

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

MURTHA FOR CONGRESS COMMITTEE

ADDRESS (number and street)

Suite 220, 551 Main Street

Check if different than previously reported. (ACC)

JOHNSTOWN

PA

15901

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00019075

3. IS THIS REPORT

NEW (N)

OR

X

AMENDED (A)

STATE DISTRICT

PA

12

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- X 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

01

01

2007

through

03

31

2007

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

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

Signature of Treasurer Electronically Filed by Robert C. Ondick, Treasurer

Date

09

13

2007

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

Office Use Only

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

MURTHA FOR CONGRESS COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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)).....	545360.00	561475.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	545360.00	561475.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	249037.74	518117.53
(b) Total Offsets to Operating Expenditures (from Line 14).....	4701.58	6807.64
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	244336.16	511309.89
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>592037.44</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>2318.22</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 02/2003)

Write or Type Committee Name  
**MURTHA FOR CONGRESS COMMITTEE**

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

**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).....

353650.00

361600.00

(ii) Unitemized.....

1010.00

1125.00

(iii) TOTAL of contributions

354660.00

362725.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

190700.00

198750.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

545360.00

561475.00

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.).....

4701.58

6807.64

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

2721.01

5192.96

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

552782.59

573475.60

**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.....	249037.74	518117.53
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	51958.72	55708.72
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	300996.46	573826.25

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	340251.31
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	552782.59
25. SUBTOTAL (add Line 23 and Line 24).....	893033.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	300996.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	592037.44

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mark Adams

Mailing Address 6258 Split Creek

City State Zip Code  
Alexandria VA 22312

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

Name of Employer Portal Dynamics Occupation President & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2007

Transaction ID: SA11A1.31238

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Stuart Aldridge

Mailing Address 5616 S 171th Street

City State Zip Code  
Omaha NE 68135

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

Name of Employer 21st Century Sys Inc Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31446

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Victor Altamirano

Mailing Address 1012 Firewood Circle

City State Zip Code  
Birmingham AL 35243

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

Name of Employer PTC Occupation Sales

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

Transaction ID: SA11A1.31783

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
David Anderson

Mailing Address 2112 Brookside Avenue

City State Zip Code  
Omaha NE 68124

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31448

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Col. Gary Armistead

Mailing Address 1456 N. Lancaster St

City State Zip Code  
Arlington VA 22205-2225

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

Name of Employer Occupation  
Autometric Inc. Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31450

Amount of Each Receipt this Period  
2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dr. Rashid Awan

Mailing Address 947 St. Clair Road

City State Zip Code  
Johnstown PA 15905

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

Name of Employer Occupation  
Onc./Hematology Association Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 16 / 2007

Transaction ID: SA11A1.31059

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Phillip Balisle

Mailing Address 2562 Holly Manor Drive

City Falls Church State VA Zip Code 22043

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

Name of Employer DRS Occupation Sr VP

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2007

Transaction ID: SA11A1.31060

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Paul J. Banas

Mailing Address 102 Lefleur Drive

City Slidell State LA Zip Code 70460

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

Name of Employer Planning Sep, Inc Occupation VP

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2007

Transaction ID: SA11A1.31451

Amount of Each Receipt this Period  
1500.00

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

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

Mailing Address 8305 Fox HAVen Drive

City McLean State VA Zip Code 22102

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

Name of Employer R.J. Banks & Co Occupation Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2007

Transaction ID: SA11A1.31062

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Curtis Barnette

Mailing Address 1112 Prospect Avenue

City State Zip Code  
Bethlehem PA 18018

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

Name of Employer Occupation  
Bethlehem Steel Corp. CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2007

Transaction ID: SA11A1.31063

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Carol Beall

Mailing Address 208 Cashmere Court

City State Zip Code  
Cranberry Twp PA 16066

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2007

Transaction ID: SA11A1.31452

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Louis Belsito

Mailing Address 12 Powell Road

City State Zip Code  
Emerson NJ 07630-1429

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

Name of Employer Occupation  
DRS Technologies VP-Chief Information Officer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2007

Transaction ID: SA11A1.31813

Amount of Each Receipt this Period  
500.00

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

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

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
William E. Berl

Mailing Address 32 Cherry Hill Dr.

City State Zip Code  
Stafford VA 22554

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

Name of Employer The PMA Group Occupation Associate

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31454

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 32 Cherry Hill Dr.

City State Zip Code  
Stafford VA 22554

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

Name of Employer The PMA Group Occupation Associate

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31455

Amount of Each Receipt this Period  
2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Gabriel Bevilacqua

Mailing Address 1000 Susan Road

City State Zip Code  
Philadelphia PA 19115

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

Name of Employer Saul Eqing LLP Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 05 / 2007

Transaction ID: SA11A1.30916

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5600.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Kevin Binger

Mailing Address 12910 Creamery Hill Drive

City State Zip Code  
Germantown MD 20874

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

Name of Employer Occupation  
The Rhoads' Group

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 28 / 2007

Transaction ID: SA11A1.31601

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Lars Bjerde

Mailing Address 6611 Anthony Crest Square

City State Zip Code  
McLean VA 22101

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

Name of Employer Occupation  
Swe-Dish Satellite Systems Inc President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2007

Transaction ID: SA11A1.31360

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Kenneth Blank

Mailing Address 3106 W. Coulter Street

City State Zip Code  
Philadelphia PA 19129

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

Name of Employer Occupation  
Drexel University Sr VP for Research

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 05 / 2007

Transaction ID: SA11A1.30910

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Kenneth Blank</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007	
Mailing Address 3106 W. Coulter Street		Transaction ID: SA11A1.31417	
City Philadelphia	State PA	Zip Code 19129	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Drexel University	Occupation Sr VP for Research		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B. Jerry Boatman</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007	
Mailing Address 196 North Hill Drive		Transaction ID: SA11A1.31456	
City Carriere	State MS	Zip Code 39426	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Planning Systems Inc	Occupation AVP		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Atty. Thomas Boggs</b>		Date of Receipt M M / D D / Y Y Y Y Y 02 / 22 / 2007	
Mailing Address 2550 M Street NW		Transaction ID: SA11A1.31101	
City Washington	State DC	Zip Code 20037	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Patton, Boggs LLP	Occupation Attorney		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Christopher Bossi</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2007	
Mailing Address 405 Granda Way		Transaction ID: SA11A1.31362	
City State Zip Code Altoona PA 16601	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Inrange System Inc Occupation President Medl Equip	Election Cycle-to-Date 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Michael L. Bowman</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007	
Mailing Address 8208 East Blvd Dr.		Transaction ID: SA11A1.31458	
City State Zip Code Alexandria VA 22308	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer DRS Technologies Occupation Senior Vice President, Washington Oper	Election Cycle-to-Date 2000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Joann Boyle</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2007	
Mailing Address PO Box 400		Transaction ID: SA11A1.31331	
City State Zip Code Laughlintown PA 15655-0400	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Seton Hill College Occupation Administrator	Election Cycle-to-Date 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

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

Mailing Address 2809 Central Avenue

City State Zip Code  
Alexandria VA 22302

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

Name of Employer Occupation  
Fibergate, Inc. Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31459

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Jeanie Brandt

Mailing Address 4807 21st St N.

City State Zip Code  
Arlington VA 22207-2206

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

Name of Employer Occupation  
Home Design Gallery Designer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31460

Amount of Each Receipt this Period  
2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Larry Brewer

Mailing Address 5759 Bush Hill Drive

City State Zip Code  
Alexandria VA 22310

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

Name of Employer Occupation  
DRS Technologies Sr VP Govt Relations

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31305

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Patrick Brier

Mailing Address 242 Vassar Avenue

City State Zip Code  
Clarks Green PA 18411

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

Name of Employer Occupation  
Stevens & Lee, P.C. Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2007

Transaction ID: SA11A1.31363

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. A. Oakley Brooks

Mailing Address 3032 Cambridge Place, NW

City State Zip Code  
Washington DC 20007

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

Name of Employer Occupation  
Bombardier Areospace

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31307

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 125 11th Street SE

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation  
Brown & Company Inc President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2007

Transaction ID: SA11A1.31364

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Louis Brown, Jr.

Mailing Address 4801 Maury Lane

City State Zip Code  
Alexandria VA 22304

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

Name of Employer Occupation  
Autometric, Inc. Chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31461

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address PO Box 8365

City State Zip Code  
Rancho Santa Fe CA 92067

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31462

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Joe Carlin

Mailing Address 21921 Bellair Court

City State Zip Code  
Ashburn VA 20147

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

Name of Employer Occupation  
Argon St Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31264

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Ms Martha Casey</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address 1310 19th Street NW		Transaction ID: SA11A1.31365	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer O'Neill Athy & Casey	Occupation Partner		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Gerald Cassidy</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2007	
Mailing Address 619 Innsbruck Avenue		Transaction ID: SA11A1.31102	
City State Zip Code Great Falls VA 22066	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Cassidy & Associates	Occupation President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Colin Chapman</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 1513 Brookside Road		Transaction ID: SA11A1.31603	
City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer The Rhoads Group	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Linda Chomos

Mailing Address 2602 Fountain Hills Dr

City State Zip Code  
Wexford PA 15090-7800

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

Name of Employer Caracal Occupation CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31465

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
May-Ying Chu

Mailing Address 6069 Fairlane Drive

City State Zip Code  
Oakland CA 94611

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2007

Transaction ID: SA11A1.31814

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey Clark

Mailing Address 12 Adams Street NW

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31467

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Russell L. Clark, Jr

Mailing Address 102 Lyn Lane

City State Zip Code  
Windber PA 15963

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

Name of Employer Occupation  
DRS Laurel Tech VP

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31266

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jared Cohon

Mailing Address 5563 Northumberland Street

City State Zip Code  
Pittsburgh PA 15217-1163

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

Name of Employer Occupation  
Carnegie Mellon University President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31469

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Cordis Colburn

Mailing Address 7618 Glenville Ct.

City State Zip Code  
Springfield VA 22153

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

Name of Employer Occupation  
General Dynamics Government Relations

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 16 / 2007

Transaction ID: SA11A1.31064

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Nina Collins</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2007
Mailing Address 4 N Pine Street Unit 2		Transaction ID: SA11A1.31332
City Salem State MA Zip Code 01970-3219	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Schepens Eye Research Inst Occupation Chief of Staff	Election Cycle-to-Date 1000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Lt.Gen John Conaway</b>		Date of Receipt M M / D D / Y Y Y Y Y 02 / 16 / 2007
Mailing Address P.O. Box 3008		Transaction ID: SA11A1.31065
City Alexandria State VA Zip Code 22302	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer The Conaway Group LLC Occupation President / CEO	Election Cycle-to-Date 1000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. Mr. Frank Cooper, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2007
Mailing Address 325 Graystone Lane		Transaction ID: SA11A1.31366
City Johnstown State PA Zip Code 15905	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Concurrent Technologies Corp. Occupation Engineer	Election Cycle-to-Date 1000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Frank Costa

Mailing Address 867 Pemberton Road

City State Zip Code  
Grosse Pointe Park MI 48230

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2008.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

Transaction ID: SA11A1.31784

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 314 Woodstream Drive

City State Zip Code  
Pittsburgh PA 15238

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

Name of Employer Occupation  
Kennametal Inc Dir Breakthrough Tech

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2007

Transaction ID: SA11A1.31614

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas P. Crimmins

Mailing Address 142 North Spruce Street

City State Zip Code  
Ramsey NJ 07446

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

Name of Employer Occupation  
DRS Technologies, Inc. Corporate Controller

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: SA11A1.31815

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Brian Cunningham

Mailing Address 1235 W. 6th Street, Apt 2E

City Cleveland State OH Zip Code 44113

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

Name of Employer PTC Occupation Sales Rep.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

Transaction ID: SA11A1.31785

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 130 Gayview Terrace

City Johnstown State PA Zip Code 15905-5614

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

Name of Employer Mountaintop Tech. Occupation President / CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31267

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 440 W Chestnut Hill Ave

City Philadelphia State PA Zip Code 19118

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

Name of Employer Kleinbard Bell & Becker Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 05 / 2007

Transaction ID: SA11A1.30913

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Ilka B. Davis		Date of Receipt MM / DD / YYYY 03 / 14 / 2007
Mailing Address 706 Jackson Street		<b>Transaction ID:</b> SA11A1.31418
City Falls Curhc	State VA	Zip Code 22046
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Marsden Davis		Date of Receipt MM / DD / YYYY 03 / 14 / 2007
Mailing Address 706 Jackson Street		<b>Transaction ID:</b> SA11A1.31420
City Falls Church	State VA	Zip Code 22046
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer Progeny Systems	Occupation Program Manager	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Luthgard Dejonghe		Date of Receipt MM / DD / YYYY 03 / 16 / 2007
Mailing Address 910 Acalanes Road		<b>Transaction ID:</b> SA11A1.31816
City LaFayette	State CA	Zip Code 94549
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Univ of CA at Berkeley	Occupation Professor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Chetan Desai

Mailing Address 2042 Pinecrest Drive

City State Zip Code  
Morgantown WV 26505-8031

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

Name of Employer Occupation  
ProLogic Inc Chief Scientist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31470

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
John J. Deschauer, Jr.

Mailing Address 8624 Woodview Dr.

City State Zip Code  
Springfield VA 22153

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

Name of Employer Occupation  
Patton Boggs LLP Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31472

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Daniel DeVos

Mailing Address 121 Point Circle Drive

City State Zip Code  
Central City PA 15926

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

Name of Employer Occupation  
CTC Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31308

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Mrs. Patricia DeVos</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007
Mailing Address 121 Point Circle Drive		Transaction ID: SA11A1.31309
City State Zip Code Central City PA 15926	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Westmont Family Counsel. Executive Director		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Robert Diamond</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 05 / 2007
Mailing Address 4700 Brandywine Street, NW		Transaction ID: SA11A1.30915
City State Zip Code Washington DC 20016-4450	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Whitten & Diamond Retired General		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert Diamond</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007
Mailing Address 4700 Brandywine Street, NW		Transaction ID: SA11A1.31367
City State Zip Code Washington DC 20016-4450	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Whitten & Diamond Retired General		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 245
	<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

Full Name (Last, First, Middle Initial) <b>A. Mary Jo Diviely</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 303 Wildberry Rd		Transaction ID: SA11A1.31616	
City State Zip Code Pittsburgh PA 15238-2121	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Carnegie Mellon General Counsel	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		250.00	

Full Name (Last, First, Middle Initial) <b>B. Robin Dostie</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 13600 Northbourne Drive		Transaction ID: SA11A1.31422	
City State Zip Code Centreville VA 20120	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Employed Interior Decorator	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		1000.00	

Full Name (Last, First, Middle Initial) <b>C. Ronald Dostie</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 13600 Northbourne Drive		Transaction ID: SA11A1.31421	
City State Zip Code Centreville VA 20120	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Progeny Systems Program Manager	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Kirk Dunker		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2007
Mailing Address 2939 Stonewall Drive		<b>Transaction ID:</b> SA11A1.31334
City State Zip Code Beavercreek OH 45434-6275	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Tiburon Assoc	Occupation Engineer	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) James W Dyer		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007
Mailing Address 3833 Whitman Road		<b>Transaction ID:</b> SA11A1.31817
City State Zip Code Annandale VA 22003	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Cralic & Weinstock Inc	Occupation Managing Director	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Marshall Earle		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007
Mailing Address 24183 W. Bay View Drive		<b>Transaction ID:</b> SA11A1.31473
City State Zip Code Foley AL 36535	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Planning Systems Inc	Occupation Executive Scientist	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 245
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Ronald Emberton</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 5100 Springfield Street #108		<b>Transaction ID: SA11A1.31786</b>	
City State Zip Code Dayton OH 45431		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Emberton Consulting Sole Proprietorship			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Phyllis English</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 9215 Brinkley Lane		<b>Transaction ID: SA11A1.31335</b>	
City State Zip Code Manassas VA 20110		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Capital Technology Principal			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. James Ervin</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 16 / 2007	
Mailing Address 116 Queen Street		<b>Transaction ID: SA11A1.31066</b>	
City State Zip Code Alexandria VA 22314		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation ETA, Inc. President			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 245
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

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

Mailing Address 116 Queen Street

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
ETA, Inc. President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31336

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 4309 Southwood Dr

City State Zip Code  
Alexandria VA 22309

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

Name of Employer Occupation  
Talley Defense Systems Dir. of Mkt & Govt Affairs

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31310

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Thomas D. Fiorino

Mailing Address 2006 Rochingham St.

City State Zip Code  
McLean VA 22101

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

Name of Employer Occupation  
Advanced Project Transition President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2007

Transaction ID: SA11A1.31369

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Peter Fiske

Mailing Address 5824 Chabot Road

City State Zip Code  
Oakland CA 94618

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

Name of Employer Occupation  
RAPT Industires, Inc. CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31337

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Timothy Fleischer

Mailing Address 9890 Gold Dust Court

City State Zip Code  
Vienna VA 22180

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

Name of Employer Occupation  
Portal Dynamics Inc. Chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2007

Transaction ID: SA11A1.31370

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 307 Valley Place

City State Zip Code  
Radnor PA 19087-3737

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

Name of Employer Occupation  
Proprietor Financial Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 05 / 2007

Transaction ID: SA11A1.30917

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Alan J. Friedman

Mailing Address 10905 Hunter Station Road

City State Zip Code  
Vienna VA 22181

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

Name of Employer Occupation  
Planning Systems Inc. President/CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31474

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Royce E. Friedman

Mailing Address 10905 Hunter Station Road

City State Zip Code  
Vienna VA 22181

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

Name of Employer Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31475

Amount of Each Receipt this Period  
2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. David 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: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31268

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Christopher Gavigan

Mailing Address 1500 Snowdrop Circle

City State Zip Code  
Jamison PA 18929-1743

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

Name of Employer Charon Planning Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.30919

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Kamal Gella

Mailing Address 926 Windan Lane

City State Zip Code  
Johnstown PA 15905

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

Name of Employer CTC Occupation  
Dir of Prog. of Innovation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.31371

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 15 Montague St

City State Zip Code  
Dorchester MA 02124

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

Name of Employer 'BEST EFFORT MADE' Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.31372

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Daniel Glosser

Mailing Address 821 Stanford Avenue

City State Zip Code  
Johnstown PA 15905

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

Name of Employer Occupation  
M. Glosser & Sons Inc. Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

Transaction ID: SA11A1.31067

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Melvin Goodweather

Mailing Address 820 Emerald Drive

City State Zip Code  
Alexandria VA 22308

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

Name of Employer Occupation  
The Livingston Group LLC Member

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.31477

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Daniel K. Gordon

Mailing Address 12734 Knightsbridge Dr.

City State Zip Code  
Woodbridge VA 22192

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

Name of Employer Occupation  
ProLogic President/COO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.31479

Amount of Each Receipt this Period  
2300.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Kathleen M. Gordon		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 12734 Knightsbridge Dr.		Transaction ID: SA11A1.31480	
City State Zip Code Woodbridge VA 22192	Amount of Each Receipt this Period 2300.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation _____ Homemaker	Election Cycle-to-Date 2300.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Robert Gottfried		Date of Receipt M M / D D / Y Y Y Y 02 / 12 / 2007	
Mailing Address 37 Red Fox Drive		Transaction ID: SA11A1.31090	
City State Zip Code New Hope PA 18938	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Cross Current Corp President	Election Cycle-to-Date 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Howard Grant		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 533 Scott Road		Transaction ID: SA11A1.31483	
City State Zip Code Gladwyne PA 19035	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation TUHS CMO	Election Cycle-to-Date 250.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

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

Mailing Address 2728 18th St. N.

City State Zip Code  
Arlington VA 22201

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

Name of Employer Occupation  
Dyer, Ellis & Joseph Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 12 / 2007

**Transaction ID:** SA11A1.31239

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Richard A. Greenawalt

Mailing Address 8800 Montgomery Avenue

City State Zip Code  
Wyndmoor PA 19118

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

Name of Employer Occupation  
Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2007

**Transaction ID:** SA11A1.31423

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 20615 Deer Wood Park Drive

City State Zip Code  
Leonardtwn MD 20650

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

Name of Employer Occupation  
Coherent President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

**Transaction ID:** SA11A1.31269

Amount of Each Receipt this Period  
1500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Douglas Gregory</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 8602 Chase Pointe Way		Transaction ID: SA11A1.31605	
City State Zip Code Fairfax Station VA 22039	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Van Scoyoc Assoc	Occupation VP		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Sheila Gregory</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 8602 Chase Pointe Way		Transaction ID: SA11A1.31481	
City State Zip Code Fairfax Station VA 22039	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. James Griffith</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 1750 Franklin Street		Transaction ID: SA11A1.31311	
City State Zip Code Johnstown PA 15905	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer JFW Industires	Occupation President & COO		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Bart G. Guerreri

Mailing Address 75 Union Ave.

City State Zip Code  
Sudbury MA 01776

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

Name of Employer Occupation  
DSD Labs President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2007

Transaction ID: SA11A1.31068

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Carl Guerreri

Mailing Address 10102 Holland Ct.

City State Zip Code  
Manassas VA 20110

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

Name of Employer Occupation  
EWA, Inc. CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2007

Transaction ID: SA11A1.31818

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Hazel Gunnlaugson

Mailing Address 1257 Laurelview Dr

City State Zip Code  
Johnstown PA 15905

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

Name of Employer Occupation  
DR Brian Gunnlaugson Housewife - Office Work

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2007

Transaction ID: SA11A1.31313

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3550.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Barry Haase</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 1650 Lands End Road		Transaction ID: SA11A1.31485
City State Zip Code Lantana FL 33462-4762	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Diversified Inv Co Chairman & CEO		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Rebecca L. Halkias</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 05 / 2007
Mailing Address 317 C St. N.E.		Transaction ID: SA11A1.30921
City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation White House		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Rebecca L. Halkias</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007
Mailing Address 317 C St. N.E.		Transaction ID: SA11A1.31373
City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation White House		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Gary Hall

Mailing Address 4113 Scotland Road

City State Zip Code  
Alexandria VA 22309

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

Name of Employer Occupation  
Retired USN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31486

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Anthony Hallett

Mailing Address 2614 Wilmington Road

City State Zip Code  
New Castle PA 16105

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31487

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. J. David Hammett

Mailing Address 19336 Kerwin Ranch Ct.

City State Zip Code  
Saratoga CA 95070

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

Name of Employer Occupation  
North America Corporation Philips Electronics

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31338

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Howard Hanna, III		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 1001 W. Waldheim Road		Transaction ID: SA11A1.31489
City State Zip Code Pittsburgh PA 15215	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Howard Hanna Real Estate	Occupation Real Estate Broker	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Kip Hansen		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 4238 Summer Ridge Ct.		Transaction ID: SA11A1.31490
City State Zip Code Woodbridge VA 22192	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer DRS Technologies	Occupation VP-Government Relations	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> J. Joseph Hardy		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007
Mailing Address PO Box 584, Soute 519		Transaction ID: SA11A1.31339
City State Zip Code Eighty Four PA 15330	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer 84 Lumber Co	Occupation CEO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Mr. Karl Harris</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 2542 Derby Court		Transaction ID: SA11A1.31597
City State Zip Code Wexford PA 15090	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Penn State University	Occupation Engineer	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Wendy Harrison</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 4801 Maury Lane		Transaction ID: SA11A1.31491
City State Zip Code Alexandria VA 22304	Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation Housewife	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) <b>C. David E. Herbener</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007
Mailing Address 953 S Pinehurst Dr		Transaction ID: SA11A1.31240
City State Zip Code Chester Springs PA 19425	Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer KDH Defense	Occupation President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. David E. Herbener</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 953 S Pinehurst Dr		Transaction ID: SA11A1.31241	
City State Zip Code Chester Springs PA 19425	Amount of Each Receipt this Period 1900.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer KDH Defense	Occupation President		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00		

Full Name (Last, First, Middle Initial) <b>B. Michael Hershock</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 05 / 2007	
Mailing Address 1282 Kuhn Road		Transaction ID: SA11A1.30922	
City State Zip Code Boiling Springs PA 17007-9651	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer PHEAA	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Jeffrey Hicks</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 704 Edgewood Blvd		Transaction ID: SA11A1.31492	
City State Zip Code Papllion NE 68046	Amount of Each Receipt this Period 2250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer 21st Century Sys Inc	Occupation President & CEO		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

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

Mailing Address 15505 Barrington Place

City State Zip Code  
Dumfries VA 22025-1128

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

Name of Employer Occupation  
Planning Systems Inc Program Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31494

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jerry Hudson, Jr.

Mailing Address 3206 Menoher Blvd.

City State Zip Code  
Johnstown PA 15905

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

Name of Employer Occupation  
Concurrent Technologies Corp. Engineering Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2007

Transaction ID: SA11A1.31389

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Rudolph Hurwich

Mailing Address 2608 Ninth Street

City State Zip Code  
Berkeley CA 94710

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

Name of Employer Occupation  
Self Employed Management Counselor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: SA11A1.31820

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Wesley Hutchison

Mailing Address 1250 Morgan Road

City State Zip Code  
Bridgeville PA 15017

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

Name of Employer 'BEST EFFORT MADE' Occupation

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31495

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Diana Hyjek

Mailing Address 8615 Hampton Way

City State Zip Code  
Fairfax Station VA 22039

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

Name of Employer Occupation  
Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31497

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steven Hyjek

Mailing Address 8615 Hampton Way

City State Zip Code  
Fairfax Station VA 22039

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

Name of Employer Occupation  
Hyjek & Fix Inc. Partner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31496

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Robert Hytner

Mailing Address 3924 Cobbler Mountain Road

City State Zip Code  
Delaplane VA 20144

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

Name of Employer Information Manufacturing Corporation  
Occupation CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2007

Transaction ID: SA11A1.31374

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Richard Ianieri

Mailing Address 2143 Turk Road

City State Zip Code  
Doylestown PA 18901

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

Name of Employer Coherent  
Occupation V P

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31270

Amount of Each Receipt this Period  
2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph Iannacone

Mailing Address 1604 Waterford Road

City State Zip Code  
Yardley PA 19067

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

Name of Employer Net Ideas Inc.  
Occupation VP-Business Development

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

Transaction ID: SA11A1.31788

Amount of Each Receipt this Period  
1250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Frederick Ilsemann

Mailing Address 893 Johnson Ct

City Warrington State PA Zip Code 18976

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

Name of Employer Coherent Systems Occupation VP Mfg.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31271

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey Imbrescia

Mailing Address 130 Seventh Street

City Monessen State PA Zip Code 15062-1000

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

Name of Employer Douglas Education Center Occupation CPA

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 16 / 2007

Transaction ID: SA11A1.31069

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 1335 West 95th Street

City Cleveland State OH Zip Code 44102

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

Name of Employer Occupation Florist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31498

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Lawrence Jackson</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 15509 Pennyroyal Lane		Transaction ID: SA11A1.31499
City State Zip Code Rockville MD 20853	Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer 21st Century Systems	Occupation VP Homeland Security	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Richard L. Jackson</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 1110 Janney St SW		Transaction ID: SA11A1.31501
City State Zip Code Leesburg VA 20175	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Planning Systems Inc.	Occupation Controller	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. F. Nicholas Jacobs</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 2767 Carpenters Park Road		Transaction ID: SA11A1.31502
City State Zip Code Davidsville PA 15928	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Windber Medical Center	Occupation President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Gary Jebsen</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 40430 Beechnt Road		Transaction ID: SA11A1.31503
City State Zip Code Leesburg VA 20175	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. I. Samuel Kaminsky</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 16 / 2007
Mailing Address 7839 Whiterim Terrace		Transaction ID: SA11A1.31070
City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Mark Scott Kamlet</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 5305 Ellsworth Ave.		Transaction ID: SA11A1.31506
City State Zip Code Pittsburgh PA 15232-1423	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Nicholas Karangelen

Mailing Address 3100 N. Nelson Street

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
Trident Systems Inc President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2007

Transaction ID: SA11A1.31375

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Joseph Katter

Mailing Address P.O. Box 54424

City State Zip Code  
Philadelphia PA 19148

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

Name of Employer Occupation  
Joseph Katter & Associates Self-Employed

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31314

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dale Keller, Jr.

Mailing Address 3229 Kettering Ct.

City State Zip Code  
Lexington KY 40509-2013

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

Name of Employer Occupation  
Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 16 / 2007

Transaction ID: SA11A1.31071

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3000.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Walter Keller

Mailing Address 103 Firwood Drive

City State Zip Code  
Bridgeville PA 15017

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

Name of Employer Occupation  
Nokomis Inc President & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31507

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kevin F. Kelly

Mailing Address 1105 Basil Rd.

City State Zip Code  
McLean VA 22101

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

Name of Employer Occupation  
Van Scoyoc Associates, Inc. Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2007

Transaction ID: SA11A1.31377

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Shoun Kerbaugh

Mailing Address 428 Pine Valley Drive

City State Zip Code  
Bridgeville PA 15017-3436

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

Name of Employer Occupation  
Alstom Power Conversion Inc President & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 16 / 2007

Transaction ID: SA11A1.31072

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Pradeep K. Khosla

Mailing Address 1121 Sunrise Dr.

City Pittsburgh	State PA	Zip Code 15243-1945
--------------------	-------------	------------------------

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

Name of Employer Carnegie Mellon University	Occupation Professor
--	-------------------------

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M M / D D / Y Y Y Y
03 / 08 / 2007

**Transaction ID:** SA11A1.31376

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 619 West Horner Street

City Ebensburg	State PA	Zip Code 15931
-------------------	-------------	-------------------

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

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

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M M / D D / Y Y Y Y
02 / 16 / 2007

**Transaction ID:** SA11A1.31073

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Jean M. Kitonis

Mailing Address 9760 Tico Ln.

City Bristow	State VA	Zip Code 20136
-----------------	-------------	-------------------

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

Name of Employer Progeny Systems	Occupation Administrator
-------------------------------------	-----------------------------

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M M / D D / Y Y Y Y
03 / 14 / 2007

**Transaction ID:** SA11A1.31424

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

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

Mailing Address 9760 Tico Lnc.

City State Zip Code  
Bristow VA 20136

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

Name of Employer Progeny Systems Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2007

Transaction ID: SA11A1.31425

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Hon. Ron Klink

Mailing Address 3410 Lashan Drive

City State Zip Code  
Murrysville PA 15668-9480

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

Name of Employer Bucephalus, LLC Occupation Sole Proprietorship/Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2007

Transaction ID: SA11A1.31378

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Alan Kobran

Mailing Address 22552 Hillside Circle

City State Zip Code  
Leesburg VA 20175

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

Name of Employer Planning Sys Inc Occupation Sr. Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31508

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Ronald Kolson</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 3460 Monarch Dr		Transaction ID: SA11A1.31510	
City State Zip Code Edgewater MD 21037-2748	Amount of Each Receipt this Period 2300.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Fibergate Vice President	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2300.00		

Full Name (Last, First, Middle Initial) <b>B. William Krebs</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 16 / 2007	
Mailing Address 6528 Rockland Drive		Transaction ID: SA11A1.31075	
City State Zip Code Clifton VA 22024	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation DSD Labs Inc Senior VP	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Gary Krump</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 700 Thirteenth St NW		Transaction ID: SA11A1.31598	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation The Rhoads Group Consultant	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Lena Kuchera

Mailing Address 1800 Dolphin Drive

City State Zip Code  
Johnstown PA 15904

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

Name of Employer Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31274

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Lisa Kuchera

Mailing Address 1125 Weaver Road

City State Zip Code  
Johnstown PA 15904

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

Name of Employer Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31275

Amount of Each Receipt this Period  
2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ronald Kuchera

Mailing Address 1125 Weaver Road

City State Zip Code  
Johnstown PA 15904

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

Name of Employer Occupation  
Kuchera Industries / Defense CFO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31276

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6900.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. William Kuchera

Mailing Address 1800 Dolphin Drive

City State Zip Code  
Johnstown PA 15904

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

Name of Employer Occupation  
Kuchera Industries / Defense President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31273

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ellen Kugler

Mailing Address 19095 Dalton Pionts Place

City State Zip Code  
Lansdowne VA 20176

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

Name of Employer Occupation  
Debrunner & Assoc

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2007

Transaction ID: SA11A1.31379

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Joseph Kuklis

Mailing Address 100 West Station Square Dr

City State Zip Code  
Pittsburgh PA 15219

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

Name of Employer Occupation  
GSP Consulting Principal

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2007

Transaction ID: SA11A1.31426

Amount of Each Receipt this Period  
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles Kunkle

Mailing Address 122 Boulder Drive

City State Zip Code  
Johnstown PA 15905

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

Name of Employer Occupation  
Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31315

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 2221 Crabtree Lane

City State Zip Code  
Johnstown PA 15905-1641

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

Name of Employer Occupation  
Laurel Holdings Inc CEO/President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 16 / 2007

Transaction ID: SA11A1.31076

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. 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 Occupation  
Conemaugh Health System Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31277

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. 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 Occupation  
Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31278

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 350 Hochberg Drive

City State Zip Code  
Monroeville PA 15146-1516

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

Name of Employer Occupation  
RJ Lee Group President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 16 / 2007

Transaction ID: SA11A1.31077

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Janet Lewis

Mailing Address 2809 Central Avenue

City State Zip Code  
Alexandria VA 22302

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31511

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Zel Lipsen, Esq.

Mailing Address 6719 Curran Street

City State Zip Code  
McLean VA 22102

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

Name of Employer Office of Zel Lipsen Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

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

Transaction ID: SA11A1.31078

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 499 S Capital Street SW

City State Zip Code  
Washington DC 20003

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

Name of Employer The Livingston Group Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.31512

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 430 North Jackson St

City State Zip Code  
Arlington VA 22201-1720

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

Name of Employer Capitol Assoc Inc Occupation Sr VP

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.31380

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Thomas Lopez

Mailing Address 3050 Chainbridge Road

City State Zip Code  
Fairfax VA 22030

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

Name of Employer Information Mfg Corp Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2007

Transaction ID: SA11A1.31381

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Theodore Lynch

Mailing Address 10507 Clipper Drive

City State Zip Code  
Fairfax Station VA 22039-1909

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

Name of Employer Strategic Marketing Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2007

Transaction ID: SA11A1.31383

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Paul Maguire

Mailing Address 11875 Falling Creek Drive

City State Zip Code  
Manassas VA 20112

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

Name of Employer Autometric, Inc. Occupation Deputy Director/Strategic Programs

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31514

Amount of Each Receipt this Period  
2300.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 59 / 245</span> (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
--	--

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Sheila Maguire

Mailing Address 11875 Falling Creek Drive

City <b>Manassas</b>	State <b>VA</b>	Zip Code <b>20112</b>
-------------------------	--------------------	--------------------------

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

Name of Employer SAIC	Occupation Program Manager
--------------------------	-------------------------------

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2300.00**

Date of Receipt  

M M / D D / Y Y Y Y
03 / 13 / 2007

**Transaction ID: SA11A1.31515**

Amount of Each Receipt this Period  

<b>2300.00</b>
----------------

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

**B.** Full Name (Last, First, Middle Initial)  
Joseph, Jr. Mahoney

Mailing Address 733 Waverly Road

City <b>Bryn Mawr</b>	State <b>PA</b>	Zip Code <b>19010</b>
--------------------------	--------------------	--------------------------

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

Name of Employer Philadelphia Chamber of Comm.	Occupation
---	------------

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt  

M M / D D / Y Y Y Y
01 / 05 / 2007

**Transaction ID: SA11A1.30924**

Amount of Each Receipt this Period  

<b>1000.00</b>
----------------

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

**C.** Full Name (Last, First, Middle Initial)  
Butch Maki

Mailing Address 118 W San Mateo Road

City <b>Sante Fe</b>	State <b>NM</b>	Zip Code <b>87505</b>
-------------------------	--------------------	--------------------------

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

Name of Employer Self Employed	Occupation
-----------------------------------	------------

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt  

M M / D D / Y Y Y Y
03 / 09 / 2007

**Transaction ID: SA11A1.31384**

Amount of Each Receipt this Period  

<b>1000.00</b>
----------------

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Dave Mallino

Mailing Address 4303 Tuckerman Street

City State Zip Code  
University Park MD 20782

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

Name of Employer Occupation  
Mallino Gov't Relations Inc. Ph.D.

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 09 / 2007

Transaction ID: SA11A1.31385

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Andrea Mandel

Mailing Address 31 Devonshire Way

City State Zip Code  
Jackson NJ 08527

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

Name of Employer Occupation  
DRS Technologies VP Human Resources

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31340

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Patrick Marion

Mailing Address 6326 Baily Trl.

City State Zip Code  
Inver Grove Height MN 55077

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

Name of Employer Occupation  
DRS Laurel Technologies VP & GM

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31279

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Thomas Markey

Mailing Address 2148 S Main Street Ext

City Washington State PA Zip Code 15301

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

Name of Employer Nabco Inc Occupation COO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31516

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Dennis Massey

Mailing Address 11597 Leeds Chapel Lane

City Markham State VA Zip Code 22643-1935

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

Name of Employer Utron Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

Transaction ID: SA11A1.31789

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Alan R. Mauk

Mailing Address 2121 Jamieson Ave.  
Unit 1405

City Alexandria State VA Zip Code 22314

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

Name of Employer Alan Mauk, Ltd. Occupation Lobbyist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2007

Transaction ID: SA11A1.31386

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Charlie McBride

Mailing Address 1702 19th St NW  
NW # 705

City Washington State DC Zip Code 20009

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

Name of Employer Capital Tech Group Inc. Occupation Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31341

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas McCaffrey, Jr.

Mailing Address 6716 Eilerson Street

City Clinton State MD Zip Code 20735

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

Name of Employer Production Technology Inc. Occupation Business Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31280

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
James McGinnis

Mailing Address 285 Ben Franklin Road

City Indiana State PA Zip Code 15701

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

Name of Employer EP Global Communications Inc. Occupation VP of Operations CFO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 09 / 2007

Transaction ID: SA11A1.31387

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Robert McGowan

Mailing Address 245 Tall Timber Drive

City State Zip Code  
Johnstown PA 15904

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

Name of Employer Occupation  
Coherent Dir of Marketing

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31282

Amount of Each Receipt this Period  
1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. John 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: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31342

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Steven G. McKnight

Mailing Address 469 North Thomas St.  
Apt. 4

City State Zip Code  
Arlington VA 22203

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

Name of Employer Occupation  
Rhoads, Weber & Shandwick Gov't Relations

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2007

Transaction ID: SA11A1.31607

Amount of Each Receipt this Period  
300.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Vanda McMurtry

Mailing Address 2125 Gren Street

City Philadelphia State PA Zip Code 19130-3110

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

Name of Employer Univ of Pennsylvania Occupation VP

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.30925

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Beatriz McNelly

Mailing Address 20974 Rootstown Terrace

City Ashburn State VA Zip Code 20147

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

Name of Employer Fibergate Inc Occupation VP

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.31518

Amount of Each Receipt this Period  
 2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Steven McNelly

Mailing Address 21537 Sheffield Ct.

City Ashburn State VA Zip Code 20147

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

Name of Employer Cartridge World Occupation Operations Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.31519

Amount of Each Receipt this Period  
 1500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Robert Meeder

Mailing Address 1528 Field Club Dr

City State Zip Code  
Pittsburgh PA 15237-6712

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

Name of Employer Occupation  
Pittsburgh Gateway President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31520

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 6174 9th Ave. Circle N.E.

City State Zip Code  
Bradenton FL 34202

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

Name of Employer Occupation  
DRS Technologies EVP, Bus. Ops. & Strategy

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31343

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Lawrence Milan, III

Mailing Address 45035 Smith Nursery Road

City State Zip Code  
Hollywood MD 20636

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

Name of Employer Occupation  
Coalition Solutions Integrated Defense Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31316

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Susan Miller</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 416 A Street, SE Apt B		Transaction ID: SA11A1.31608
City Washington State DC Zip Code 20003-3808	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer The Rhoads' Group Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Scott Mirkin</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 05 / 2007
Mailing Address 1 Windsor Ct.		Transaction ID: SA11A1.30926
City Sewell State NJ Zip Code 08080	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer ESM Productions Occupation President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Don Munce</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 350 NW LAKewood Blvd.		Transaction ID: SA11A1.31790
City Lee's Summit State MO Zip Code 64064	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer NRCCUA Occupation President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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)  
Martha Munsch

Mailing Address 1689 Sturbridge Drive

City State Zip Code  
Sewickley PA 15143

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

Name of Employer Occupation  
Reed Smith LLP Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31521

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Thomas Murdock

Mailing Address 5828 Oakland Park Drive

City State Zip Code  
Burke VA 22015

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

Name of Employer Occupation  
Argon Street VP

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31284

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Kathleen Johnson Murphy

Mailing Address 1123 Crest Lane

City State Zip Code  
McLean VA 22101

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

Name of Employer Occupation  
Sidley Austen Brown & Wood Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 09 / 2007

Transaction ID: SA11A1.31390

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Patrick Nelson

Mailing Address 4206 N. 164th Street

City State Zip Code  
Omaha NE 68116-2921

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31523

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Adolf Neumann

Mailing Address 5708 Scoville Street

City State Zip Code  
Alexandria VA 22311

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

Name of Employer Occupation  
21st Century Systems Inc Engineer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31525

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 200 Augusta Natl Court

City State Zip Code  
Franklin TN 37069

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

Name of Employer Occupation  
Premier Micronutrient Corp CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31527

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
William Nichols

Mailing Address 8204 Roseland Drive

City State Zip Code  
Fairfax Station VA 22039

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

Name of Employer PRASAM Occupation Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31529

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. 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 U. S. Maglev Development Corp. Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2007

Transaction ID: SA11A1.31821

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Christopher O'Neill

Mailing Address 5419 Albia Road

City State Zip Code  
Bethesda MD 20816

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

Name of Employer O'Neill Athy & Casey Occupation Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 09 / 2007

Transaction ID: SA11A1.31391

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. William Oakley

Mailing Address 6511 Gretna Green Way

City State Zip Code  
Alexandria VA 22312

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

Name of Employer Occupation  
MTS Technologies Director

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31530

Amount of Each Receipt this Period  
1200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Kathryn Oglevee

Mailing Address 138 Oglevee Lane

City State Zip Code  
Connellsville PA 15425

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

Name of Employer Occupation  
Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 16 / 2007

Transaction ID: SA11A1.31081

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Susan Ohnesorgen

Mailing Address 5954 Wilton Road

City State Zip Code  
Alexandria VA 22310

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

Name of Employer Occupation  
MTS Tech Dir of Operations

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31531

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> John Owens		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007	
Mailing Address 208 Mare Drive		Transaction ID: SA11A1.31392	
City Plymouth	State MA	Amount of Each Receipt this Period 1000.00	
Zip Code 02360		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer IBIS Tek	Occupation Marketing		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Roger A Oxendale		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007	
Mailing Address 714 Parkwood Ct.		Transaction ID: SA11A1.31393	
City Wexford	State PA	Amount of Each Receipt this Period 1000.00	
Zip Code 15090		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Childrens Hospital	Occupation President & CEO		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms Julie Pacquing		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2007	
Mailing Address 3509 King Arthur Road		Transaction ID: SA11A1.31344	
City Annandale	State VA	Amount of Each Receipt this Period 1000.00	
Zip Code 22003		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacquing Consulting	Occupation Consultant		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Denise Pampena

Mailing Address 131 Fieldclub Road

City State Zip Code  
Pittsburgh PA 15238

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

Name of Employer Occupation  
Grazlano Construction

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31532

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Leon Panetta

Mailing Address 15 Panetta Rd

City State Zip Code  
Carmel Valley CA 93924

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

Name of Employer Occupation  
Panema Institute Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: SA11A1.31822

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Louis Panza, Jr.

Mailing Address 1163 Country Club Road

City State Zip Code  
Monongahela PA 15063

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

Name of Employer Occupation  
Monongahela Valley Hospital CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2007

Transaction ID: SA11A1.31394

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Arthur Papacostas		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007
Mailing Address 131 Fieldclub Road		Transaction ID: SA11A1.31533
City Pittsburgh	State PA	Zip Code 15238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Graziano Construction	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Richard Parris		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2007
Mailing Address 432 Caseta Way		Transaction ID: SA11A1.31345
City Goleta	State CA	Zip Code 93117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Tiburon Assoc.	Occupation Engineer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. John Parrish		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007
Mailing Address 32 Fruit Street		Transaction ID: SA11A1.31395
City Boston	State MA	Zip Code 02114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mass. General Hospital	Occupation M.D.-Dept. of Dermatology	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Mark Pasquerilla		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7	
Mailing Address 945 Menoher Blvd.		Transaction ID: SA11A1.31082	
City State Zip Code Johnstown PA 15905	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Crown American	Occupation CEO & President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Judith Peake		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7	
Mailing Address 75 Childers Lane		Transaction ID: SA11A1.31791	
City State Zip Code Alamo CA 94507	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer PTC	Occupation Sales		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Lawrence Peduzzi		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7	
Mailing Address 1600 23 Rd St S		Transaction ID: SA11A1.31396	
City State Zip Code Arlington VA 22202	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Peduzzi Assoc Ltd	Occupation President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Daniel Perkins

Mailing Address 2248 S. Randolph Street

City State Zip Code  
Arlington VA 22204

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

Name of Employer Occupation  
MTS Technologies President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31346

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Daniel Perkins

Mailing Address 2248 S. Randolph Street

City State Zip Code  
Arlington VA 22204

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

Name of Employer Occupation  
MTS Technologies President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31535

Amount of Each Receipt this Period  
1300.00

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

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

Mailing Address 13391 Summit Circle

City State Zip Code  
Poway CA 92064

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31536

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Plamen v. Petrov</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 12612 Decatur Street		Transaction ID: SA11A1.31538
City State Zip Code Omaha NE 68154-1240	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer 21st Century Systems Inc	Occupation Executive VP & CTO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Peter Peyser</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 11000 Dobbins Drive		Transaction ID: SA11A1.31397
City State Zip Code Potomac MD 20854-1824	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Blank Rome Govt Relations	Occupation Executive	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Frank N. Piasecki</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007
Mailing Address Tunbridge Rd.		Transaction ID: SA11A1.31317
City State Zip Code Haverford PA 19041	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Piasechi Aircraft Corp.	Occupation President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
David M. Pickett

Mailing Address 21024 Fox Hollow Ln.

City State Zip Code  
Leesburg VA 20175

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

Name of Employer Occupation  
Planning Systems Inc.

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31540

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 8601 Thomas Mill Drive

City State Zip Code  
Philadelphia PA 19128

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

Name of Employer Occupation  
Tasty Baking Co Pres. & CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 05 / 2007

Transaction ID: SA11A1.30927

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dr. 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 Occupation  
Optical Systems Technology Inc. VP Technology

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

Transaction ID: SA11A1.31793

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
William Polacek

Mailing Address 187 Wyndemere Dr.

City State Zip Code  
Johnstown PA 15904

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

Name of Employer Occupation  
JWFI Business Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2007

Transaction ID: SA11A1.31318

Amount of Each Receipt this Period  
1000.00

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

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

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 Occupation  
Van Scoyoc Assoc. Inc. Associate Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2007

Transaction ID: SA11A1.31399

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 1202 Walter Street SE

City State Zip Code  
Washington DC 20003-1448

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

Name of Employer Occupation  
GSP Consulting Associate VP

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2007

Transaction ID: SA11A1.31400

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Eli Polovina		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 715 Lincoln Avenue		<b>Transaction ID:</b> SA11A1.31541
City State Zip Code Charleroi PA 15022	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Nikomis Inc Dir of Infrastructure		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Sue Pontus		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007
Mailing Address 570 High Drive		<b>Transaction ID:</b> SA11A1.31368
City State Zip Code Laguna Beach CA 92652	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation SpyruS, Inc CEO		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. George Poole		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 2350 S Arlington Ridge Rd		<b>Transaction ID:</b> SA11A1.31543
City State Zip Code Arlington VA 22202	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
C. Robinson Porter

Mailing Address 8031 Great Run Lane

City State Zip Code  
Warrenton VA 20186

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

Name of Employer Autometric, Inc. Occupation Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31544

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Linda Price

Mailing Address 13500 Pleasant Colony Drive

City State Zip Code  
Manassas VA 20112

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2007

Transaction ID: SA11A1.31428

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Michael Price

Mailing Address 13500 Pleasnat Colony Drive

City State Zip Code  
Manassas VA 20112

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

Name of Employer Pregany Systems Occupation Business Area Mgr of Prod.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2007

Transaction ID: SA11A1.31430

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3000.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

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

Mailing Address 40 Lakeshore Lane

City State Zip Code  
Chattanooga TN 37415

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

Name of Employer Occupation  
Exceptional Parent Mag.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 09 / 2007

Transaction ID: SA11A1.31402

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Thomas Rassmann

Mailing Address 20 Olympia Drive

City State Zip Code  
Marlton NJ 08053

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

Name of Employer Occupation  
Net Ideas Inc President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

Transaction ID: SA11A1.31794

Amount of Each Receipt this Period  
1250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Jay L. Reddy

Mailing Address 1140 Steeplechase St.

City State Zip Code  
Morgantown WV 26505

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

Name of Employer Occupation  
Prologic CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31545

Amount of Each Receipt this Period  
2300.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Suneetha Reddy

Mailing Address 1140 Steeplechase Cr.

City State Zip Code  
Morgantown WV 26508-9173

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

Name of Employer Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2007

Transaction ID: SA11A1.31546

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ralph Resnick

Mailing Address RD 1, Box 95A

City State Zip Code  
Slickville PA 15684

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

Name of Employer Occupation  
Extrude Hone Corporation Chief Technology Officer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2007

Transaction ID: SA11A1.31404

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence Rhoades

Mailing Address 106 Schenley Road

City State Zip Code  
Pittsburgh PA 15217

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

Name of Employer Occupation  
Extrude Hone Corporation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2007

Transaction ID: SA11A1.31347

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4300.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Michael Rich</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 121 Everest Dr		Transaction ID: SA11A1.31547	
City State Zip Code Slidell LA 70458	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Planning Sys Inc	Occupation AVP		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Jason Rinsky</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 9 Kristi Drive		Transaction ID: SA11A1.31823	
City State Zip Code East Hanover NJ 07936-3219	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer DRS	Occupation Semopr VP Corporate Tax		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Jay B. Roberts</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 1680 Cemetery Road		Transaction ID: SA11A1.31329	
City State Zip Code Portage PA 15946	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer St. Francis Univ.	Occupation Admin.		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. S. Kent Rockwell

Mailing Address 960 Penn Avenue #800

City State Zip Code  
Pittsburgh PA 15222

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

Name of Employer Occupation  
SenSy Tech. Chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31286

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Richard Rodgers, USN

Mailing Address 9591 Larkview Ct

City State Zip Code  
Fairfax Station VA 22039

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

Name of Employer Occupation  
The Livingston Group LLC

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31548

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Alan Rosenberg

Mailing Address 204 E Washington Avenue

City State Zip Code  
Newtown PA 18940

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

Name of Employer Occupation  
Univ of PA Health Sys Health Adm.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31553

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Amy Ross</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2007
Mailing Address 5363 Greenridge Drive		Transaction ID: SA11A1.31552
City Pittsburgh	State PA	Zip Code 15236
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00	
Name of Employer GSP Consulting	Occupation Consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Robert W. Rushing</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2007
Mailing Address 100 Springbrook Dr.		Transaction ID: SA11A1.31554
City Silver Spring	State MD	Zip Code 20904
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00	
Name of Employer Planning Systems Inc.	Occupation Asst. Vice President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Hon. Marty Russo</b>		Date of Receipt MM / DD / YYYY 03 / 02 / 2007
Mailing Address 700-13th Street, NW #400		Transaction ID: SA11A1.31600
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00	
Name of Employer Cassidy & Assoc	Occupation Vice Chairman, Pres & COO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

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

Mailing Address 103 Colony Dr.

City State Zip Code  
Holbrook NJ 11741

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

Name of Employer Occupation  
DRS Technologies Sr. Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2007

Transaction ID: SA11A1.31825

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Carl Sax

Mailing Address 1419 Coventry Court

City State Zip Code  
Johnstown PA 15905

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

Name of Employer Occupation  
Kuchera Defense Sys. VP/.General Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31287

Amount of Each Receipt this Period  
2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Carol Sax

Mailing Address 1419 Coventry Court

City State Zip Code  
Johnstown PA 15905

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

Name of Employer Occupation  
Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31288

Amount of Each Receipt this Period  
2300.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Nancy Saxman</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7	
Mailing Address 1170 Oak Street		Transaction ID: SA11A1.31083	
City State Zip Code Indiana PA 15701	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Ardiem Medical Inc	Occupation VP Business Devel		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Theresa Schaefer</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7	
Mailing Address 3936 S 192nd Avenue		Transaction ID: SA11A1.31555	
City State Zip Code Omaha NE 68130	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Jennifer Schafer-Soderman</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7	
Mailing Address 217-10th Street, NE		Transaction ID: SA11A1.31085	
City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Cascade Associates		Occupation President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Ty Schieber</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007
Mailing Address 6 Hampshire Court		Transaction ID: SA11A1.31826
City Stafford	State VA	Zip Code 22554
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Apogen Technologies	Occupation OSEC	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Shelley Schimkus</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007
Mailing Address 8497 Silverview Drive		Transaction ID: SA11A1.31558
City Lorton	State VA	Zip Code 22079
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) <b>C. Timothy Schimkus</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007
Mailing Address 8497 Silverview Drive		Transaction ID: SA11A1.31557
City Lorton	State VA	Zip Code 22079
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer MTS Technologies Inc	Occupation Chief Financial Officer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Richard Schneider		Date of Receipt M M / D D / Y Y Y Y Y 03 / 12 / 2007	
Mailing Address 2 Tiger Brook Lane		Transaction ID: SA11A1.31243	
City State Zip Code Chester NJ 07930	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer DRS Tech	Occupation Executive VP		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> John Scorsine		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007	
Mailing Address 5430 Murr Road		Transaction ID: SA11A1.31559	
City State Zip Code Peyton CO 80831	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer 21st Century Sys Inc	Occupation General Counsel		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> James Scrivener		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007	
Mailing Address 1907 Trumpet Ct		Transaction ID: SA11A1.31561	
City State Zip Code Vienna VA 22182-3357	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer ITAC	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Esther Shapiro

Mailing Address 20320 Fairway Oaks Dr. #333

City State Zip Code  
Boca Raton FL 33434

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31562

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 10514 Norman Avenue

City State Zip Code  
Fairfax VA 22030-2927

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31563

Amount of Each Receipt this Period  
750.00

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

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

Mailing Address 802 Luzerne Street

City State Zip Code  
Johnstown PA 15905-2349

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

Name of Employer Occupation  
Concurrent Technologies Corporation VP & CFO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 09 / 2007

Transaction ID: SA11A1.31405

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Eli Shumar, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007
Mailing Address 432 Stone Church Road		Transaction ID: SA11A1.31289
City State Zip Code Grindstone PA 15442	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Shumar's Welding & Machine President	Election Cycle-to-Date 1000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Robert Shuster		Date of Receipt M M / D D / Y Y Y Y 02 / 12 / 2007
Mailing Address 320 N. 30th Street		Transaction ID: SA11A1.31094
City State Zip Code Camp Hill PA 17011-2807	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Klett Lieber Ronney & Schorlin Attorney	Election Cycle-to-Date 500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Robert Shuster		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 320 N. 30th Street		Transaction ID: SA11A1.31406
City State Zip Code Camp Hill PA 17011-2807	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Klett Lieber Ronney & Schorlin Attorney	Election Cycle-to-Date 1500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Stanley Silverman

Mailing Address 1472 Mundock Road

City State Zip Code  
Dresher PA 19025-1009

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

Name of Employer  
Self Employed

Occupation  
Semi-Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2007

Transaction ID: SA11A1.31432

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Anthony Simonetta

Mailing Address 1325 Pine Street

City State Zip Code  
Philadelphia PA 19107

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

Name of Employer  
TUHS

Occupation  
Asst to Chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31564

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Grove Simpson

Mailing Address 6525 Belinder

City State Zip Code  
Mission Hills KS 66208

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

Name of Employer  
Lockton Companies

Occupation  
Sr Exec VP

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 05 / 2007

Transaction ID: SA11A1.30928

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

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

Mailing Address 32 Timber Trail Dr.

City Greensburg State PA Zip Code 15601

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

Name of Employer Economic Growth Connection Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31320

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Gary Smith

Mailing Address 12538 Philmont Drive

City Herndon State VA Zip Code 20170

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

Name of Employer DRS Tech Occupation VP Business Dev & Prog

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31348

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Paul Smith

Mailing Address 9802 Peppermill Place

City Vienna State VA Zip Code 22182-1957

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

Name of Employer ITAC Occupation Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31566

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

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

Mailing Address 171 Fieldgate Drive

City State Zip Code  
Pittsburgh PA 15241

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

Name of Employer Assad Iron & Metals Inc. Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31290

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Rebecca Snyder

Mailing Address 1400 Bennington Avenue

City State Zip Code  
Pittsburgh PA 15217

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

Name of Employer Franco Occupation Contractor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: SA11A1.31567

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Richard Solarz

Mailing Address 79 Hillview Drive

City State Zip Code  
Danville CA 94506

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

Name of Employer KLA Tencor Corp Occupation Sr Director/Win Division

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 09 / 2007

Transaction ID: SA11A1.31407

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

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

Mailing Address 7437 Old Maple Square

City State Zip Code  
McLean VA 22102

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

Name of Employer Occupation  
Burdeshaw Assoc. Ltd./Rad-ant VP-Bus. Dev.

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

**Transaction ID:** SA11A1.31569

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 8 Flameleaf Ct.

City State Zip Code  
Gaithersburg MD 20878

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

Name of Employer Occupation  
Gensym VP Govt Sales

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

**Transaction ID:** SA11A1.31570

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
A. Donald Steinman

Mailing Address 19202 Chartier Drive

City State Zip Code  
Leesburg VA 20176

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

Name of Employer Occupation  
Planing Systems Inc Defense Sevices & Products

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

**Transaction ID:** SA11A1.31571

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Grant Stephens</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007	
Mailing Address 5555 S. Buckskin Pass Dr		<b>Transaction ID: SA11A1.31573</b>	
City State Zip Code Colorado Springs CO 80917-2760	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation ITAC VP	Election Cycle-to-Date 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Ms Sandy Stuart</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007	
Mailing Address 1775 Eye Street, NW #700		<b>Transaction ID: SA11A1.31408</b>	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Clark & Weinstock, Inc.	Election Cycle-to-Date 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. William Sudow</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007	
Mailing Address 1123 Crest Lane		<b>Transaction ID: SA11A1.31409</b>	
City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Sialely Austin Brown & Wood Attorney	Election Cycle-to-Date 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Duke Suler</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007
Mailing Address 570 Harshberger Road		Transaction ID: SA11A1.31292
City State Zip Code Johnstown PA 15905	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Suler & Co Inc	Occupation Self Employed	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Jean-Claude Sureau</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 269 Boxboro Rd.		Transaction ID: SA11A1.31575
City State Zip Code Stow MA 01775	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Radant Technologies, Inc.	Occupation President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Barbara Sutton</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 05 / 2007
Mailing Address 4 Franklin Street		Transaction ID: SA11A1.30930
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Cassidy & Assoc	Occupation Sr. VP	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

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

Mailing Address 43243 Pine Ridge Ct

City State Zip Code  
Hollywood MD 20636

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

Name of Employer Occupation  
Cohenet Systems

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31294

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 10 Ridgeview Drive

City State Zip Code  
Uniontown PA 15401

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

Name of Employer Occupation  
SenSy. Tech. Vice-President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1.31295

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
William Sylvester, Jr.

Mailing Address 7886 Pembridge Road

City State Zip Code  
Manassas VA 20110

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

Name of Employer Occupation  
Progeny Systems VP Systems Engineer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2007

Transaction ID: SA11A1.31435

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Lisa E. Sylvester</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007	
Mailing Address 7886 Pembridge Rd		<b>Transaction ID: SA11A1.31434</b>	
City State Zip Code Manassas VA 20110	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ Homemaker 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. James Symington, Esq.</b>		Date of Receipt M M / D D / Y Y Y Y Y 02 / 16 / 2007	
Mailing Address 3900 Watson Place, NW		<b>Transaction ID: SA11A1.31086</b>	
City State Zip Code Washington DC 20016	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ O'Connor & Wannan LLP Attorney / Partner 250.00		

Full Name (Last, First, Middle Initial) <b>C. Robert Tamaru</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2007	
Mailing Address 11978 Grey Squirrel Lane		<b>Transaction ID: SA11A1.31296</b>	
City State Zip Code Reston VA 20194-1726	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ Argon ST VP 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Robert S. Taylor

Mailing Address PO Box 220

City Solebury State PA Zip Code 18963

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

Name of Employer The Cameron Companies LLC Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA11A1.31096

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 218 Timberridge Rd

City Pittsburgh State PA Zip Code 15238

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

Name of Employer The Robotics Foundry Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.31576

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Linda Thompson

Mailing Address 1411 Paulton Street

City Johnstown State PA Zip Code 15905-1953

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

Name of Employer JARI Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 7

Transaction ID: SA11A1.31321

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. D'Anna Tindel</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 3310 N Trinidad Street		Transaction ID: SA11A1.31618
City State Zip Code Falls Church VA 22043	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Stanfield Tindal Inc	Occupation Congressional Liason	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Eric D. Todd</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 2316 Jackson Pkwy		Transaction ID: SA11A1.31577
City State Zip Code Vienna VA 22180	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Planning Systems Inc.	Occupation Asst. Vice President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. James Trahan</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 6140 Poplar Spring Drive		Transaction ID: SA11A1.31796
City State Zip Code Norcross GA 30092	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer PTC	Occupation Sales & Marketing	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Richard Troiano		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007
Mailing Address 205 Longfellow Street		Transaction ID: SA11A1.31410
City Vandergrift	State PA	Zip Code 15690
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Engineer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Hang Truong		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007
Mailing Address 1462 Park Garden Lane		Transaction ID: SA11A1.31578
City Reston	State VA	Zip Code 20194-1993
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. John S. III Van Kirk		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2007
Mailing Address 5756 Evans Road		Transaction ID: SA11A1.31349
City Export	State PA	Zip Code 15632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Kennametal, Inc.	Occupation Director, Innovation Partnership	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. H. Stewart Van Scoyoc

Mailing Address 131 Yarnick Road

City State Zip Code  
Great Falls VA 22066

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

Name of Employer: Van Scoyoc Associates Inc. Occupation: President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 09 / 2007

Transaction ID: SA11A1.31411

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Vincent M. Versage

Mailing Address 211 Duke St.

City State Zip Code  
Alexandria VA 22314

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

Name of Employer: Cassidy & Assoc. Occupation: Dir. & Sr. Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

Transaction ID: SA11A1.31797

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Steven Visco

Mailing Address 546 Arlington Avenue

City State Zip Code  
Berkeley CA 94707

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

Name of Employer: Poly Plus Battery Co Occupation: Vice Pres Research

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2007

Transaction ID: SA11A1.31828

Amount of Each Receipt this Period  
500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Fred Vornbrock		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2007
Mailing Address 4073 Brierwood Drive		Transaction ID: SA11A1.31298
City State Zip Code Jeannette PA 15644	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Mountaintop Tech.	Occupation VP Business Tech	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jack Wagner		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007
Mailing Address 2112 Los Angeles Avenue		Transaction ID: SA11A1.31412
City State Zip Code Pittsburgh PA 15216	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Friends of Jack Wagner	Occupation Auditor General	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> William Walden		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007
Mailing Address 4760 Bamboo Way		Transaction ID: SA11A1.31829
City State Zip Code Fair Oaks CA 95628	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Technikon LLC	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Van Walker		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2007
Mailing Address 130 Tanglewood Drive		Transaction ID: SA11A1.31350
City Valencia	State PA	Zip Code 16059
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer AEA Technology	Occupation CEO/President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dean E. Walters		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007
Mailing Address 518 Palmate Drive		Transaction ID: SA11A1.31580
City Cranberry Twp	State PA	Zip Code 16066
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Childrens Hospital of Pgh	Occupation VP of Public Affairs	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Daniel Wells		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007
Mailing Address 7000 Veering Lane		Transaction ID: SA11A1.31582
City Burke	State VA	Zip Code 22015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer ITAC Info Tech & Applic.	Occupation VP Natl Sys.	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MGen. Randall L. West

Mailing Address 10500 Hume Road

City Marshall State VA Zip Code 20115

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

Name of Employer Robinson International, Inc. Occupation Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2007

Transaction ID: SA11A1.31414

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
F. John White, II

Mailing Address 732 St Andrew's Road

City Philadelphia State PA Zip Code 19118

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

Name of Employer PFM Group Occupation CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 05 / 2007

Transaction ID: SA11A1.30931

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Letitia White

Mailing Address 13901 Piscataway Drive

City Fort Washington State MD Zip Code 20744

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

Name of Employer Copeland Lowery Jacquez ETL Occupation Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2007

Transaction ID: SA11A1.31415

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Barton Whitman		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007
Mailing Address 3100 White Daisy Place		Transaction ID: SA11A1.31351
City State Zip Code Fairfax VA 22031	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer MTS Technologies	Occupation Vice President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Barton Whitman		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 3100 White Daisy Place		Transaction ID: SA11A1.31583
City State Zip Code Fairfax VA 22031	Amount of Each Receipt this Period 1300.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer MTS Technologies	Occupation Vice President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Susan Whitman		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 3100 White Daisy Place		Transaction ID: SA11A1.31584
City State Zip Code Fairfax VA 22031	Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation Homemaker	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Richard Whitner		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 2300 Clarendon Blvd Ste 401		Transaction ID: SA11A1.31416
City Arlington State VA Zip Code 22201-3367	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer RC Whitner & Associates	Occupation President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jamie Whitten, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007
Mailing Address 4710 Derussy Parkway		Transaction ID: SA11A1.31244
City Chevy Chase State MD Zip Code 20815	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Whitten & Diamond	Occupation Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Thomas Wollard		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 4 Bunting Avenue		Transaction ID: SA11A1.31798
City Burlington State NJ Zip Code 08016	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Net Ideas Inc	Occupation Program Manager	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 / 245
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Mr. Jeffrey Wood</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 1120 Club Drive		Transaction ID: SA11A1.31299	
City State Zip Code Johnstown PA 15905-1914	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation DRS Technologies	Election Cycle-to-Date ▼ 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Maureen McFalls Young</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 7521 Graymore Road		Transaction ID: SA11A1.31585	
City State Zip Code Pittsburgh PA 15221	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Carnegie Mellon University	Director of Government Affairs		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. George Zamias</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 2268 Crabtree Lane		Transaction ID: SA11A1.31830	
City State Zip Code Johnstown PA 15905	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation George D Zamias Developer	Developer		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: PAGE 110 / 245  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
William Zelif

Mailing Address 6 Thorn Mtn. Road  
Box 487

City State Zip Code  
Jackson NH 03846

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

Name of Employer Occupation  
The Livingston Group LLC Strategic Counselor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	3	/	2	0	0	7

Transaction ID: SA11A1.31586

Amount of Each Receipt this Period  

1000.00
---------

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>353650.00</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 / 245
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
21ST CENTURY SYSTEMS INC (21CSI) PAC

Mailing Address 2611 JEFFERSON DAVIS HWY STE 11100

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00419044

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 13 / 2007

**Transaction ID:** SA11C.31588

Amount of Each Receipt this Period  
 2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
21ST CENTURY SYSTEMS INC (21CSI) PAC

Mailing Address 2611 JEFFERSON DAVIS HWY STE 11100

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00419044

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 13 / 2007

**Transaction ID:** SA11C.31589

Amount of Each Receipt this Period  
 2300.00

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

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

Mailing Address PO BOX 8006

City HUNT VALLEY State MD Zip Code 21030

FEC ID number of contributing federal political committee. **C** C00169508

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2007

**Transaction ID:** SA11C.31246

Amount of Each Receipt this Period  
 2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 112 / 245  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
ACCENTURE PAC  
 Mailing Address 800 CONNECTICUT AVENUE, SUITE 600  
 City State Zip Code  
 WASHINGTON DC 20006  
 FEC ID number of contributing federal political committee. **C** C00300707  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 14 / 2007  
**Transaction ID:** SA11C.31439  
 Amount of Each Receipt this Period  
 2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
ADVANCED ACOUSTIC CONCEPTS INC POLITICAL ACTION COMMITTEE  
 Mailing Address 425 OSER AVENUE  
 City State Zip Code  
 HAUPPAUGE NY 11788  
 FEC ID number of contributing federal political committee. **C** C00366385  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 02 / 2007  
**Transaction ID:** SA11C.31324  
 Amount of Each Receipt this Period  
 2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AIR PRODUCTS AND CHEMICALS INC. POLITICAL ALLIANCE  
 Mailing Address P.O. Box 441  
 City State Zip Code  
 Trexlertown PA 18087  
 FEC ID number of contributing federal political committee. **C** C00127258  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 28 / 2007  
**Transaction ID:** SA11C.31611  
 Amount of Each Receipt this Period  
 5000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10000.00**  
**TOTAL** This Period (last page this line number only) ..... ►



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 113 / 245
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. AKIN, GUMP, STRAUSS, HAUER &amp; FELD LLP CIVIC ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address 1333 NEW HAMPSHIRE AVE/NW STE 400		Transaction ID: SA11C.31247
City WASHINGTON	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. <b>C</b> C00104901		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. ALLIANT TECHSYSTEMS INC EMPLOYEE CITIZENSHIP FUND</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address 600 SECOND ST. NE MN11-1210		Transaction ID: SA11C.31833
City HOPKINS	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b> C00250209		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 1625 L STREET NW		Transaction ID: SA11C.31801
City WASHINGTON	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. <b>C</b> C00011114		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 114 / 245  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)  
**A. AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND**

Mailing Address 2 West Dixie Highway

City State Zip Code  
Dania Beach FL 33004

FEC ID number of contributing federal political committee. **C** C00027532

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2007

Transaction ID: SA11C.31248

Amount of Each Receipt this Period  
 2500.00

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

Full Name (Last, First, Middle Initial)  
**B. ANALYTICAL GRAPHICS INC PAC (AGI PAC)**

Mailing Address 40 GENERAL WARREN BOULEVARD

City State Zip Code  
MALVERN PA 19355

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 05 / 2007

Transaction ID: SA11C.30934

Amount of Each Receipt this Period  
 1000.00

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

Full Name (Last, First, Middle Initial)  
**C. ANALYTICAL GRAPHICS INC PAC (AGI PAC)**

Mailing Address 40 GENERAL WARREN BOULEVARD

City State Zip Code  
MALVERN PA 19355

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 16 / 2007

Transaction ID: SA11C.31834

Amount of Each Receipt this Period  
 2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5500.00**

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

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

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

FOR LINE NUMBER: PAGE 115 / 245  
(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)  
BAE Systems USA PAC

Mailing Address 1215 Jefferson Davis Hwy. #1500

City State Zip Code  
Arlington VA 22202

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 28 / 2007

**Transaction ID:** SA11C.31612

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
BEARINGPOINT INC. PUBLIC SERVICES POLITICAL ACTION COMMITTEE, THE

Mailing Address 1676 International Drive

City State Zip Code  
McLean VA 22102

FEC ID number of contributing federal political committee. **C** C00372086

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2007

**Transaction ID:** SA11C.31249

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
BECHTEL GROUP INC PAC (AKA BECHTEL PAC AND BECHTEL POLITICAL ACTION COMMITTEE)

Mailing Address 50 BEALE STREET, P.O. BOX 193965  
50 BEALE STREET

City State Zip Code  
SAN FRANCISCO CA 94119

FEC ID number of contributing federal political committee. **C** C00103697

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 14 / 2007

**Transaction ID:** SA11C.31440

Amount of Each Receipt this Period  
2500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 245
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Blank Rome LLP Fed PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address One Logan Square		<b>Transaction ID: SA11C.31590</b>	
City Philadelphia      State PA      Zip Code 19103	Amount of Each Receipt this Period 1000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. BLUE PAC</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 12 / 2007	
Mailing Address P.O. BOX 60710		<b>Transaction ID: SA11C.31097</b>	
City HARRISBURG      State PA      Zip Code 17106-0710	Amount of Each Receipt this Period 1000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. BOEING COMPANY POLITICAL ACTION COMMITTEE (BPAC)</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 1200 WILSON BLVD		<b>Transaction ID: SA11C.31620</b>	
City ARLINGTON      State VA      Zip Code 22209	Amount of Each Receipt this Period 5000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b> C00142711			
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 117 / 245
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. BOILERMAKERS-BLACKSMITHS LEGISL. EDUC. PROGRAM CAF</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 753 STATE AVENUE #565		Transaction ID: SA11C.31098
City KANSAS CITY State KS Zip Code 66101-2511	FEC ID number of contributing federal political committee. <b>C</b> C00005157	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. BOILERMAKERS-BLACKSMITHS LEGISL. EDUC. PROGRAM CAF</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 753 STATE AVENUE #565		Transaction ID: SA11C.31251
City KANSAS CITY State KS Zip Code 66101-2511	FEC ID number of contributing federal political committee. <b>C</b> C00005157	Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. BUCHANAN INGERSOLL PROFESSIONAL CORPORATION COMMITTEE FOR EFFECTIVE GOVERNMENT</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 7
Mailing Address ONE OXFORD CENTRE 301 GRANT STREET 20TH FLOOR		Transaction ID: SA11C.30935
City PITTSBURGH State PA Zip Code 15219	FEC ID number of contributing federal political committee. <b>C</b> C00195388	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 118 / 245
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. BURSON-MARSTELLER/YOUNG &amp; RUBICAM PAC (B-M/Y&amp;R PAC) FKA BURSON-MARSTELLER PAC</b>		Date of Receipt																				
Mailing Address 1801 K STREET NW SUITE 901-L		<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>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	3		2	0	0	7													
City	State	Zip Code																				
WASHINGTON	DC	20006																				
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.31591																				
C C00201863		Amount of Each Receipt this Period																				
		1000.00																				
Name of Employer	Occupation																					
Receipt For: 2008	Election Cycle-to-Date ▼																					
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Other (specify) ▼	1000.00																					
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																						

Full Name (Last, First, Middle Initial) <b>B. BWX TECHNOLOGIES INC POLITICAL ACTION COMMITTEE</b>		Date of Receipt																				
Mailing Address 2016 MT ATHOS RD		<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>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	4		2	0	0	7													
City	State	Zip Code																				
LYNCHBURG	VA	24504																				
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.31441																				
C C00365502		Amount of Each Receipt this Period																				
		1000.00																				
Name of Employer	Occupation																					
Receipt For: 2008	Election Cycle-to-Date ▼																					
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General																						
<input type="checkbox"/> Other (specify) ▼	1000.00																					
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																						

Full Name (Last, First, Middle Initial) <b>C. COMCAST CORP. POLITICAL ACTION COMMITTEE</b>		Date of Receipt																				
Mailing Address 1500 Market Street 35th Floor		<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>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	5		2	0	0	7													
City	State	Zip Code																				
Philadelphia	PA	19102																				
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.30936																				
C C00248716		Amount of Each Receipt this Period																				
		5000.00																				
Name of Employer	Occupation																					
Receipt For: 2008	Election Cycle-to-Date ▼																					
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Other (specify) ▼	5000.00																					
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 / 245  
(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)  
DAIMLERCHRYSLER CORPORATION POLITICAL SUPPORT COMMITTEE

Mailing Address 1000 CHRYSLER DRIVE  
CIMS 485-10-95

City Auburn Hills State MI Zip Code 48326

FEC ID number of contributing federal political committee. **C** C00043687

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 4 / 2 0 0 7

**Transaction ID:** SA11C.31442

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
DAY & ZIMMERMANN INC FEDERAL PAC (AKA 'DAYPAC - FEDERAL')

Mailing Address 1818 MARKET STREET 22ND FLOOR

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00341271

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 7

**Transaction ID:** SA11C.30937

Amount of Each Receipt this Period  
5000.00

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

**C.** Full Name (Last, First, Middle Initial)  
DAY & ZIMMERMANN INC FEDERAL PAC (AKA 'DAYPAC - FEDERAL')

Mailing Address 1818 MARKET STREET 22ND FLOOR

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00341271

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 7

**Transaction ID:** SA11C.31325

Amount of Each Receipt this Period  
2500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10000.00**

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

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

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

FOR LINE NUMBER: PAGE 120 / 245  
(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)  
DRS TECHNOLOGIES INC. GOOD GOVERNMENT FUND

Mailing Address 5 Sylvan Way  
SUITE 500

City Parsippany State NJ Zip Code 07054

FEC ID number of contributing federal political committee. **C** C00275123

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 02 / 2007

**Transaction ID:** SA11C.31326

Amount of Each Receipt this Period  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
EDO CORPORATION PAC

Mailing Address 60 E 42ND STREET SUITE 5010  
SUITE 5010

City NEW YORK State NY Zip Code 10165

FEC ID number of contributing federal political committee. **C** C00329318

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 02 / 2007

**Transaction ID:** SA11C.31353

Amount of Each Receipt this Period  
5000.00

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

**C.** Full Name (Last, First, Middle Initial)  
ELECTRONIC DATA SYSTEMS EMPLOYEES' PAC

Mailing Address 1331 PENNSYLVANIA AVE NW #1300 NO

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00111658

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 14 / 2007

**Transaction ID:** SA11C.31443

Amount of Each Receipt this Period  
2500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **12500.00**

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



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

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

**A.** Full Name (Last, First, Middle Initial)  
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: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 28 / 2007

**Transaction ID:** SA11C.31613

Amount of Each Receipt this Period  
 2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
ENPRO INDUSTRIES INC POLITICAL ACTION COMMITTEE

Mailing Address 5605 CARNEGIE BLVD SUITE 500

City State Zip Code  
CHARLOTTE NC 28209

FEC ID number of contributing federal political committee. **C** C00379784

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 23 / 2007

**Transaction ID:** SA11C.31621

Amount of Each Receipt this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
GENERAL ATOMICS POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 22930

City State Zip Code  
SAN DIEGO CA 92122

FEC ID number of contributing federal political committee. **C** C00215285

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 16 / 2007

**Transaction ID:** SA11C.31835

Amount of Each Receipt this Period  
 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4500.00**

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

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

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

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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)  
**A.** GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN

Mailing Address 3190 FAIRVIEW PARK DRIVE

City State Zip Code  
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  

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

Transaction ID: SA11C.31088

Amount of Each Receipt this Period  
2500.00

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

Full Name (Last, First, Middle Initial)  
**B.** GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN

Mailing Address 3190 FAIRVIEW PARK DRIVE

City State Zip Code  
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  

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

Transaction ID: SA11C.31089

Amount of Each Receipt this Period  
2500.00

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

Full Name (Last, First, Middle Initial)  
**C.** GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1299 Pennsylvania Ave NW  
STE 1100

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  

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

Transaction ID: SA11C.31301

Amount of Each Receipt this Period  
2500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7500.00**

**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

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(check only one)  
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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
GOODRICH POLITICAL ACTION COMMITTEE

Mailing Address 2730 WEST TYVOLA ROAD  
FOUR COLISEUM CENTRE

City State Zip Code  
CHARLOTTE NC 28217

FEC ID number of contributing federal political committee. **C** C00101725

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 16 / 2007

**Transaction ID:** SA11C.31836

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Health Net Federal Services Inc.PAC

Mailing Address 21650 Oxnard Street

City State Zip Code  
Woodland Hills CA 91367

FEC ID number of contributing federal political committee. **C** C00342402

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2007

**Transaction ID:** SA11C.31252

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE (HIPAC)

Mailing Address 1001 Pennsylvania Avenue  
Suite 700

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2007

**Transaction ID:** SA11C.31253

Amount of Each Receipt this Period  
2500.00

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

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

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

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

Use separate schedule(s)  
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(check only one)  
 11a  11b  11c  11d  
 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)  
ITT INDUSTRIES PAC A/K/A (INNPAC)  
Mailing Address 4 WEST RED OAKS LANE  
City State Zip Code  
WHITE PLAINS NY 10604  
FEC ID number of contributing federal political committee. **C** C00141002  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 12 / 2007  
Transaction ID: SA11C.31254  
Amount of Each Receipt this Period  
2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
JACOBS GOOD GOVERNMENT FUND  
Mailing Address 1111 South Arroyo Parkway  
City State Zip Code  
Pasadena CA 91105  
FEC ID number of contributing federal political committee. **C** C00142299  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2007  
Transaction ID: SA11C.31622  
Amount of Each Receipt this Period  
2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
KLETT ROONEY LIEBER & SCHORLING A PROFESSIONAL CORPORATION FEDERAL PAC  
Mailing Address ONE OXFORD CENTRE 40TH FLOOR  
City State Zip Code  
PITTSBURGH PA 15219  
FEC ID number of contributing federal political committee. **C** C00366377  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 12 / 2007  
Transaction ID: SA11C.31099  
Amount of Each Receipt this Period  
2000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 / 245
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
L-3 COMMUNICATIONS CORPORATION PAC

Mailing Address 600 THIRD AVENUE

City State Zip Code  
NEW YORK NY 10016

FEC ID number of contributing federal political committee. **C** C00338087

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2007

**Transaction ID:** SA11C.31255

Amount of Each Receipt this Period  
5000.00

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

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

Mailing Address 2400 SOUTH 44TH STREET  
PO BOX 66

City State Zip Code  
MANITOWOC WI 54221

FEC ID number of contributing federal political committee. **C** C00287847

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2007

**Transaction ID:** SA11C.31354

Amount of Each Receipt this Period  
2500.00

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

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

Mailing Address 12015 LEE JACKSON HIGHWAY STE 128

City State Zip Code  
FAIRFAX VA 22033

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2007

**Transaction ID:** SA11C.31256

Amount of Each Receipt this Period  
2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

**A.** Full Name (Last, First, Middle Initial)  
MCKENNA LONG AND 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: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2007

**Transaction ID:** SA11C.31257

Amount of Each Receipt this Period  
 2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCO)

Mailing Address 1150 17TH STREET NW SUITE 701

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2007

**Transaction ID:** SA11C.31258

Amount of Each Receipt this Period  
 2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
NAUS-PAC

Mailing Address 5535 HEMPSTEAD WAY

City SPRINGFIELD State VA Zip Code 22151

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2007

**Transaction ID:** SA11C.31259

Amount of Each Receipt this Period  
 1000.00

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

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

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

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
O'NEILL AND ASSOCIATES PAC

Mailing Address ONE BEACON STREET #1600

City State Zip Code  
BOSTON MA 02108

FEC ID number of contributing federal political committee. **C** C00362210

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 13 / 2007

**Transaction ID:** SA11C.31592

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
PACIFIC CONSOLIDATED INDUSTRIES EMPLOYEES' GOOD GOVERNMENT COMMITTEE

Mailing Address 1212 S Victory Bl

City State Zip Code  
Burbank CA 91502

FEC ID number of contributing federal political committee. **C** C00409375

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 23 / 2007

**Transaction ID:** SA11C.31624

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
PARAMETRIC TECHNOLOGY CORPORATION (PTC) PAC

Mailing Address 1850 CENTENNIAL PARK DRIVE STE 500

City State Zip Code  
RESTON VA 20191

FEC ID number of contributing federal political committee. **C** C00410688

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2007

**Transaction ID:** SA11C.31802

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5000.00**

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

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

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

Mailing Address 100 WEST WALNUT STREET

City PASADENA State CA Zip Code 91124

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2007

**Transaction ID:** SA11C.31260

Amount of Each Receipt this Period  
 2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
PATTON BOGGS PAC

Mailing Address 2550 M STREET NW

City WASHINGTON State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00401083

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 13 / 2007

**Transaction ID:** SA11C.31593

Amount of Each Receipt this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
PHYSICAL THERAPY POLITICAL ACTION COMMITTEE

Mailing Address 1111 North Fairfax Street

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 23 / 2007

**Transaction ID:** SA11C.31626

Amount of Each Receipt this Period  
 2500.00

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

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

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



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

Use separate schedule(s)  
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(check only one)  
 11a  11b  11c  11d  
 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)  
PLANNING SYSTEMS INCORPORATED PAC

Mailing Address 12030 SUNRISE VALLEY DRIVE  
SUITE 400 RESTON PLAZA I

City RESTON State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00383992

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

**Transaction ID:** SA11C.31594

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
PLANNING SYSTEMS INCORPORATED PAC

Mailing Address 12030 SUNRISE VALLEY DRIVE  
SUITE 400 RESTON PLAZA I

City RESTON State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00383992

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

**Transaction ID:** SA11C.31595

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 815 16th St. NW Suite 600

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

**Transaction ID:** SA11C.31327

Amount of Each Receipt this Period  
2500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7100.00**

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

**SCHEDULE A (FEC Form 3 )  
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 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
PPL PEOPLE FOR GOOD GOVERNMENT (PPLPGG)

Mailing Address MULTICANDIDATE COMM.  
TWO NORTH NINTH ST

City State Zip Code  
ALLENTOWN PA 18101

FEC ID number of contributing federal political committee. **C** C00228106

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

**Transaction ID:** SA11C.31357

Amount of Each Receipt this Period  
2500.00

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

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

Mailing Address 141 Spring Street

City State Zip Code  
Lexington MA 02421

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 12 / 2007

**Transaction ID:** SA11C.31261

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
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: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

**Transaction ID:** SA11C.31328

Amount of Each Receipt this Period  
2500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 / 245
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
SAP AMERICA INC PAC

Mailing Address 3999 WEST CHESTER PIKE

City State Zip Code  
NEWTOWN SQUARE PA 19073

FEC ID number of contributing federal political committee. **C** C00367375

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2007

**Transaction ID:** SA11C.31627

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
SHEET METAL WORKER'S INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE PAL

Mailing Address 1750 NEW YORK AVE NW

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C70001136

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2007

**Transaction ID:** SA11C.31837

Amount of Each Receipt this Period  
5000.00

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

**C.** Full Name (Last, First, Middle Initial)  
SIERRA NEVADA PAC

Mailing Address P.O. Box 50193

City State Zip Code  
Sparks NV 89434

FEC ID number of contributing federal political committee. **C** C00367995

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

**Transaction ID:** SA11C.31302

Amount of Each Receipt this Period  
5000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	12500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 / 245
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. SRA INTERNATIONAL INC FUND FOR BETTER IT IN GOVERNMENT</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2007
Mailing Address 209 MADISON STREET SUITE 500		Transaction ID: SA11C.31444
City ALEXANDRIA State VA Zip Code 22314	FEC ID number of contributing federal political committee. <b>C</b> C00393256	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. SUN COMPANY INC POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 03 / 02 / 2007
Mailing Address 1801 MARKET STREET, 27TH FLOOR		Transaction ID: SA11C.31358
City PHILADELPHIA State PA Zip Code 19103	FEC ID number of contributing federal political committee. <b>C</b> C00025346	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7500.00	

Full Name (Last, First, Middle Initial) <b>C. TEXTRON INC POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 03 / 02 / 2007
Mailing Address 40 WESTMINSTER STREET PO Box 878		Transaction ID: SA11C.31303
City PROVIDENCE State RI Zip Code 02903	FEC ID number of contributing federal political committee. <b>C</b> C00123612	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 133 / 245  
(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)  
The Orthopaedic PAC

Mailing Address 317 MA Avenue, NE

City State Zip Code  
Washington DC 20002

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 23 / 2007

**Transaction ID:** SA11C.31623

Amount of Each Receipt this Period  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
TYCO INTERNATIONAL (US) INC. EMPLOYEES POLITICAL ACITON COMMITTEE

Mailing Address 9 Roszel Road

City State Zip Code  
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C** C00113753

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 14 / 2007

**Transaction ID:** SA11C.31445

Amount of Each Receipt this Period  
5000.00

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

**C.** Full Name (Last, First, Middle Initial)  
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: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 02 / 2007

**Transaction ID:** SA11C.31359

Amount of Each Receipt this Period  
2500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **12500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 134 / 245
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

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

Mailing Address Five Gateway Center

City State Zip Code  
Pittsburgh PA 15222

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

**Transaction ID:** SA11C.31304

Amount of Each Receipt this Period  
2500.00

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

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

Mailing Address 1401 EYE STREET NW SUITE 600

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 12 / 2007

**Transaction ID:** SA11C.31262

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
VEN-PAC

Mailing Address PO BOX 70002

City State Zip Code  
WASHINGTON DC 20024

FEC ID number of contributing federal political committee. **C** C00369660

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2007

**Transaction ID:** SA11C.31838

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 135 / 245
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
VERIZON COMMUNICATIONS GOOD GOVERNMENT CLUB

Mailing Address 1717 ARCH STREET

City State Zip Code  
PHILADELPHIA PA 19103

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2007

**Transaction ID:** SA11C.31628

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Washington Greene CLC

Mailing Address One South College Street

City State Zip Code  
Washington PA 15301

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2007

**Transaction ID:** SA11C.31263

Amount of Each Receipt this Period  
5000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>190700.00</b>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 136 / 245  
(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)  
Library of Congress

Mailing Address Thomas Jefferson Bldg

City State Zip Code  
Washington DC 20002

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4701.58

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 5 / 2 0 0 7

Transaction ID: SA14.31106

Amount of Each Receipt this Period  
4701.58

Refund, Campaign Event Exp

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4701.58
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4701.58



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 137 / 245  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

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

Mailing Address 1047 Franklin Street  
8th Ward Office

City State Zip Code  
Johnstown PA 15905

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Election Cycle-to-Date ▼ 3390.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 7

Transaction ID: SA15.30793

Amount of Each Receipt this Period  
918.45

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

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

Mailing Address 1047 Franklin Street  
8th Ward Office

City State Zip Code  
Johnstown PA 15905

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Election Cycle-to-Date ▼ 4060.38

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: SA15.31804

Amount of Each Receipt this Period  
669.98

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

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

Mailing Address 1047 Franklin Street  
8th Ward Office

City State Zip Code  
Johnstown PA 15905

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Election Cycle-to-Date ▼ 5192.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 7

Transaction ID: SA15.31805

Amount of Each Receipt this Period  
1132.58

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2721.01**

**TOTAL** This Period (last page this line number only) ..... ▶ **2721.01**

# SCHEDULE 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 138 / 245

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Patrick J. Alwine</b>		<b>Transaction ID:</b> SB17.30822 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period 67.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Meeting Exp, Camp Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Patrick J. Alwine</b>		<b>Transaction ID:</b> SB17.30826 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period 778.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Wages Candidate Name	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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Patrick J. Alwine</b>		<b>Transaction ID:</b> SB17.30876 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period 778.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1625.40
<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

Full Name (Last, First, Middle Initial) <b>A. Patrick J. Alwine</b>		<b>Transaction ID:</b> SB17.31108 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period 778.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Wages Candidate Name	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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Patrick J. Alwine</b>		<b>Transaction ID:</b> SB17.31138 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 7
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period 778.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Wages Candidate Name	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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Patrick J. Alwine</b>		<b>Transaction ID:</b> SB17.31145 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 7
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period 26.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Reimb. Meals Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1584.31</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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Patrick J. Alwine</b>		<b>Transaction ID:</b> SB17.31632 Date of Disbursement 03 / 07 / 2007
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period 778.90
City Johnstown State PA Zip Code 15905	Category/Type	
Purpose of Disbursement Wages		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Patrick J. Alwine</b>		<b>Transaction ID:</b> SB17.31642 Date of Disbursement 03 / 07 / 2007
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period 48.00
City Johnstown State PA Zip Code 15905	Category/Type	
Purpose of Disbursement Meals		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Patrick J. Alwine</b>		<b>Transaction ID:</b> SB17.31697 Date of Disbursement 03 / 21 / 2007
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period 778.90
City Johnstown State PA Zip Code 15905	Category/Type	
Purpose of Disbursement Wages		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1605.80</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Patrick J. Alwine</b>		<b>Transaction ID:</b> SB17.31708 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period 389.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Wages Candidate Name	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) ▼	

Full Name (Last, First, Middle Initial) <b>B. American Heart Assoc.</b>		<b>Transaction ID:</b> SB17.30901 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 400 Luray Avenue		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Tickets 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. American Heart Assoc.</b>		<b>Transaction ID:</b> SB17.31706 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 400 Luray Avenue		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Tickets Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3189.95
<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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. A T&amp;T</b>		<b>Transaction ID:</b> SB17.31110 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7	
Mailing Address P.O. Box 9001309		Amount of Each Disbursement this Period 130.68	
City Louisville State KY Zip Code 40290-1309	Purpose of Disbursement Telephone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. A T&amp;T</b>		<b>Transaction ID:</b> SB17.31155 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address P.O. Box 9001309		Amount of Each Disbursement this Period 147.93	
City Louisville State KY Zip Code 40290-1309	Purpose of Disbursement Telephone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Atlantic Broadband</b>		<b>Transaction ID:</b> SB17.30828 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7	
Mailing Address 120 Southmont Blvd		Amount of Each Disbursement this Period 67.80	
City Johnstown State PA Zip Code 15905	Purpose of Disbursement Utilities Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	346.41
<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

Full Name (Last, First, Middle Initial) <b>A. Atlantic Broadband</b>		<b>Transaction ID:</b> SB17.31130 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address 120 Southmont Blvd		Amount of Each Disbursement this Period 71.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Atlantic Broadband</b>		<b>Transaction ID:</b> SB17.31670 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 120 Southmont Blvd		Amount of Each Disbursement this Period 71.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. A Vista Events LLC</b>		<b>Transaction ID:</b> SB17.31663 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 11900 A Baltimore Avenue		Amount of Each Disbursement this Period 775.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Beltsville State MD Zip Code 20705		
Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	917.34
<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

Full Name (Last, First, Middle Initial) <b>A. B &amp; B Floral</b>		<b>Transaction ID:</b> SB17.30881 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address 1199 Scalp Avenue		Amount of Each Disbursement this Period 59.36
City Johnstown State PA Zip Code 15904	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Floral Arrangements	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) ▼	

Full Name (Last, First, Middle Initial) <b>B. B &amp; B Floral</b>		<b>Transaction ID:</b> SB17.31153 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 1199 Scalp Avenue		Amount of Each Disbursement this Period 71.02
City Johnstown State PA Zip Code 15904	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Floral Arrangements	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) ▼	

Full Name (Last, First, Middle Initial) <b>C. B &amp; B Floral</b>		<b>Transaction ID:</b> SB17.31669 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 1199 Scalp Avenue		Amount of Each Disbursement this Period 48.76
City Johnstown State PA Zip Code 15904	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Floral Arrangements	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	179.14
<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

Full Name (Last, First, Middle Initial) <b>A. Carnicella &amp; Company Inc</b>		<b>Transaction ID:</b> SB17.31131 Date of Disbursement
Mailing Address 220 W Sample Street		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
City Ebenesburg	State PA	Zip Code 15931
Purpose of Disbursement Gifts	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2450.78"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gabrielle Carruth</b>		<b>Transaction ID:</b> SB17.30855 Date of Disbursement
Mailing Address 6749 Rock Brook Drive		<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2007"/>
City Clifton	State VA	Zip Code 20124-2525
Purpose of Disbursement Meeting Exp	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="87.53"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Gabrielle Carruth</b>		<b>Transaction ID:</b> SB17.31679 Date of Disbursement
Mailing Address 6749 Rock Brook Drive		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
City Clifton	State VA	Zip Code 20124-2525
Purpose of Disbursement Reimb Fund Raiser Recpt Exp	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="100.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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) .....	<input type="text" value="2638.31"/>
<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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Central Tax Bureau of PA, Inc.</b>		<b>Transaction ID: SB17.30841</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7	
Mailing Address 1610 Bedford Street		Amount of Each Disbursement this Period 225.54	
City Johnstown State PA Zip Code 15902	Purpose of Disbursement Local Income Tax W/H	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Christian Book Store</b>		<b>Transaction ID: SB17.30878</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7	
Mailing Address 1238 Scalp Avenue		Amount of Each Disbursement this Period 332.59	
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Campaign Office Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Christian Book Store</b>		<b>Transaction ID: SB17.31142</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 7	
Mailing Address 1238 Scalp Avenue		Amount of Each Disbursement this Period 193.92	
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Campaign Office Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	752.05
<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

Full Name (Last, First, Middle Initial) <b>A. Christian Book Store</b>		<b>Transaction ID:</b> SB17.31712 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 1238 Scalp Avenue		Amount of Each Disbursement this Period 155.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Campaign Office Exp Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Chuck Mamula Photography</b>		<b>Transaction ID:</b> SB17.31713 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 186 Fairfield Avenue		Amount of Each Disbursement this Period 50.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15906	Purpose of Disbursement Photo Expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cingular</b>		<b>Transaction ID:</b> SB17.30803 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address P.O. Box 129		Amount of Each Disbursement this Period 242.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newark State NJ Zip Code 07101-0129	Purpose of Disbursement 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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>448.44</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

Full Name (Last, First, Middle Initial) <b>A. Cingular</b>		<b>Transaction ID:</b> SB17.31116 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7	
Mailing Address P.O. Box 129		Amount of Each Disbursement this Period 242.30	
City Newark State NJ Zip Code 07101-0129	Purpose of Disbursement Telephone Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Cingular</b>		<b>Transaction ID:</b> SB17.31671 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7	
Mailing Address P.O. Box 129		Amount of Each Disbursement this Period 237.52	
City Newark State NJ Zip Code 07101-0129	Purpose of Disbursement Telephone Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Colony Cleaning Company</b>		<b>Transaction ID:</b> SB17.30811 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7	
Mailing Address 160 Engbert Road		Amount of Each Disbursement this Period 159.00	
City Johnstown State PA Zip Code 15902	Purpose of Disbursement Cleaning Services Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>638.82</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

Full Name (Last, First, Middle Initial) <b>A. Colony Cleaning Company</b>		<b>Transaction ID:</b> SB17.31111 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address 160 Engbert Road		Amount of Each Disbursement this Period 143.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15902	Purpose of Disbursement Cleaning Services 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Colony Cleaning Company</b>		<b>Transaction ID:</b> SB17.31638 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 160 Engbert Road		Amount of Each Disbursement this Period 143.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15902	Purpose of Disbursement Cleaning Services 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Creative Framing</b>		<b>Transaction ID:</b> SB17.31709 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 117 Metzler Street		Amount of Each Disbursement this Period 88.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Campaign Office Exp Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	374.49
<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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Crystal Concepts</b>		<b>Transaction ID:</b> SB17.30851 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 604 N. Geary Street		Amount of Each Disbursement this Period 826.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mt. Pleasant State PA Zip Code 15666		
Purpose of Disbursement Gifts Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Darra Group Inc</b>		<b>Transaction ID:</b> SB17.30838 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address PO Box 48		Amount of Each Disbursement this Period 15000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Monessen State PA Zip Code 15062		
Purpose of Disbursement Fund Raiser Recept Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Darra Group Inc</b>		<b>Transaction ID:</b> SB17.30889 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address PO Box 48		Amount of Each Disbursement this Period 7040.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Monessen State PA Zip Code 15062		
Purpose of Disbursement Gifts Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	22866.80
<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

Full Name (Last, First, Middle Initial) <b>A. Darra Group Inc</b>		<b>Transaction ID:</b> SB17.30902 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address PO Box 48		Amount of Each Disbursement this Period 10870.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Monessen State PA Zip Code 15062		
Purpose of Disbursement Gifts Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Digital Razor</b>		<b>Transaction ID:</b> SB17.30892 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 430 Main Street		Amount of Each Disbursement this Period 345.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15901		
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Digital Razor</b>		<b>Transaction ID:</b> SB17.31129 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address 430 Main Street		Amount of Each Disbursement this Period 49.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15901		
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11265.56
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A. Digital Razor</b> Full Name (Last, First, Middle Initial) Mailing Address 430 Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.31699 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 <b>Amount of Each Disbursement this Period</b> 49.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B. Bill Dooling</b> Full Name (Last, First, Middle Initial) Mailing Address 37 Spring Street City Holliston State MA Zip Code 01746 Purpose of Disbursement Rally Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.30860 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7 <b>Amount of Each Disbursement this Period</b> 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C. Robert Duffy</b> Full Name (Last, First, Middle Initial) Mailing Address 197 River Road City Andover State MD Zip Code 01810 Purpose of Disbursement Rally Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.30861 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7 <b>Amount of Each Disbursement this Period</b> 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2149.95</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

Full Name (Last, First, Middle Initial) <b>A. Michael Duga</b>		<b>Transaction ID: SB17.31643</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7	
Mailing Address 1440 Coral Seal Ridge		Amount of Each Disbursement this Period 5402.86	
City Coral Springs State FL Zip Code 33071	Purpose of Disbursement Lodging	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Glen Embree</b>		<b>Transaction ID: SB17.31694</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7	
Mailing Address RD 1, Box 353		Amount of Each Disbursement this Period 293.85	
City Mt Pleasant State PA Zip Code 15666	Purpose of Disbursement Travel & Tickets	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Fayette Co. Friends of NRA</b>		<b>Transaction ID: SB17.31629</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 7	
Mailing Address 1192 University Drive		Amount of Each Disbursement this Period 700.00	
City Dunbar State PA Zip Code 15431	Purpose of Disbursement Tickets	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6396.71</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Feeder Canal Assoc.</b>		<b>Transaction ID:</b> SB17.30893 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 647 Main Street 4th Floor		Amount of Each Disbursement this Period 1145.83
City Johnstown State PA Zip Code 15901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent	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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Feeder Canal Assoc.</b>		<b>Transaction ID:</b> SB17.31151 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 647 Main Street 4th Floor		Amount of Each Disbursement this Period 1145.83
City Johnstown State PA Zip Code 15901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent	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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Feeder Canal Assoc.</b>		<b>Transaction ID:</b> SB17.31714 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 647 Main Street 4th Floor		Amount of Each Disbursement this Period 1145.83
City Johnstown State PA Zip Code 15901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3437.49
<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

Full Name (Last, First, Middle Initial) <b>A. First Commonwealth Bank</b>		<b>Transaction ID:</b> SB17.30844 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address Credit Card Dept. P.O. Box 0537		Amount of Each Disbursement this Period 22766.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indiana State PA Zip Code 15701-0537		
Purpose of Disbursement See Detail 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sheetz</b>		<b>Transaction ID:</b> SB17.30844.1 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 29.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Altoona State PA Zip Code 16602		
Purpose of Disbursement Travel Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sheetz</b>		<b>Transaction ID:</b> SB17.30844.2 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 24.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Altoona State PA Zip Code 16602		
Purpose of Disbursement Travel Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	22766.01
<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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Giant Eagle</b>		Transaction ID: SB17.30844.3 Date of Disbursement 01 / 17 / 2007
Mailing Address Scalp Avenue		Amount of Each Disbursement this Period 285.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown	State PA	
Zip Code 15904	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Capri Pizza</b>		Transaction ID: SB17.30844.4 Date of Disbursement 01 / 17 / 2007
Mailing Address Main Street		Amount of Each Disbursement this Period 29.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown	State PA	
Zip Code 15901	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Capri Pizza</b>		Transaction ID: SB17.30844.5 Date of Disbursement 01 / 17 / 2007
Mailing Address Main Street		Amount of Each Disbursement this Period 15.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown	State PA	
Zip Code 15901	Category/Type	
Purpose of Disbursement Volunteer Exp Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Giant Eagle</b>		Transaction ID: SB17.30844.6 Date of Disbursement 01 / 17 / 2007	
Mailing Address Scalp Avenue		Amount of Each Disbursement this Period 54.39	
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Campaign Office Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Sheetz</b>		Transaction ID: SB17.30844.8 Date of Disbursement 01 / 17 / 2007	
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 13.25	
City Altoona State PA Zip Code 16602	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Capri Pizza</b>		Transaction ID: SB17.30844.11 Date of Disbursement 01 / 17 / 2007	
Mailing Address Main Street		Amount of Each Disbursement this Period 19.99	
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Volunteer Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>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  
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(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. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.30844.12 Date of Disbursement 01 / 17 / 2007 Amount of Each Disbursement this Period 21.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.30844.14 Date of Disbursement 01 / 17 / 2007 Amount of Each Disbursement this Period 46.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Easy Grade Car Wash</b> Full Name (Last, First, Middle Initial) Mailing Address 925 Menoher Boulevard City Johnstown State PA Zip Code 15905 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.30844.15 Date of Disbursement 01 / 17 / 2007 Amount of Each Disbursement this Period 18.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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)  
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Easy Grade Car Wash</b>		<b>Transaction ID:</b> SB17.30844.16 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 925 Menoher Boulevard		Amount of Each Disbursement this Period 18.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Capri Pizza</b>		<b>Transaction ID:</b> SB17.30844.17 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address Main Street		Amount of Each Disbursement this Period 35.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15901		
Purpose of Disbursement Meeting Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sheetz</b>		<b>Transaction ID:</b> SB17.30844.18 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 26.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Altoona State PA Zip Code 16602		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Virgin Mobile USA LLC</b>		Transaction ID: SB17.30844.19 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7	
Mailing Address 10 Independence Blvd		Amount of Each Disbursement this Period 65.88	
City Warren State NJ Zip Code 07059	Purpose of Disbursement Telephone Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>B. Virgin Mobile USA LLC</b>		Transaction ID: SB17.30844.20 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7	
Mailing Address 10 Independence Blvd		Amount of Each Disbursement this Period 65.88	
City Warren State NJ Zip Code 07059	Purpose of Disbursement Telephone Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>C. Virgin Mobile USA LLC</b>		Transaction ID: SB17.30844.21 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7	
Mailing Address 10 Independence Blvd		Amount of Each Disbursement this Period 65.88	
City Warren State NJ Zip Code 07059	Purpose of Disbursement Telephone Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[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)  
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Capri Pizza</b>		Transaction ID: SB17.30844.22 Date of Disbursement 01 / 17 / 2007	
Mailing Address Main Street		Amount of Each Disbursement this Period 10.58	
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Volunteer Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Dalton</b>		Transaction ID: SB17.30844.24 Date of Disbursement 01 / 17 / 2007	
Mailing Address Galleria Mall		Amount of Each Disbursement this Period 31.48	
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Campaign Office Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Capri Pizza</b>		Transaction ID: SB17.30844.26 Date of Disbursement 01 / 17 / 2007	
Mailing Address Main Street		Amount of Each Disbursement this Period 13.28	
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Volunteer Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>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)  
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Detailed Summary Page

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(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. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.30844.27 Date of Disbursement 01 / 17 / 2007 Amount of Each Disbursement this Period 22.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.30844.30 Date of Disbursement 01 / 17 / 2007 Amount of Each Disbursement this Period 28.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. U.S. Postal Service</b> Full Name (Last, First, Middle Initial) Mailing Address Locust & Franklin Streets City Johnstown State PA Zip Code 15901 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.30844.31 Date of Disbursement 01 / 17 / 2007 Amount of Each Disbursement this Period 195.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. B. Dalton</b>		Transaction ID: SB17.30844.32 Date of Disbursement 01 / 17 / 2007	
Mailing Address    Galleria Mall		Amount of Each Disbursement this Period 38.14	
City Johnstown	State PA	Zip Code 15904	[MEMO ITEM]
Purpose of Disbursement Gifts		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:    District:		

Full Name (Last, First, Middle Initial) <b>B. Sheetz</b>		Transaction ID: SB17.30844.39 Date of Disbursement 01 / 17 / 2007	
Mailing Address    5700 Sixth Avenue		Amount of Each Disbursement this Period 7.90	
City Altoona	State PA	Zip Code 16602	[MEMO ITEM]
Purpose of Disbursement Travel		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:    District:		

Full Name (Last, First, Middle Initial) <b>C. Sheetz</b>		Transaction ID: SB17.30844.40 Date of Disbursement 01 / 17 / 2007	
Mailing Address    5700 Sixth Avenue		Amount of Each Disbursement this Period 39.91	
City Altoona	State PA	Zip Code 16602	[MEMO ITEM]
Purpose of Disbursement Travel		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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)  
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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

<p><b>A. Sheetz</b></p> <p>Full Name (Last, First, Middle Initial) Sheetz</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.30844.41</p> <p>Date of Disbursement 01 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 32.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Ritz Carlton</b></p> <p>Full Name (Last, First, Middle Initial) Ritz Carlton</p> <p>Mailing Address 1250 South Hayes Street</p> <p>City Arlington State VA Zip Code 22202</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>Transaction ID: SB17.30844.42</p> <p>Date of Disbursement 01 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 232.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Sheetz</b></p> <p>Full Name (Last, First, Middle Initial) Sheetz</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.30844.43</p> <p>Date of Disbursement 01 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 35.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Easy Grade Car Wash</b>		<b>Transaction ID:</b> SB17.30844.46 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 925 Menoher Boulevard		Amount of Each Disbursement this Period 12.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sunoco</b>		<b>Transaction ID:</b> SB17.30844.47 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address Walnut Street		Amount of Each Disbursement this Period 29.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15901		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Westin Hotels</b>		<b>Transaction ID:</b> SB17.30844.49 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 17 Chestnut Lane		Amount of Each Disbursement this Period 1172.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Philadelphia State PA Zip Code 19115		
Purpose of Disbursement Lodging Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A. Sheetz</b></p> <p>Full Name (Last, First, Middle Initial) Sheetz</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.30844.51</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="27.40"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Homewood Suites</b></p> <p>Full Name (Last, First, Middle Initial) Homewood Suites</p> <p>Mailing Address 4850 Leesburg Pike</p> <p>City Alexandria State VA Zip Code 22302</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.30844.53</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="204.92"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Sheetz</b></p> <p>Full Name (Last, First, Middle Initial) Sheetz</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.30844.54</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="44.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></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

<b>A. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.30844.55 Date of Disbursement 01 / 17 / 2007 Amount of Each Disbursement this Period 28.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.30844.57 Date of Disbursement 01 / 17 / 2007 Amount of Each Disbursement this Period 36.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.30844.58 Date of Disbursement 01 / 17 / 2007 Amount of Each Disbursement this Period 24.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Enterprise Rent A Car</b>		<b>Transaction ID:</b> SB17.30844.61 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address Scalp Avenue		Amount of Each Disbursement this Period 137.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Vehicle Rental 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sheetz</b>		<b>Transaction ID:</b> SB17.30844.62 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 33.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Altoona State PA Zip Code 16602		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Giant Eagle</b>		<b>Transaction ID:</b> SB17.30844.63 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address Scalp Avenue		Amount of Each Disbursement this Period 10.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. PSU Press</b>		<b>Transaction ID:</b> SB17.30844.65 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address University Park		Amount of Each Disbursement this Period 777.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City State College	State PA Zip Code 16802	
Purpose of Disbursement Gifts	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

Full Name (Last, First, Middle Initial) <b>B. BP Oil</b>		<b>Transaction ID:</b> SB17.30844.66 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address Bedford Street		Amount of Each Disbursement this Period 22.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown	State PA Zip Code 15901	
Purpose of Disbursement Travel	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

Full Name (Last, First, Middle Initial) <b>C. U.S. House of Representatives</b>		<b>Transaction ID:</b> SB17.30844.68 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address Pennsylvania Avenue		Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington	State DC Zip Code 20013	
Purpose of Disbursement Gifts	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

<b>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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Westin Hotels</b>		Transaction ID: SB17.30844.69 Date of Disbursement 01 / 17 / 2007	
Mailing Address 17 Chestnut Lane		Amount of Each Disbursement this Period 238.26	
City Philadelphia State PA Zip Code 19115	Purpose of Disbursement Lodging	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent A Car</b>		Transaction ID: SB17.30844.71 Date of Disbursement 01 / 17 / 2007	
Mailing Address Scalp Avenue		Amount of Each Disbursement this Period 181.06	
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Vehicle Rental	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Sunoco</b>		Transaction ID: SB17.30844.75 Date of Disbursement 01 / 17 / 2007	
Mailing Address Walnut Street		Amount of Each Disbursement this Period 25.60	
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Ritz Carlton</b>		Transaction ID: SB17.30844.76 Date of Disbursement 01 / 17 / 2007	
Mailing Address 1250 South Hayes Street		Amount of Each Disbursement this Period 356.11	
City Arlington State VA Zip Code 22202	Purpose of Disbursement Lodging	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. Westin Hotels</b>		Transaction ID: SB17.30844.79 Date of Disbursement 01 / 17 / 2007	
Mailing Address 17 Chestnut Lane		Amount of Each Disbursement this Period 8575.90	
City Philadelphia State PA Zip Code 19115	Purpose of Disbursement Fund Raiser Receipt Exp	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Haute on the Hill By R</b>		Transaction ID: SB17.30844.80 Date of Disbursement 01 / 17 / 2007	
Mailing Address U.S. House		Amount of Each Disbursement this Period 5246.66	
City Washington State DC Zip Code 20515	Purpose of Disbursement Fund Raiser Recpt Exp	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. BP Oil</b>		<b>Transaction ID:</b> SB17.30844.81 Date of Disbursement 01 / 17 / 2007
Mailing Address Bedford Street		Amount of Each Disbursement this Period 24.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15901	Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ritz Carlton</b>		<b>Transaction ID:</b> SB17.30844.87 Date of Disbursement 01 / 17 / 2007
Mailing Address 1250 South Hayes Street		Amount of Each Disbursement this Period 1083.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Arlington State VA Zip Code 22202	Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. AMTRAK</b>		<b>Transaction ID:</b> SB17.30844.88 Date of Disbursement 01 / 17 / 2007
Mailing Address 60 Massachusetts Avenue		Amount of Each Disbursement this Period 346.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement Travel		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>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

Full Name (Last, First, Middle Initial) <b>A. AMTRAK</b>		Transaction ID: SB17.30844.89 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 60 Massachusetts Avenue		Amount of Each Disbursement this Period 346.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20002		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sheetz</b>		Transaction ID: SB17.30844.92 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 35.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Altoona State PA Zip Code 16602		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Easy Grade Car Wash</b>		Transaction ID: SB17.30844.95 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 925 Menoher Boulevard		Amount of Each Disbursement this Period 7.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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)

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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. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.30844.96 Date of Disbursement 01 / 17 / 2007 Amount of Each Disbursement this Period 15.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Easy Grade Car Wash</b> Full Name (Last, First, Middle Initial) Mailing Address 925 Menoher Boulevard City Johnstown State PA Zip Code 15905 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.30844.97 Date of Disbursement 01 / 17 / 2007 Amount of Each Disbursement this Period 12.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Harrigan's</b> Full Name (Last, First, Middle Initial) Mailing Address Market Street Holiday Inn City Johnstown State PA Zip Code 15901 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.30844.101 Date of Disbursement 01 / 17 / 2007 Amount of Each Disbursement this Period 21.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Harrigan's</b>		Transaction ID: SB17.30844.104 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address Market Street Holiday Inn		Amount of Each Disbursement this Period 28.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Meals 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. First Commonwealth Bank</b>		Transaction ID: SB17.31124 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address Credit Card Dept. P.O. Box 0537		Amount of Each Disbursement this Period 13706.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indiana State PA Zip Code 15701-0537	Purpose of Disbursement See Detail 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ritz Carlton</b>		Transaction ID: SB17.31124.3 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address 1250 South Hayes Street		Amount of Each Disbursement this Period 333.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Arlington State VA Zip Code 22202	Purpose of Disbursement Meeting Expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	13706.34
<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

Full Name (Last, First, Middle Initial) <b>A. Ritz Carlton</b>		Transaction ID: SB17.31124.7 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address 1250 South Hayes Street		Amount of Each Disbursement this Period 5500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Arlington State VA Zip Code 22202	Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Capri Pizza</b>		Transaction ID: SB17.31124.8 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address Main Street		Amount of Each Disbursement this Period 45.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Meeting Expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ritz Carlton</b>		Transaction ID: SB17.31124.11 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address 1250 South Hayes Street		Amount of Each Disbursement this Period 3540.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Arlington State VA Zip Code 22202	Purpose of Disbursement Fund Raiser Receipt Expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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)

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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. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31124.12 Date of Disbursement 02 / 14 / 2007 Amount of Each Disbursement this Period 35.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. PAPA Johns</b> Full Name (Last, First, Middle Initial) Mailing Address 2002 Papa John Blvd City Louisville State KY Zip Code 40299-2334 Purpose of Disbursement Meeting Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31124.14 Date of Disbursement 02 / 14 / 2007 Amount of Each Disbursement this Period 83.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31124.16 Date of Disbursement 02 / 14 / 2007 Amount of Each Disbursement this Period 29.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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)

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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. U.S. House of Representatives**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address  **Pennsylvania Avenue**

City  **Washington** State  **DC** Zip Code  **20013**

Purpose of Disbursement  **Meeting Expense**

Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

**Transaction ID: SB17.31124.20**  
**Date of Disbursement: 02 / 14 / 2007**

Amount of Each Disbursement this Period:  **250.22**

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

**[MEMO ITEM]**

**B. Hotel George**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address  **15 E St NW**

City  **Washington** State  **DC** Zip Code  **20001**

Purpose of Disbursement  **Lodging**

Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

**Transaction ID: SB17.31124.23**  
**Date of Disbursement: 02 / 14 / 2007**

Amount of Each Disbursement this Period:  **459.86**

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

**[MEMO ITEM]**

**C. Sette Osteria**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address  **1666 Connecticut Avenue NW**

City  **Washington** State  **DC** Zip Code  **20009**

Purpose of Disbursement  **Meeting Expense**

Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

**Transaction ID: SB17.31124.25**  
**Date of Disbursement: 02 / 14 / 2007**

Amount of Each Disbursement this Period:  **201.60**

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

**[MEMO ITEM]**

<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)

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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. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31124.28 Date of Disbursement 02 / 14 / 2007 Amount of Each Disbursement this Period 31.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31124.29 Date of Disbursement 02 / 14 / 2007 Amount of Each Disbursement this Period 32.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Easy Grade Car Wash</b> Full Name (Last, First, Middle Initial) Mailing Address 925 Menoher Boulevard City Johnstown State PA Zip Code 15905 Purpose of Disbursement Car Washes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31124.30 Date of Disbursement 02 / 14 / 2007 Amount of Each Disbursement this Period 18.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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)

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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. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31124.32 Date of Disbursement 02 / 14 / 2007 Amount of Each Disbursement this Period 21.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Capri Pizza</b> Full Name (Last, First, Middle Initial) Mailing Address Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Meeting Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31124.34 Date of Disbursement 02 / 14 / 2007 Amount of Each Disbursement this Period 40.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31124.35 Date of Disbursement 02 / 14 / 2007 Amount of Each Disbursement this Period 25.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Capri Pizza</b>		Transaction ID: SB17.31124.38 Date of Disbursement 02 / 14 / 2007	
Mailing Address Main Street		Amount of Each Disbursement this Period 29.50	
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Meeting Exp Candidate Name	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Capri Pizza</b>		Transaction ID: SB17.31124.40 Date of Disbursement 02 / 14 / 2007	
Mailing Address Main Street		Amount of Each Disbursement this Period 40.89	
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Meeting Exp Candidate Name	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sheetz</b>		Transaction ID: SB17.31124.41 Date of Disbursement 02 / 14 / 2007	
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 24.67	
City Altoona State PA Zip Code 16602	Purpose of Disbursement Travel Candidate Name	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>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)

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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. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31124.42 Date of Disbursement 02 / 14 / 2007 Amount of Each Disbursement this Period 27.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31124.45 Date of Disbursement 02 / 14 / 2007 Amount of Each Disbursement this Period 27.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31124.47 Date of Disbursement 02 / 14 / 2007 Amount of Each Disbursement this Period 22.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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

Full Name (Last, First, Middle Initial) <b>A. R &amp; R Appliances Inc</b>		<b>Transaction ID:</b> SB17.31124.48 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address 700 Franklin Street		Amount of Each Disbursement this Period 899.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15901		
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sheetz</b>		<b>Transaction ID:</b> SB17.31124.49 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 22.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Altoona State PA Zip Code 16602		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Giant Eagle</b>		<b>Transaction ID:</b> SB17.31124.50 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address Scalp Avenue		Amount of Each Disbursement this Period 129.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Giant Eagle</b>		Transaction ID: SB17.31124.52 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address Scalp Avenue		Amount of Each Disbursement this Period 11.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Giant Eagle</b>		Transaction ID: SB17.31124.53 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address Scalp Avenue		Amount of Each Disbursement this Period 65.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Giant Eagle</b>		Transaction ID: SB17.31124.56 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address Scalp Avenue		Amount of Each Disbursement this Period 139.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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)

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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

<p><b>A. Sheetz</b></p> <p>Full Name (Last, First, Middle Initial) Sheetz</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.31124.57</p> <p>Date of Disbursement 02 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 33.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>	

<p><b>B. Sheetz</b></p> <p>Full Name (Last, First, Middle Initial) Sheetz</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.31124.60</p> <p>Date of Disbursement 02 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 28.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>	

<p><b>C. Sheetz</b></p> <p>Full Name (Last, First, Middle Initial) Sheetz</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.31124.62</p> <p>Date of Disbursement 02 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 23.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>	

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

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

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

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

Full Name (Last, First, Middle Initial) <b>A. First Commonwealth Bank</b>		<b>Transaction ID:</b> SB17.31698 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address Credit Card Dept. P.O. Box 0537		Amount of Each Disbursement this Period 7195.55
City Indiana State PA Zip Code 15701-0537	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement See Detail		Category/Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

Full Name (Last, First, Middle Initial) <b>B. Kingsmill Resort</b>		<b>Transaction ID:</b> SB17.31698.0 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 1010 Kingsmill Road		Amount of Each Disbursement this Period 1175.00
City Williamsburg State VA Zip Code 23105	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Purpose of Disbursement Lodging		Category/Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

Full Name (Last, First, Middle Initial) <b>C. Kingsmill Resort</b>		<b>Transaction ID:</b> SB17.31698.1 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 1010 Kingsmill Road		Amount of Each Disbursement this Period 1175.00
City Williamsburg State VA Zip Code 23105	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Purpose of Disbursement Lodging		Category/Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7195.55
<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

Full Name (Last, First, Middle Initial) <b>A. Exxonmobile</b>		Transaction ID: SB17.31698.2 Date of Disbursement 03 / 21 / 2007	
Mailing Address    Service Station		Amount of Each Disbursement this Period 15.06	
City Arlington	State VA	Zip Code 22210	[MEMO ITEM]
Purpose of Disbursement Travel		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                      District:			

Full Name (Last, First, Middle Initial) <b>B. On Star</b>		Transaction ID: SB17.31698.3 Date of Disbursement 03 / 21 / 2007	
Mailing Address    P.O. Box 278		Amount of Each Disbursement this Period 203.90	
City Sheldon	State IA	Zip Code 51201	[MEMO ITEM]
Purpose of Disbursement Telephone		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                      District:			

Full Name (Last, First, Middle Initial) <b>C. Sheetz</b>		Transaction ID: SB17.31698.4 Date of Disbursement 03 / 21 / 2007	
Mailing Address    5700 Sixth Avenue		Amount of Each Disbursement this Period 11.35	
City Altoona	State PA	Zip Code 16602	[MEMO ITEM]
Purpose of Disbursement Travel		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                      District:			

<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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Giant Eagle</b>		Transaction ID: SB17.31698.5 Date of Disbursement 03 / 21 / 2007	
Mailing Address Scalp Avenue		Amount of Each Disbursement this Period 30.17	
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Campaign Office Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Sunoco</b>		Transaction ID: SB17.31698.6 Date of Disbursement 03 / 21 / 2007	
Mailing Address Walnut Street		Amount of Each Disbursement this Period 27.51	
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Sheetz</b>		Transaction ID: SB17.31698.7 Date of Disbursement 03 / 21 / 2007	
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 29.37	
City Altoona State PA Zip Code 16602	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Giant Eagle</b>		Transaction ID: SB17.31698.8 Date of Disbursement 03 / 21 / 2007	
Mailing Address Scalp Avenue		Amount of Each Disbursement this Period 171.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
City Johnstown	State PA		Zip Code 15904
Purpose of Disbursement Campaign Office Exp			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Exxonmobile</b>		Transaction ID: SB17.31698.11 Date of Disbursement 03 / 21 / 2007	
Mailing Address Service Station		Amount of Each Disbursement this Period 31.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
City Arlington	State VA		Zip Code 22210
Purpose of Disbursement Travel			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. Sheetz</b>		Transaction ID: SB17.31698.13 Date of Disbursement 03 / 21 / 2007	
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 0.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
City Altoona	State PA		Zip Code 16602
Purpose of Disbursement Travel			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

<b>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)

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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. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31698.14 Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 17.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31698.15 Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 14.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31698.16 Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 23.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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)

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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. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31698.17 Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 23.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Easy Grade Car Wash</b> Full Name (Last, First, Middle Initial) Mailing Address 925 Menoher Boulevard City Johnstown State PA Zip Code 15905 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31698.18 Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 12.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Easy Grade Car Wash</b> Full Name (Last, First, Middle Initial) Mailing Address 925 Menoher Boulevard City Johnstown State PA Zip Code 15905 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31698.19 Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 12.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Easy Grade Car Wash</b>		<b>Transaction ID:</b> SB17.31698.20 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 925 Menoher Boulevard		Amount of Each Disbursement this Period 12.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Capri Pizza</b>		<b>Transaction ID:</b> SB17.31698.21 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address Main Street		Amount of Each Disbursement this Period 27.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15901		
Purpose of Disbursement Volunteer Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sheetz</b>		<b>Transaction ID:</b> SB17.31698.22 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 6.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Altoona State PA Zip Code 16602		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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)

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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. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31698.23 Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 26.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Getty Images</b> Full Name (Last, First, Middle Initial) Mailing Address 601 N 34th Street City Seattle State WA Zip Code 98103 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: SB17.31698.24 Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 1068.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31698.25 Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 34.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Ritz Carlton</b>		Transaction ID: SB17.31698.26 Date of Disbursement 03 / 21 / 2007	
Mailing Address 1250 South Hayes Street		Amount of Each Disbursement this Period 300.43	
City Arlington State VA Zip Code 22202	Purpose of Disbursement Meeting Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Giant Eagle</b>		Transaction ID: SB17.31698.28 Date of Disbursement 03 / 21 / 2007	
Mailing Address Scalp Avenue		Amount of Each Disbursement this Period 33.32	
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Campaign Office Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Sheetz</b>		Transaction ID: SB17.31698.30 Date of Disbursement 03 / 21 / 2007	
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 42.50	
City Altoona State PA Zip Code 16602	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	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)

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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. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31698.31 Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 29.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Giant Eagle</b> Full Name (Last, First, Middle Initial) Mailing Address Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31698.33 Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 108.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Giant Eagle</b> Full Name (Last, First, Middle Initial) Mailing Address Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31698.34 Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 7.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Sunoco</b>		Transaction ID: SB17.31698.38 Date of Disbursement 03 / 21 / 2007	
Mailing Address Walnut Street		Amount of Each Disbursement this Period 24.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
City Johnstown	State PA		Zip Code 15901
Purpose of Disbursement Travel			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Sunoco</b>		Transaction ID: SB17.31698.39 Date of Disbursement 03 / 21 / 2007	
Mailing Address Walnut Street		Amount of Each Disbursement this Period 13.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
City Johnstown	State PA		Zip Code 15901
Purpose of Disbursement Travel			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. BP Oil</b>		Transaction ID: SB17.31698.40 Date of Disbursement 03 / 21 / 2007	
Mailing Address Bedford Street		Amount of Each Disbursement this Period 19.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
City Johnstown	State PA		Zip Code 15901
Purpose of Disbursement Travel			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

<b>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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Haute on the Hill By R</b>		Transaction ID: SB17.31698.41 Date of Disbursement 03 / 21 / 2007	
Mailing Address U.S. House		Amount of Each Disbursement this Period 1172.40	
City Washington State DC Zip Code 20515	Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Crystal Strings</b>		Transaction ID: SB17.31698.42 Date of Disbursement 03 / 21 / 2007	
Mailing Address 11105 Hudee Ct		Amount of Each Disbursement this Period 600.00	
City Bowie State MD Zip Code 20721	Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sheetz</b>		Transaction ID: SB17.31698.43 Date of Disbursement 03 / 21 / 2007	
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 27.22	
City Altoona State PA Zip Code 16602	Purpose of Disbursement Travel Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>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

Full Name (Last, First, Middle Initial) <b>A. First Commonwealth Bank</b>		<b>Transaction ID:</b> SB17.30796 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address 1047 Franklin Street 8th Ward Office		Amount of Each Disbursement this Period 1333.07
City Johnstown State PA Zip Code 15905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes	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) ▼	

Full Name (Last, First, Middle Initial) <b>B. First Commonwealth Bank</b>		<b>Transaction ID:</b> SB17.30908 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address 1047 Franklin Street 8th Ward Office		Amount of Each Disbursement this Period 35.00
City Johnstown State PA Zip Code 15905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Charges	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) ▼	

Full Name (Last, First, Middle Initial) <b>C. First Commonwealth Bank</b>		<b>Transaction ID:</b> SB17.30909 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 1047 Franklin Street 8th Ward Office		Amount of Each Disbursement this Period 80.11
City Johnstown State PA Zip Code 15905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Camp. Office Expense	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) ..... ▶	1448.18
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. First Commonwealth Bank</b>		<b>Transaction ID:</b> SB17.30839 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 1047 Franklin Street 8th Ward Office		Amount of Each Disbursement this Period 154.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Payroll Taxes	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) ▼	

Full Name (Last, First, Middle Initial) <b>B. First Commonwealth Bank</b>		<b>Transaction ID:</b> SB17.30907 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address 1047 Franklin Street 8th Ward Office		Amount of Each Disbursement this Period 1333.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Payroll Taxes	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) ▼	

Full Name (Last, First, Middle Initial) <b>C. First Commonwealth Bank</b>		<b>Transaction ID:</b> SB17.31808 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address 1047 Franklin Street 8th Ward Office		Amount of Each Disbursement this Period 0.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Bank Charges	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) ..... ▶	1487.44
<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

Full Name (Last, First, Middle Initial) <b>A. First Commonwealth Bank</b>		<b>Transaction ID:</b> SB17.31809 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address 1047 Franklin Street 8th Ward Office		Amount of Each Disbursement this Period 34.88
City Johnstown State PA Zip Code 15905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Charges	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) ▼	

Full Name (Last, First, Middle Initial) <b>B. First Commonwealth Bank</b>		<b>Transaction ID:</b> SB17.31811 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1047 Franklin Street 8th Ward Office		Amount of Each Disbursement this Period 4.50
City Johnstown State PA Zip Code 15905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Charges	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) ▼	

Full Name (Last, First, Middle Initial) <b>C. First Commonwealth Bank</b>		<b>Transaction ID:</b> SB17.31812 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7
Mailing Address 1047 Franklin Street 8th Ward Office		Amount of Each Disbursement this Period 32.50
City Johnstown State PA Zip Code 15905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Charges	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	71.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. First Commonwealth Bank</b>		<b>Transaction ID:</b> SB17.31648 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 1047 Franklin Street 8th Ward Office		Amount of Each Disbursement this Period 1331.07
City Johnstown State PA Zip Code 15905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes	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) ▼	

Full Name (Last, First, Middle Initial) <b>B. First Commonwealth Bank</b>		<b>Transaction ID:</b> SB17.31722 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address 1047 Franklin Street 8th Ward Office		Amount of Each Disbursement this Period 31.89
City Johnstown State PA Zip Code 15905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Charges	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) ▼	

Full Name (Last, First, Middle Initial) <b>C. First Commonwealth Bank</b>		<b>Transaction ID:</b> SB17.31810 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address 1047 Franklin Street 8th Ward Office		Amount of Each Disbursement this Period 3.11
City Johnstown State PA Zip Code 15905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Charges	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) ..... ▶	1366.07
<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

Full Name (Last, First, Middle Initial) <b>A. Flower Barn</b>		<b>Transaction ID:</b> SB17.30810 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address Millcreek at Bucknell		Amount of Each Disbursement this Period 148.40
City Johnstown State PA Zip Code 15905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Floral Arrangements	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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Flower Barn</b>		<b>Transaction ID:</b> SB17.30879 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address Millcreek at Bucknell		Amount of Each Disbursement this Period 127.20
City Johnstown State PA Zip Code 15905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Floral Arrangements	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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Flower Barn</b>		<b>Transaction ID:</b> SB17.31154 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address Millcreek at Bucknell		Amount of Each Disbursement this Period 63.60
City Johnstown State PA Zip Code 15905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Floral Arrangements	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>339.20</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

Full Name (Last, First, Middle Initial) <b>A. Flower Barn</b>		<b>Transaction ID:</b> SB17.31636 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address Millcreek at Bucknell		Amount of Each Disbursement this Period 63.60
City Johnstown State PA Zip Code 15905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Floral Arrangements	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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Flower Barn</b>		<b>Transaction ID:</b> SB17.31711 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Millcreek at Bucknell		Amount of Each Disbursement this Period 217.30
City Johnstown State PA Zip Code 15905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Floral Arrangements	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) ▼	

Full Name (Last, First, Middle Initial) <b>C. GMAC</b>		<b>Transaction ID:</b> SB17.30798 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address GMAC Payment Processing Center P.O. Box 70309		Amount of Each Disbursement this Period 510.45
City Charlotte State NC Zip Code 28272-0309	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Vehicle Rental	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	791.35
<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

Full Name (Last, First, Middle Initial) <b>A. GMAC</b>		<b>Transaction ID:</b> SB17.31122 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address GMAC Payment Processing Center P.O. Box 70309		Amount of Each Disbursement this Period 503.25
City Charlotte	State NC	
Zip Code 28272-0309		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Vehicle Rental	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GMAC</b>		<b>Transaction ID:</b> SB17.31156 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address GMAC Payment Processing Center P.O. Box 70309		Amount of Each Disbursement this Period 632.45
City Charlotte	State NC	
Zip Code 28272-0309		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Vehicle Rental	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Holiday Inn</b>		<b>Transaction ID:</b> SB17.31677 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address P.O. Box 1487		Amount of Each Disbursement this Period 1000.00
City Johnstown	State PA	
Zip Code 15907-1487		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Entertainment	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2135.70
<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

Full Name (Last, First, Middle Initial) <b>A. David Howard</b>		<b>Transaction ID:</b> SB17.30813 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address 399 Liberty Avenue		Amount of Each Disbursement this Period 196.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905	Purpose of Disbursement Travel, Vol Exp, Camp Off Exp Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. David Howard</b>		<b>Transaction ID:</b> SB17.31641 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 399 Liberty Avenue		Amount of Each Disbursement this Period 112.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905	Purpose of Disbursement Meals & Travel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Indiana Co Chamber of Commerce</b>		<b>Transaction ID:</b> SB17.31136 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address 1019 Philadelphia Street		Amount of Each Disbursement this Period 199.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indiana State PA Zip Code 15701-1689	Purpose of Disbursement Dues Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	508.79
<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

Full Name (Last, First, Middle Initial) <b>A. William Irvine</b>		<b>Transaction ID:</b> SB17.31147 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 7
Mailing Address 1335 West 95th Street		Amount of Each Disbursement this Period 1750.00
City Cleveland State OH Zip Code 44102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. William Irvine</b>		<b>Transaction ID:</b> SB17.31149 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 7
Mailing Address 1335 West 95th Street		Amount of Each Disbursement this Period 1500.00
City Cleveland State OH Zip Code 44102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. William Irvine</b>		<b>Transaction ID:</b> SB17.31668 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 1335 West 95th Street		Amount of Each Disbursement this Period 375.00
City Cleveland State OH Zip Code 44102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3625.00</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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. John Harrington Photopraghy</b>		<b>Transaction ID:</b> SB17.31695 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 2500 32nd Street SE		Amount of Each Disbursement this Period 1346.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20020-1404	Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Lee Auxiliary</b>		<b>Transaction ID:</b> SB17.30824 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address P.O. Box 66		Amount of Each Disbursement this Period 160.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Tickets 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Theresa Lehman</b>		<b>Transaction ID:</b> SB17.30825 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period 1201.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Wages Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2708.76
<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

Full Name (Last, First, Middle Initial) <b>A. Theresa Lehman</b>		<b>Transaction ID:</b> SB17.30875 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period 1201.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Theresa Lehman</b>		<b>Transaction ID:</b> SB17.31107 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period 1189.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Theresa Lehman</b>		<b>Transaction ID:</b> SB17.31137 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 7
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period 1189.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3581.34</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Theresa Lehman</b>		<b>Transaction ID:</b> SB17.31631 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period 1189.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Theresa Lehman</b>		<b>Transaction ID:</b> SB17.31678 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period 140.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Reimb Fund Raiser Recpt Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Theresa Lehman</b>		<b>Transaction ID:</b> SB17.31696 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period 1189.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2519.56</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

Full Name (Last, First, Middle Initial) <b>A. Theresa Lehman</b>		<b>Transaction ID:</b> SB17.31707 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period 1202.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mack Crouse Group LLC</b>		<b>Transaction ID:</b> SB17.30852 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 4900 Seminary Road Suite 1020		Amount of Each Disbursement this Period 5500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22311		
Purpose of Disbursement Campaign Event Expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mark Critz</b>		<b>Transaction ID:</b> SB17.31681 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 825 Highland Avenue		Amount of Each Disbursement this Period 85.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15902		
Purpose of Disbursement Meals Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6788.69
<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

Full Name (Last, First, Middle Initial) <b>A. Mary Catherine Voytko</b>		<b>Transaction ID:</b> SB17.31109 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address 920 Fronheiser Street		Amount of Each Disbursement this Period 62.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15902		
Purpose of Disbursement Wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mary Catherine Voytko</b>		<b>Transaction ID:</b> SB17.31633 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 920 Fronheiser Street		Amount of Each Disbursement this Period 62.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15902		
Purpose of Disbursement Wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Matt Mazonkey</b>		<b>Transaction ID:</b> SB17.31680 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 3405 Waugaman Drive		Amount of Each Disbursement this Period 162.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lower Burrell State PA Zip Code 15068		
Purpose of Disbursement Meals Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	288.65
<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

Full Name (Last, First, Middle Initial) <b>A. McAneny Brothers, Inc.</b>		<b>Transaction ID:</b> SB17.30806 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address 470 Industrial Park Road		Amount of Each Disbursement this Period 3200.81
City Ebensburg State PA Zip Code 15931-4114	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gifts	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. McAneny Brothers, Inc.</b>		<b>Transaction ID:</b> SB17.30896 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 470 Industrial Park Road		Amount of Each Disbursement this Period 26.72
City Ebensburg State PA Zip Code 15931-4114	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gifts	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Myers Strategies LLC</b>		<b>Transaction ID:</b> SB17.30857 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 914 Everts St NE		Amount of Each Disbursement this Period 1013.10
City Washington State DC Zip Code 20018	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rally Expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4240.63
<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

Full Name (Last, First, Middle Initial) <b>A. Neubauer's Flower Inc.</b>		<b>Transaction ID:</b> SB17.31676 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 308 Jefferson Avenue		Amount of Each Disbursement this Period 146.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Moundsville State WV Zip Code 26041		
Purpose of Disbursement Floral Arrangements	<input type="checkbox"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. NGP Software Inc</b>		<b>Transaction ID:</b> SB17.31672 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 1101 Vermont Ave NW Suite 710		Amount of Each Disbursement this Period 6900.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20005		
Purpose of Disbursement Campaign Office Exp	<input type="checkbox"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. PA Dept. of Revenue</b>		<b>Transaction ID:</b> SB17.30795 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7
Mailing Address Dept. 280401		Amount of Each Disbursement this Period 158.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Harrisburg State PA Zip Code 17128-0401		
Purpose of Disbursement PA SIT W/H	<input type="checkbox"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7205.19
<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

Full Name (Last, First, Middle Initial) <b>A. PA Dept. of Revenue</b>		<b>Transaction ID:</b> SB17.30906 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address Dept. 280401		Amount of Each Disbursement this Period 158.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Harrisburg State PA Zip Code 17128-0401		
Purpose of Disbursement PA SIT W/H 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. PA Dept. of Revenue</b>		<b>Transaction ID:</b> SB17.31721 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address Dept. 280401		Amount of Each Disbursement this Period 158.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Harrisburg State PA Zip Code 17128-0401		
Purpose of Disbursement PA SIT W/H 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. PA UC Fund</b>		<b>Transaction ID:</b> SB17.30840 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address Seventh & Forster Streets P.O. Box 68568		Amount of Each Disbursement this Period 515.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Harrisburg State PA Zip Code 17106-8568		
Purpose of Disbursement Payroll Taxes Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	833.30
<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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Penn National Insurance</b>		<b>Transaction ID:</b> SB17.30805 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address P.O. Box 13746		Amount of Each Disbursement this Period 841.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia State PA Zip Code 19101-3746		
Purpose of Disbursement Insurance 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Perkins Coie</b>		<b>Transaction ID:</b> SB17.31112 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address 1202 Third Avenue 40th Floor		Amount of Each Disbursement this Period 305.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Seattle State WA Zip Code 98101-3099		
Purpose of Disbursement Legal Fees 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Petty Cash</b>		<b>Transaction ID:</b> SB17.30812 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 94.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15907		
Purpose of Disbursement See Detail Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1240.95
<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)

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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

<p><b>A. Petty Cash</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1091</p> <p>City Johnstown State PA Zip Code 15907</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> SB17.30812.0 <b>Date of Disbursement:</b> 01 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B. Petty Cash</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1091</p> <p>City Johnstown State PA Zip Code 15907</p> <p>Purpose of Disbursement Campaign Office Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> SB17.30812.1 <b>Date of Disbursement:</b> 01 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 21.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C. Petty Cash</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1091</p> <p>City Johnstown State PA Zip Code 15907</p> <p>Purpose of Disbursement Vehicle Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> SB17.30812.2 <b>Date of Disbursement:</b> 01 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 5.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

<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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Petty Cash</b>		Transaction ID: SB17.30812.3 Date of Disbursement 01 / 03 / 2007	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 43.45	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Volunteer Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:           District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>B. Petty Cash</b>		Transaction ID: SB17.30834 Date of Disbursement 01 / 10 / 2007	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 36.28	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Volunteer Exp, Camp Office Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:           District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Petty Cash</b>		Transaction ID: SB17.30862 Date of Disbursement 01 / 17 / 2007	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 82.79	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement See Detail	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="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) ..... ▶	<b>119.07</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

Full Name (Last, First, Middle Initial) <b>A. Petty Cash</b>		Transaction ID: SB17.30862.0 Date of Disbursement 01 / 17 / 2007	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 5.00	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Tickets	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>B. Petty Cash</b>		Transaction ID: SB17.30862.1 Date of Disbursement 01 / 17 / 2007	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 82.79	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Campaign Office Exp	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>C. Petty Cash</b>		Transaction ID: SB17.30862.2 Date of Disbursement 01 / 17 / 2007	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 10.00	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Travel	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[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

Full Name (Last, First, Middle Initial) <b>A. Petty Cash</b>		Transaction ID: SB17.30899 Date of Disbursement 01 / 31 / 2007	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 75.74	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement See Detail	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Petty Cash</b>		Transaction ID: SB17.30899.0 Date of Disbursement 01 / 31 / 2007	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 2.43	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Campaign Office Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>C. Petty Cash</b>		Transaction ID: SB17.30899.1 Date of Disbursement 01 / 31 / 2007	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 52.70	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Meeting Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <b>[MEMO ITEM]</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	75.74
<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

Full Name (Last, First, Middle Initial) <b>A. Petty Cash</b>		Transaction ID: SB17.30899.2 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 20.61	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Volunteer Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>B. Petty Cash</b>		Transaction ID: SB17.31134 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 46.92	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Volunteer & Meeting Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Petty Cash</b>		Transaction ID: SB17.31150 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 73.10	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Meals & Tickets	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="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) ..... ▶	120.02
<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

Full Name (Last, First, Middle Initial) <b>A. Petty Cash</b>		<b>Transaction ID:</b> SB17.31157 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 99.81	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement See Detail	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Petty Cash</b>		<b>Transaction ID:</b> SB17.31157.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 14.22	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Volunteer Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>C. Petty Cash</b>		<b>Transaction ID:</b> SB17.31157.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 10.00	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Tickets	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	99.81
<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

Full Name (Last, First, Middle Initial) <b>A. Petty Cash</b>		Transaction ID: SB17.31157.2 Date of Disbursement 02 / 28 / 2007	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 14.25	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Meals	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>B. Petty Cash</b>		Transaction ID: SB17.31157.3 Date of Disbursement 02 / 28 / 2007	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 56.34	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Meeting Expense	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>C. Petty Cash</b>		Transaction ID: SB17.31157.4 Date of Disbursement 02 / 28 / 2007	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 5.00	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Parking	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<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

Full Name (Last, First, Middle Initial) <b>A. Precious Metals &amp; Diamond Co.</b>		<b>Transaction ID:</b> SB17.30877 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address 1011 Eisenhower Blvd		Amount of Each Disbursement this Period 1671.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15904-3305		
Purpose of Disbursement Gifts Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Precious Metals &amp; Diamond Co.</b>		<b>Transaction ID:</b> SB17.31125 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address 1011 Eisenhower Blvd		Amount of Each Disbursement this Period 941.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15904-3305		
Purpose of Disbursement Gifts Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Queen City Business Systems</b>		<b>Transaction ID:</b> SB17.30890 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 1255 Scalp Avenue		Amount of Each Disbursement this Period 280.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2893.80</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Nick Retos</b>		<b>Transaction ID:</b> SB17.30853 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7	
Mailing Address 103 Lemoyne Avenue		Amount of Each Disbursement this Period 388.85	
City Washington State PA Zip Code 15301	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ritz Carlton</b>		<b>Transaction ID:</b> SB17.31658 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7	
Mailing Address 1250 South Hayes Street		Amount of Each Disbursement this Period 50847.40	
City Arlington State VA Zip Code 22202	Purpose of Disbursement Fund Raiser Recept Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Robert C. Ondick, CPA, PC</b>		<b>Transaction ID:</b> SB17.30808 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7	
Mailing Address 551 Main Street, Suite 220		Amount of Each Disbursement this Period 2500.00	
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Accounting Services	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	53736.25
<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

Full Name (Last, First, Middle Initial) <b>A. Robert C. Ondick, CPA, PC</b>		<b>Transaction ID:</b> SB17.31118 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address 551 Main Street, Suite 220		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Accounting Services 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Robert C. Ondick, CPA, PC</b>		<b>Transaction ID:</b> SB17.31639 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 551 Main Street, Suite 220		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Accounting Services 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Rudzik, Inc</b>		<b>Transaction ID:</b> SB17.31667 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 2126 Connecticut Ave NW #41		Amount of Each Disbursement this Period 2025.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20008-1729	Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7025.00</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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Select Printing</b>		<b>Transaction ID:</b> SB17.31666 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 1129 20th Street NW		Amount of Each Disbursement this Period 399.40
City Washington State DC Zip Code 20023	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Susan O'Neill &amp; Assoc.</b>		<b>Transaction ID:</b> SB17.30887 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 5910 Gloster Road		Amount of Each Disbursement this Period 1569.00
City Bethesda State MD Zip Code 20816	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Susan O'Neill &amp; Assoc.</b>		<b>Transaction ID:</b> SB17.30900 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 5910 Gloster Road		Amount of Each Disbursement this Period 4166.67
City Bethesda State MD Zip Code 20816	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Public Relations Expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6135.07</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Susan O'Neill &amp; Assoc.</b>		<b>Transaction ID: SB17.31159</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 5910 Gloster Road		Amount of Each Disbursement this Period 4166.67	
City Bethesda State MD Zip Code 20816	Purpose of Disbursement Public Relations Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Susan O'Neill &amp; Assoc.</b>		<b>Transaction ID: SB17.31659</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7	
Mailing Address 5910 Gloster Road		Amount of Each Disbursement this Period 10579.35	
City Bethesda State MD Zip Code 20816	Purpose of Disbursement Fund Raiser Recpt Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Susan O'Neill &amp; Assoc.</b>		<b>Transaction ID: SB17.31717</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7	
Mailing Address 5910 Gloster Road		Amount of Each Disbursement this Period 4166.67	
City Bethesda State MD Zip Code 20816	Purpose of Disbursement Public Relations Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	18912.69
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. The Congressional Club</b>		<b>Transaction ID:</b> SB17.31139 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 7
Mailing Address 2001 New Hampshire Ave NW		Amount of Each Disbursement this Period 225.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20009	Purpose of Disbursement Tickets	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. UMW Printing Inc</b>		<b>Transaction ID:</b> SB17.31664 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 5207 Monroe Place		Amount of Each Disbursement this Period 1305.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hyattsville State MD Zip Code 20781	Purpose of Disbursement Fund Raiser Recept Expense	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. UPS</b>		<b>Transaction ID:</b> SB17.30801 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address P.O. Box 7247-0244		Amount of Each Disbursement this Period 127.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia State PA Zip Code 19170-0001	Purpose of Disbursement Freight	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1658.39
<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

Full Name (Last, First, Middle Initial) <b>A. UPS</b>		Transaction ID: SB17.30827 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address P.O. Box 7247-0244		Amount of Each Disbursement this Period 43.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia State PA Zip Code 19170-0001		
Purpose of Disbursement Freight 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. UPS</b>		Transaction ID: SB17.30849 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address P.O. Box 7247-0244		Amount of Each Disbursement this Period 28.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia State PA Zip Code 19170-0001		
Purpose of Disbursement Freight 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. UPS</b>		Transaction ID: SB17.30882 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address P.O. Box 7247-0244		Amount of Each Disbursement this Period 35.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia State PA Zip Code 19170-0001		
Purpose of Disbursement Freight Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	108.79
<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

Full Name (Last, First, Middle Initial) <b>A. UPS</b>		<b>Transaction ID:</b> SB17.30894 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address P.O. Box 7247-0244		Amount of Each Disbursement this Period 22.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia State PA Zip Code 19170-0001		
Purpose of Disbursement Freight 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. UPS</b>		<b>Transaction ID:</b> SB17.31117 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address P.O. Box 7247-0244		Amount of Each Disbursement this Period 23.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia State PA Zip Code 19170-0001		
Purpose of Disbursement Freight 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. UPS</b>		<b>Transaction ID:</b> SB17.31128 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address P.O. Box 7247-0244		Amount of Each Disbursement this Period 41.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia State PA Zip Code 19170-0001		
Purpose of Disbursement Freight Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	87.11
<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

Full Name (Last, First, Middle Initial) <b>A. UPS</b>		<b>Transaction ID:</b> SB17.31141 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 7
Mailing Address P.O. Box 7247-0244		Amount of Each Disbursement this Period 42.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia State PA Zip Code 19170-0001		
Purpose of Disbursement Freight 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. UPS</b>		<b>Transaction ID:</b> SB17.31152 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address P.O. Box 7247-0244		Amount of Each Disbursement this Period 63.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia State PA Zip Code 19170-0001		
Purpose of Disbursement Freight 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. UPS</b>		<b>Transaction ID:</b> SB17.31640 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address P.O. Box 7247-0244		Amount of Each Disbursement this Period 34.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia State PA Zip Code 19170-0001		
Purpose of Disbursement Freight Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	140.27
<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. UPS</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.31674 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 <b>Amount of Each Disbursement this Period</b> 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. UPS</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.31700 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 <b>Amount of Each Disbursement this Period</b> 63.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. UPS</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.31710 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 <b>Amount of Each Disbursement this Period</b> 59.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	153.40
<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

Full Name (Last, First, Middle Initial) <b>A. Valley Printing</b>		<b>Transaction ID:</b> SB17.30847 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 667 Main Street		Amount of Each Disbursement this Period 67.84
City Johnstown State PA Zip Code 15901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Valley Printing</b>		<b>Transaction ID:</b> SB17.31143 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 7
Mailing Address 667 Main Street		Amount of Each Disbursement this Period 1668.44
City Johnstown State PA Zip Code 15901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Vee Neal Aviation</b>		<b>Transaction ID:</b> SB17.30859 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 200 Pleasant Unity Rd Ste 109		Amount of Each Disbursement this Period 3427.55
City Latrobe State PA Zip Code 15650-9549	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5163.83</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Verizon North</b>		<b>Transaction ID:</b> SB17.30800 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address P.O. Box 920041		Amount of Each Disbursement this Period 441.16
City Dallas State TX Zip Code 75392-0041	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Verizon North</b>		<b>Transaction ID:</b> SB17.30891 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address P.O. Box 920041		Amount of Each Disbursement this Period 532.63
City Dallas State TX Zip Code 75392-0041	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Verizon North</b>		<b>Transaction ID:</b> SB17.31634 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address P.O. Box 920041		Amount of Each Disbursement this Period 449.19
City Dallas State TX Zip Code 75392-0041	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1422.98
<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

Full Name (Last, First, Middle Initial) <b>A. VMW Printing, Inc</b>		<b>Transaction ID:</b> SB17.30888 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 5207 Monroe Place		Amount of Each Disbursement this Period 415.00
City Hyattsville State MD Zip Code 20781	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fund Raiser Recpt Exp	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. VMW Printing, Inc</b>		<b>Transaction ID:</b> SB17.31126 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address 5207 Monroe Place		Amount of Each Disbursement this Period 1224.00
City Hyattsville State MD Zip Code 20781	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fund Raiser Recpt Exp	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Westmoreland Co Democratic Comm</b>		<b>Transaction ID:</b> SB17.31647 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 14 East Otterman Street		Amount of Each Disbursement this Period 1000.00
City Greensburg State PA Zip Code 15601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Tickets	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2639.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>245756.77</b>

# SCHEDULE 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

Full Name (Last, First, Middle Initial) <b>A. Ann Eppard Congressional</b>		<b>Transaction ID: SB21.31684</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Internship Memorial Scholarship PO Box 600		Amount of Each Disbursement this Period 1000.00
City Loretto State PA Zip Code 15940-0600	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contributions 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Boy Scouts of America</b>		<b>Transaction ID: SB21.31123</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address 664 Tire Hill Road		Amount of Each Disbursement this Period 5000.00
City Tire Hill State PA Zip Code 15959	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cambria County Democratic Comm.</b>		<b>Transaction ID: SB21.31683</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 104 S. Center Street P.O. Box 92		Amount of Each Disbursement this Period 1000.00
City Ebensburg State PA Zip Code 15931	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Cambria County Democratic Comm.</b>		<b>Transaction ID:</b> SB21.31704 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 104 S. Center Street P.O. Box 92		Amount of Each Disbursement this Period 50.00
City Ebensburg State PA Zip Code 15931	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution	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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Comm. To Elect Ed Cernic Jr</b>		<b>Transaction ID:</b> SB21.31720 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 500 Cooper Avenue		Amount of Each Disbursement this Period 1000.00
City Johnstown State PA Zip Code 15906	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution	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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Comm. to Elect Vincent Zapotosky</b>		<b>Transaction ID:</b> SB21.31652 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address P.O. Box 1594		Amount of Each Disbursement this Period 500.00
City Uniontown State PA Zip Code 15401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1550.00
<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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Committee to Re-Elect Ken Wescott</b>		<b>Transaction ID: SB21.30837</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address 58 W. Maiden Street		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State PA Zip Code 15301	Purpose of Disbursement Contribution 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. D.C.C.C.</b>		<b>Transaction ID: SB21.30821</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address 430 S. Capitol Street, SE		Amount of Each Disbursement this Period 13043.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. D.C.C.C.</b>		<b>Transaction ID: SB21.31719</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 430 S. Capitol Street, SE		Amount of Each Disbursement this Period 22670.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	36714.00
<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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Friends of Sean Cavanagh</b>		<b>Transaction ID:</b> SB21.31654 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address P.O. Box 697		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Uniontown State PA Zip Code 15401		
Purpose of Disbursement Contribution 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Johnstown Regional Labor Council</b>		<b>Transaction ID:</b> SB21.30864 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address P.O. Box 658		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15907-0658		
Purpose of Disbursement Contribution 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. MCCOLLUM FOR CONGRESS</b>		<b>Transaction ID:</b> SB21.31650 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address P.O. Box 14131		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Paul State MN Zip Code 55114		
Purpose of Disbursement Contribution Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Panetta Institute for Public Policy</b>		<b>Transaction ID:</b> SB21.30872 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 100 Campus Center Bldg 86E		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Seaside State CA Zip Code 93955		
Purpose of Disbursement Contribution 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. PA Trolley Museum Inc</b>		<b>Transaction ID:</b> SB21.31693 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 1 Museum Road		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State PA Zip Code 15301-6133		
Purpose of Disbursement Contribution 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Petty Cash</b>		<b>Transaction ID:</b> SB21.31135 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 40.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15907		
Purpose of Disbursement Contribution Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3040.00</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)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. St. James Missionary Baptist Church</b>		<b>Transaction ID: SB21.31716</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 120 Hickory Street		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15902	Purpose of Disbursement Contribution 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) ▼	
Full Name (Last, First, Middle Initial) <b>B. Valley Printing</b>		<b>Transaction ID: SB21.30846</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 667 Main Street		Amount of Each Disbursement this Period 754.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Contribution, Boy Scouts 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) ..... ►

1004.72

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

51808.72

**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Cingular	Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 129	
City State ZIP Code Newark NJ 07101-0129	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.31846	
Amount Incurred This Period 898.22	Payment This Period 0.00	Outstanding Balance at Close of This Period 898.22

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Bill Dooling	Nature of Debt (Purpose): Rally Expense
Mailing Address 37 Spring Street	
City State ZIP Code Holliston MA 01746	

Outstanding Balance Beginning This Period 1500.00	<b>Transaction ID:</b> SD10.30789	
Amount Incurred This Period 0.00	Payment This Period 1500.00	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert Duffy	Nature of Debt (Purpose): Rally Expense
Mailing Address 197 River Road	
City State ZIP Code Andover MD 01810	

Outstanding Balance Beginning This Period 600.00	<b>Transaction ID:</b> SD10.30790	
Amount Incurred This Period 0.00	Payment This Period 600.00	Outstanding Balance at Close of This Period 0.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	898.22
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
 MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor McAneny Brothers, Inc.	Nature of Debt (Purpose): Gifts
Mailing Address 470 Industrial Park Road	
City State ZIP Code Ebensburg PA 15931-4114	

Outstanding Balance Beginning This Period 3200.81	<b>Transaction ID: SD10.30785</b>	
Amount Incurred This Period 0.00	Payment This Period 3200.81	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Myers Strategies LLC	Nature of Debt (Purpose): Rally Expense
Mailing Address 914 Everts St NE	
City State ZIP Code Washington DC 20018	

Outstanding Balance Beginning This Period 1013.10	<b>Transaction ID: SD10.30788</b>	
Amount Incurred This Period 0.00	Payment This Period 1013.10	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Penn National Insurance	Nature of Debt (Purpose): Vehicle Insurance
Mailing Address P.O. Box 13746	
City State ZIP Code Philadelphia PA 19101-3746	

Outstanding Balance Beginning This Period 841.00	<b>Transaction ID: SD10.30786</b>	
Amount Incurred This Period 0.00	Payment This Period 841.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	0.00
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Penn National Insurance	Nature of Debt (Purpose): Vehicle Insurance
Mailing Address P.O. Box 13746	
City State ZIP Code Philadelphia PA 19101-3746	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.31845</b>	
Amount Incurred This Period 820.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 820.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Precious Metals & Diamond Co.	Nature of Debt (Purpose): Gifts
Mailing Address 1011 Eisenhower Blvd	
City State ZIP Code Johnstown PA 15904-3305	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.31844</b>	
Amount Incurred This Period 600.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 600.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Vee Neal Aviation	Nature of Debt (Purpose): Travel
Mailing Address 200 Pleasant Unity Rd Ste 109	
City State ZIP Code Latrobe PA 15650-9549	

Outstanding Balance Beginning This Period 3427.55	<b>Transaction ID: SD10.30787</b>	
Amount Incurred This Period 0.00	Payment This Period 3427.55	Outstanding Balance at Close of This Period 0.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>1420.00</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	<b>2318.22</b>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

Image# 27990589820

Form/Schedule: **F3A**

Transaction ID:

'BEST EFFORT' MADE TO OBTAIN ALL MISSING INFORMATION. A LETTER IS SENT TO CONTRIBUTORS STATING THAT THE MISSING INFORMATION IS NEEDED BECAUSE IT IS REQUIRED BY FEC LAW. A SECOND LETTER IS SEND IF WE DO NOT RECIEE A REPSONSE. THE SECOND LETTER STATES AGAIN THAT THE MISSING MISSING INFORMATION IS REQUIRED BY FEC LAW. IF THE INFORMATION IS NOT RECEIVED, NO FUTURE CONTRIBUTIONS ARE ACCEPTED FOR THIS INDIVIDUAL. IF THE INFORMATION IS RECIEVED AFTER THE FILING, THE AMEND THE FILING.

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