr> <td style="text-align: right;"> </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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Campaign Office Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.42523.1</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.54"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.42523.2</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="24.30"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Meeting Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.42523.3</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.90"/></p> <p><b>[MEMO ITEM]</b></p>

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.42523.4</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5.00"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Travel, Vol Exp, Camp Office Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.42683</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="90.96"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement See Detail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.42831</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="98.35"/></p>

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

**189.31**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42831.0 Date of Disbursement 06 / 24 / 2009 <hr/> Amount of Each Disbursement this Period 50.00 <hr/> [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42831.1 Date of Disbursement 06 / 24 / 2009 <hr/> Amount of Each Disbursement this Period 18.49 <hr/> [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement 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: SB17.42831.2 Date of Disbursement 06 / 24 / 2009 <hr/> Amount of Each Disbursement this Period 2.75 <hr/> [MEMO ITEM]

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Meeting Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.42831.3</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="21.40"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Volunteer Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.42831.4</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5.71"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Newt Reynolds</p> <p>Mailing Address 260 Bellaire Drive</p> <p>City New Orleans State LA Zip Code 70124</p> <p>Purpose of Disbursement In-kind - Artist Painting</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><b>Transaction ID:</b> SB17.42634</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2300.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2300.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

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

Transaction ID: SB17.42450  
Date of Disbursement

Mailing Address 551 Main Street, Suite 120

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

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: SB17.42666  
Date of Disbursement

Mailing Address 551 Main Street, Suite 120

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	9

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:

C.

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

Transaction ID: SB17.42807  
Date of Disbursement

Mailing Address 551 Main Street, Suite 120

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

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:

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

7500.00
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.

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

Transaction ID: SB17.42464

Mailing Address 3903 Bigler Avenue

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	9	

City Northern Cambria State PA Zip Code 16714

Amount of Each Disbursement this Period

58.30
-------

Purpose of Disbursement  
Floral Arrangements

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Mr. Edward J. Sheehan, Jr.

Transaction ID: SB17.42950

Mailing Address 802 Luzerne Street

Date of Disbursement

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

City Johnstown State PA Zip Code 15905-2349

Amount of Each Disbursement this Period

200.97
--------

Purpose of Disbursement  
Reimb. Meals

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Somerset Co Friends of NRA

Transaction ID: SB17.42953

Mailing Address 326 Vanyo Road  
Roy Fritz

Date of Disbursement

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

City Berlin State PA Zip Code 15530

Amount of Each Disbursement this Period

600.00
--------

Purpose of Disbursement  
Adv. & Tickets

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

859.27
--------

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan O'Neill & Assoc.  Mailing Address 5910 Gloster Road  City Bethesda State MD Zip Code 20816  Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name <span style="float: right;">Category/ Type</span>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.42457 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 9  Amount of Each Disbursement this Period 5215.22
<b>B.</b>	Full Name (Last, First, Middle Initial) Susan O'Neill & Assoc.  Mailing Address 5910 Gloster Road  City Bethesda State MD Zip Code 20816  Purpose of Disbursement Public Relations Exp Candidate Name <span style="float: right;">Category/ Type</span>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.42522 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 9  Amount of Each Disbursement this Period 4166.67
<b>C.</b>	Full Name (Last, First, Middle Initial) Susan O'Neill & Assoc.  Mailing Address 5910 Gloster Road  City Bethesda State MD Zip Code 20816  Purpose of Disbursement Public Relations Exp Candidate Name <span style="float: right;">Category/ Type</span>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.42704 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 9  Amount of Each Disbursement this Period 4166.67

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

**13548.56**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan O'Neill & Assoc.  Mailing Address 5910 Gloster Road  City Bethesda State MD Zip Code 20816  Purpose of Disbursement Fund Raiser Recept Exp Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42817 <b>Date of Disbursement</b> 06 / 15 / 2009	Amount of Each Disbursement this Period 5259.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Susan O'Neill & Assoc.  Mailing Address 5910 Gloster Road  City Bethesda State MD Zip Code 20816  Purpose of Disbursement Public Relations Exp Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42849 <b>Date of Disbursement</b> 06 / 24 / 2009	Amount of Each Disbursement this Period 4166.66
<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas Automotive Family  Mailing Address 750 Eisenhower Blvd.  City Johnstown State PA Zip Code 15904  Purpose of Disbursement Travel Exp Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42506 <b>Date of Disbursement</b> 04 / 22 / 2009	Amount of Each Disbursement this Period 173.88

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

9599.54

**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)

<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)  
Thomas Automotive Family

Transaction ID: SB17.42795  
Date of Disbursement

Mailing Address 750 Eisenhower Blvd.

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

City Johnstown State PA Zip Code 15904

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel

--

100.70
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

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

Transaction ID: SB17.42948  
Date of Disbursement

Mailing Address 622 Cabin Hill Dr

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

City Greensburg State PA Zip Code 15601

Amount of Each Disbursement this Period

Purpose of Disbursement  
Campaign Office Exp

--

275.00
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

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

Transaction ID: SB17.42676  
Date of Disbursement

Mailing Address 425 Locust Street  
P.O. Box 340

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	9

City Johnstown State PA Zip Code 15907-0340

Amount of Each Disbursement this Period

Purpose of Disbursement  
Advertising

--

489.00
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

864.70
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TOTAL This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Tribune Democrat  Mailing Address 425 Locust Street P.O. Box 340  City Johnstown State PA Zip Code 15907-0340  Purpose of Disbursement Advertising Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42702 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 9	Amount of Each Disbursement this Period 1850.00
<b>B.</b>	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 Advertising Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42952 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9	Amount of Each Disbursement this Period 180.00
<b>C.</b>	Full Name (Last, First, Middle Initial) UPS  Mailing Address P.O. Box 7247-0244  City Philadelphia State PA Zip Code 19170-0001  Purpose of Disbursement Freight Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42458 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9	Amount of Each Disbursement this Period 97.02

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

2127.02

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (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) 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: SB17.42460 Date of Disbursement 04 / 15 / 2009	Amount of Each Disbursement this Period 34.65
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: SB17.42490 Date of Disbursement 04 / 15 / 2009	Amount of Each Disbursement this Period 51.16
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: SB17.42529 Date of Disbursement 04 / 29 / 2009	Amount of Each Disbursement this Period 58.35

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

144.16

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) UPS Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42652 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 28.99
<b>B.</b>	Full Name (Last, First, Middle Initial) UPS Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42670 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 82.13
<b>C.</b>	Full Name (Last, First, Middle Initial) UPS Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42689 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 87.47

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>198.59</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

PAGE 122 / 131

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) UPS Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42701 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 9	Amount of Each Disbursement this Period 69.17
<b>B.</b>	Full Name (Last, First, Middle Initial) Valenty Bottled Water Mailing Address P.O. Box 1055 City Northern Cambira State PA Zip Code 15714-3055 Purpose of Disbursement Campaign Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42653 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9	Amount of Each Disbursement this Period 34.23
<b>C.</b>	Full Name (Last, First, Middle Initial) Valenty Bottled Water Mailing Address P.O. Box 1055 City Northern Cambira State PA Zip Code 15714-3055 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.42808 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 9	Amount of Each Disbursement this Period 8.43

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

111.83

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Valley Printing <hr/> Mailing Address 667 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <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) ▼	<b>Transaction ID:</b> SB17.42697 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 570.28
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon <hr/> Mailing Address P.O. Box 920041 <hr/> City Dallas State TX Zip Code 75392-0041 <hr/> Purpose of Disbursement Telephone 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) ▼	<b>Transaction ID:</b> SB17.42526 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 531.11
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Verizon <hr/> Mailing Address P.O. Box 920041 <hr/> City Dallas State TX Zip Code 75392-0041 <hr/> Purpose of Disbursement Telephone 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) ▼	<b>Transaction ID:</b> SB17.42698 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 533.75
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1635.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Verizon Mailing Address P.O. Box 920041 City Dallas State TX Zip Code 75392-0041 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42947 Date of Disbursement 06 / 30 / 2009	Amount of Each Disbursement this Period 203.59
B.	Full Name (Last, First, Middle Initial) VMW Printing, Inc Mailing Address 5207 Monroe Place City Hyattsville State MD Zip Code 20781 Purpose of Disbursement Fund Raiser Recept Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42832 Date of Disbursement 06 / 24 / 2009	Amount of Each Disbursement this Period 1561.38
C.	Full Name (Last, First, Middle Initial) Washington Greene CLC Mailing Address One South College Street City Washington State PA Zip Code 15301 Purpose of Disbursement Tickets & Adv Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.42513 Date of Disbursement 04 / 22 / 2009	Amount of Each Disbursement this Period 540.00

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

2304.97

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Weekly Recorder</p> <p>Mailing Address P.O. Box F</p> <p>City Claysville State PA Zip Code 15327</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.42951</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="260.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) WTYM Radio</p> <p>Mailing Address R.D. 7, Box 14A</p> <p>City Kittanning State PA Zip Code 16201</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.42958</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) YWCA of Greater Johnstown</p> <p>Mailing Address 526 Somerset Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.42479</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>

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

**1460.00**

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

**107158.46**



**SCHEDULE 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) Comm to Elect Tim Solobay	Transaction ID: SB21.42632 Date of Disbursement
	Mailing Address 107 Hawthorne Street	<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Canonsburg State PA Zip Code 15317	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="250.00"/>
	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) D.C.C.C.	Transaction ID: SB21.42491 Date of Disbursement
	Mailing Address 430 South Capitol Street SE 2nd Floor	<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Excess Contribution	<input type="text" value="7500.00"/>
	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) D.C.C.C.	Transaction ID: SB21.42706 Date of Disbursement
	Mailing Address 430 South Capitol Street SE 2nd Floor	<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Excess Contribution	<input type="text" value="12500.00"/>
	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) ..... ▶

**20250.00**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) D.C.C.C.  Mailing Address 430 South Capitol Street SE 2nd Floor  City Washington State DC Zip Code 20003  Purpose of Disbursement Excess Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21.42972 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 9  Amount of Each Disbursement this Period  12500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Fayette Co Democratic Comm.  Mailing Address C/O Fred Lebder 14 Judith Street  City Uniontown State PA Zip Code 15401  Purpose of Disbursement Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21.42663 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9  Amount of Each Disbursement this Period  1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Johnstown Somerset Labor Council.  Mailing Address P.O. Box 658  City Johnstown State PA Zip Code 15907-0658  Purpose of Disbursement Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21.42475 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9  Amount of Each Disbursement this Period  1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>14500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 129 / 131

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Moxham Renaissance Mailing Address 810 Linden Avenue City Johnstown State PA Zip Code 15902 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.42484 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 220.00
<b>B.</b> Full Name (Last, First, Middle Initial) Rendell for Governor Mailing Address 124 S. 15th Street City Philadelphia State PA Zip Code 19102 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.42498 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
<b>C.</b> Full Name (Last, First, Middle Initial) Westmoreland Co Democratic Comm Mailing Address 14 East Otterman Street City Greensburg State PA Zip Code 15601 Purpose of Disbursement Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.42845 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 320.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1540.00
<b>TOTAL</b> This Period (last page this line number only) .....	37902.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> A T&T			Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 9001309			
City Louisville	State KY	ZIP Code 40290-1309	

Outstanding Balance Beginning This Period <input type="text" value="697.48"/>		<b>Transaction ID: SD10.42374</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="697.48"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> First National Bank of PA			Nature of Debt (Purpose): Vehicle
Mailing Address 534 Main Street			
City Johnstown	State PA	ZIP Code 15901	

Outstanding Balance Beginning This Period <input type="text" value="19683.72"/>		<b>Transaction ID: SD10.41484</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2811.96"/>	Outstanding Balance at Close of This Period <input type="text" value="16871.76"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> First Natl Bank of PA			Nature of Debt (Purpose): Purchase Vehicle
Mailing Address P O Box 703769			
City Dallas	State TX	ZIP Code 75370	

Outstanding Balance Beginning This Period <input type="text" value="18492.80"/>		<b>Transaction ID: SD10.41182</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2773.92"/>	Outstanding Balance at Close of This Period <input type="text" value="15718.88"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="32590.64"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Penn National Insurance			Nature of Debt (Purpose): Insurance
Mailing Address P.O. Box 13746			
City Philadelphia	State PA	ZIP Code 19101-3746	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.42965</b>	
Amount Incurred This Period <input type="text" value="839.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="839.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Perkins Coie			Nature of Debt (Purpose): Legal Expense
Mailing Address 1202 Third Avenue 40th Floor			
City Seattle	State WA	ZIP Code 98101-3099	

Outstanding Balance Beginning This Period <input type="text" value="2781.35"/>		<b>Transaction ID: SD10.42373</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2781.35"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Precious Metals & Diamond Co.			Nature of Debt (Purpose): Gifts
Mailing Address 1011 Eisenhower Blvd			
City Johnstown	State PA	ZIP Code 15904-3305	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.42966</b>	
Amount Incurred This Period <input type="text" value="1233.84"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1233.84"/>	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>2072.84</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	<b>34663.48</b>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<b>0.00</b>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<b>34663.48</b>