

# 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** C00019075

CITY STATE ZIP CODE STATE DISTRICT

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

PA 12

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

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

Convention (12C)  Special (12S)

Election on 11 07 2006 in the State of PA

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

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

Election on in the State of

5. Covering Period 10 01 2006 through 10 18 2006

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 01 08 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							
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

MURTHA FOR CONGRESS COMMITTEE

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	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)).....	33074.75	2553296.62
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1900.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	33074.75	2551396.62
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	253616.85	1763322.68
(b) Total Offsets to Operating Expenditures (from Line 14).....	2400.00	7243.53
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	251216.85	1756079.15
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	964036.78	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	182244.91	

**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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

**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).....

9550.00

1780472.00

(ii) Unitemized.....

3524.75

46256.38

(iii) TOTAL of contributions

13074.75

1826728.38

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

20000.00

726568.24

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

33074.75

2553296.62

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

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

0.00

0.00

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

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

2400.00

7243.53

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

0.00

69177.92

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

35474.75

2629718.07

**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.....	253616.85	1763322.68
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	1500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	400.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1900.00
21. OTHER DISBURSEMENTS.....	34535.00	824292.30
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	288151.85	2589514.98

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1216713.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	35474.75
25. SUBTOTAL (add Line 23 and Line 24).....	1252188.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	288151.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	964036.78

# 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 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A. Catherine Ballou</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 5205 Meadowbrook Drive		Transaction ID: SA11A1.29245	
City Mechanicsburg	State PA	Zip Code 17050	Amount of Each Receipt this Period 100.00
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 Retired		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) <b>B. Robert Finnell</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address PO Box 63		Transaction ID: SA11A1.29018	
City Rome	State GA	Zip Code 30162-0063	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 Rogers & Hardin	Occupation Attorney		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Barbara Grandinetti</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 1047 Willett Drive		Transaction ID: SA11A1.29256	
City Johnstown	State PA	Zip Code 15905	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 Crown American	Occupation VP		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1350.00
<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 / 89
	<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)  
Stephen Leeds

Mailing Address 6 Harris Glenn

City Atlanta State GA Zip Code 30327

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

Name of Employer Self Employed Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.29024

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 McKelvey

Mailing Address 1182 Forest Hills Drive

City Salix State PA Zip Code 15952

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

Name of Employer McKelvey Oil Company Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
800.00

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

Transaction ID: SA11A1.29259

Amount of Each Receipt this Period  
300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Thomas O'Gara

Mailing Address 112 Price Lane

City Bellevue State ID Zip Code 83313

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

Name of Employer Self Employed Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

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

Transaction ID: SA11A1.29086

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) ..... ▶ **3300.00**

**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 7 / 89
	<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)  
Stephen Phipps

Mailing Address 4289 Weaver Ft Jefferson

City State Zip Code  
Greenville OH 45331

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

Name of Employer Occupation  
Woolport Inc Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

**Transaction ID:** SA11A1.29036

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)  
Carlos Roca

Mailing Address 27 Auburn Place

City State Zip Code  
San Antonio TX 78209

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

Name of Employer Occupation  
Ctr for Disease Detection CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** SA11A1.29094

Amount of Each Receipt this Period  
2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Deborah Taylor

Mailing Address 188 Sycamore Road

City State Zip Code  
Acme PA 15610

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

Name of Employer Occupation  
R.N.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

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

**Transaction ID:** SA11A1.29267

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) ..... ► **4400.00**

**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 8 / 89	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Owen Taylor

Mailing Address 188 Sycamore Rd

City	State	Zip Code
Acme	PA	15610

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

Name of Employer Pittsburgh Elec. Engineer	Occupation Engineer President
---	----------------------------------

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  

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

Transaction ID: SA11A1.29273

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) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	9550.00



**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 / 89
	<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)  
**A. AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1101 VERMONT AVENUE NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

Transaction ID: SA11C.29043

Amount of Each Receipt this Period  
3000.00

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

Full Name (Last, First, Middle Initial)  
**B. CUMMINS INC POLITICAL ACTION COMMITTEE (CIPAC)**

Mailing Address 601 Pennsylvania Avenue NW  
North Building Suite 625

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00377952

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

Transaction ID: SA11C.29275

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. International Union of Engineers PAC**

Mailing Address 1125 Seventeenth Street, NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
9500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

Transaction ID: SA11C.29044

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) .....	▶	6500.00
<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 10 / 89
	<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. JOHN DEERE PAC</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address ONE JOHN DEERE PLACE		<b>Transaction ID: SA11C.29045</b>
City State Zip Code MOLINE IL 61265	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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. KLETT ROONEY LIEBER &amp; SCHORLING A PROFESSIONAL CORPORATION FEDERAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address ONE OXFORD CENTRE 40TH FLOOR		<b>Transaction ID: SA11C.29277</b>
City State Zip Code PITTSBURGH PA 15219	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00366377	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. REALTORS POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 430 NORTH MICHIGAN AVE		<b>Transaction ID: SA11C.29278</b>
City State Zip Code CHICAGO IL 60611	Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. C C00030718	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 4000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6000.00
<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 11 / 89
	<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. SEARS HOLDINGS CORPORATION PAC</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 3333 Beverly Road BC-113A		Transaction ID: SA11C.29279
City Hoffman Estates State IL Zip Code 60179	FEC ID number of contributing federal political committee. <b>C</b> C00038612	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Somerset Co. Democratic Comm.</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address C/O John Vatajuk 1016 Berkey Road		Transaction ID: SA11C.29047
City Windber State PA Zip Code 15963	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. TIMKEN COMPANY GOOD GOVERNMENT FUND, THE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 1835 Dueber Avenue S.W.		Transaction ID: SA11C.29281
City Canton State OH Zip Code 44706	FEC ID number of contributing federal political committee. <b>C</b> C00311308	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 2500.00		

<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 12 / 89
	(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)  
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: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	5	/	2	0	0	6

Transaction ID: SA11C.29046

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) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	20000.00

**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 / 89
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input checked="" type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Borough of Windber

Mailing Address 1409 Somerset Avenue

City State Zip Code  
Windber PA 15963

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

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

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

Transaction ID: SA14.29003

Amount of Each Receipt this Period  
400.00

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

**B.** Full Name (Last, First, Middle Initial)  
ERLANDSON FOR U S REPRESENTATIVE

Mailing Address PO BOX 14805

City State Zip Code  
MINNEAPOLIS MN 55414

FEC ID number of contributing federal political committee. **C** C00422949

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: SA14.29751

Amount of Each Receipt this Period  
2000.00

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

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input 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. Air Charter Team Inc</b>		<b>Transaction ID:</b> SB17.29155 Date of Disbursement 10 / 04 / 2006
Mailing Address 10015 NW Ambassador Dr		Amount of Each Disbursement this Period 12790.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kansas City State MO Zip Code 64153	Category/ Type	
Purpose of Disbursement Rally 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. Patrick J. Alwine</b>		<b>Transaction ID:</b> SB17.29137 Date of Disbursement 10 / 04 / 2006
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period 89.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905	Category/ Type	
Purpose of Disbursement Vol Exp, Rally 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Patrick J. Alwine</b>		<b>Transaction ID:</b> SB17.29168 Date of Disbursement 10 / 11 / 2006
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	Category/ Type	
Purpose of Disbursement Wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>13658.33</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. Patrick J. Alwine</b>		<b>Transaction ID: SB17.29181</b> Date of Disbursement 10 / 11 / 2006
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period 332.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905	Category/ Type	
Purpose of Disbursement See Detail		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Patrick J. Alwine</b>		<b>Transaction ID: SB17.29181.0</b> Date of Disbursement 10 / 11 / 2006
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period 12.87 <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	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>C. Patrick J. Alwine</b>		<b>Transaction ID: SB17.29181.1</b> Date of Disbursement 10 / 11 / 2006
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period 158.22 <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	Category/ Type	
Purpose of Disbursement Lodging		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	332.80
<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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input 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> SB17.29181.2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period 37.00 <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. Patrick J. Alwine</b>		<b>Transaction ID:</b> SB17.29181.3 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period 28.00 <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 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. Patrick J. Alwine</b>		<b>Transaction ID:</b> SB17.29181.4 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period 22.31 <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 15905		
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) ▼	

<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. Patrick J. Alwine</b>		<b>Transaction ID:</b> SB17.29181.5 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period 10.00 <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 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. Patrick J. Alwine</b>		<b>Transaction ID:</b> SB17.29181.6 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period 64.40 <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 15905		
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. Patrick J. Alwine</b>		<b>Transaction ID:</b> SB17.29298 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 437 Southmont Blvd		Amount of Each Disbursement this Period 27.50 <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 Tickets, Travel, Camp Off 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) ..... ▶	27.50
<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. Arcadia Theater</b>		<b>Transaction ID:</b> SB17.29177 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 1418 Graham Avenue		Amount of Each Disbursement this Period 210.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Windber State PA Zip Code 15965		
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. A T&amp;T</b>		<b>Transaction ID:</b> SB17.29149 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address P.O. Box 9001309		Amount of Each Disbursement this Period 534.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Louisville State KY Zip Code 40290-1309		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Atlantic Broadband</b>		<b>Transaction ID:</b> SB17.29289 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 120 Southmont Blvd		Amount of Each Disbursement this Period 67.80 <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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>812.51</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 89

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input 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> SB17.29129 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 1199 Scalp Avenue		Amount of Each Disbursement this Period 66.78
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> SB17.29133 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 1199 Scalp Avenue		Amount of Each Disbursement this Period 67.79
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> SB17.29173 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 1199 Scalp Avenue		Amount of Each Disbursement this Period 38.16
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) ..... ▶	172.73
<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. Brett Insurance Agency</b>		<b>Transaction ID:</b> SB17.29122 Date of Disbursement 10 / 04 / 2006
Mailing Address 225 Vine St		Amount of Each Disbursement this Period 5050.00
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 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. Gabrielle Carruth</b>		<b>Transaction ID:</b> SB17.29301 Date of Disbursement 10 / 18 / 2006
Mailing Address 6749 Rock Brook Drive		Amount of Each Disbursement this Period 93.80
City Clifton State VA Zip Code 20124-2525	<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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Central Tax Bureau of PA, Inc.</b>		<b>Transaction ID:</b> SB17.29334 Date of Disbursement 10 / 18 / 2006
Mailing Address 1610 Bedford Street		Amount of Each Disbursement this Period 96.51
City Johnstown State PA Zip Code 15902	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Local I/T 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5240.31</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. Central Tax Bureau of PA, Inc.</b>		<b>Transaction ID:</b> SB17.29338 Date of Disbursement 10 / 18 / 2006
Mailing Address 1610 Bedford Street		Amount of Each Disbursement this Period 52.00 <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 Occupation Tax 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. Cingular</b>		<b>Transaction ID:</b> SB17.29169 Date of Disbursement 10 / 11 / 2006
Mailing Address P.O. Box 129		Amount of Each Disbursement this Period 250.28 <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) ▼	

Full Name (Last, First, Middle Initial) <b>C. City of Johnstown</b>		<b>Transaction ID:</b> SB17.29184 Date of Disbursement 10 / 11 / 2006
Mailing Address City Hall		Amount of Each Disbursement this Period 2812.16 <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 Rally 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) ..... ▶	3114.44
<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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input 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> SB17.29174 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 160 Engbert Road		Amount of Each Disbursement this Period 159.00
City Johnstown State PA Zip Code 15902	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cleaning Service	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> SB17.29294 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 430 Main Street		Amount of Each Disbursement this Period 64.95
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. Edward Mitchell Communications</b>		<b>Transaction ID:</b> SB17.29120 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address P.O. Box 2237		Amount of Each Disbursement this Period 3882.00
City Wilkes-Barre State PA Zip Code 18703	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rally 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>4105.95</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)

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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. Edward Mitchell Communications</b>		<b>Transaction ID:</b> SB17.29216 Date of Disbursement 10 / 11 / 2006
Mailing Address P.O. Box 2237		Amount of Each Disbursement this Period 6000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilkes-Barre State PA Zip Code 18703	Category/ Type	
Purpose of Disbursement Consulting		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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. Edward Mitchell Communications</b>		<b>Transaction ID:</b> SB17.29217 Date of Disbursement 10 / 11 / 2006
Mailing Address P.O. Box 2237		Amount of Each Disbursement this Period 26034.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilkes-Barre State PA Zip Code 18703	Category/ Type	
Purpose of Disbursement Rally 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. Glen Embree</b>		<b>Transaction ID:</b> SB17.29297 Date of Disbursement 10 / 18 / 2006
Mailing Address RD 1, Box 353		Amount of Each Disbursement this Period 99.69 <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	Category/ Type	
Purpose of Disbursement Camp Office Exp, 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) ..... ▶	<b>32134.33</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. Glen Embree</b>		<b>Transaction ID:</b> SB17.29328 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address RD 1, Box 353		Amount of Each Disbursement this Period 54.50 <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 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. Fayette Co NAACP</b>		<b>Transaction ID:</b> SB17.29212 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 137 Beeson Avenue Suite 113		Amount of Each Disbursement this Period 120.00 <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 Adv & 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. Feight Audio Electronics</b>		<b>Transaction ID:</b> SB17.29112 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 15 Carpenter Avenue		Amount of Each Disbursement this Period 5353.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indiana State PA Zip Code 15701		
Purpose of Disbursement Rally 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) ..... ▶	5527.50
<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> SB17.29288 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address Credit Card Dept. P.O. Box 0537		Amount of Each Disbursement this Period 28404.70
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 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. Navy Exchange Quarters</b>		<b>Transaction ID:</b> SB17.29288.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 801 S. Joyce Street		Amount of Each Disbursement this Period 31.05
City Arlington State VA Zip Code 22204	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. AMTRAK</b>		<b>Transaction ID:</b> SB17.29288.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 60 Massachusetts Avenue		Amount of Each Disbursement this Period -226.80
City Washington State DC Zip Code 20002	<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) ▼	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	28404.70
<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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input 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: SB17.29288.2 Date of Disbursement 10 / 18 / 2006	
Mailing Address    Service Station		Amount of Each Disbursement this Period 34.12	
City Arlington	State VA	Zip Code 22210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Travel		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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. U.S. House Member's Dining</b>		Transaction ID: SB17.29288.3 Date of Disbursement 10 / 18 / 2006	
Mailing Address    H 118 U.S. Capitol		Amount of Each Disbursement this Period 35.50	
City Washington	State DC	Zip Code 20515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Meeting Exp		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. Main Moon Buffett</b>		Transaction ID: SB17.29288.9 Date of Disbursement 10 / 18 / 2006	
Mailing Address    1513 Scalp Avenue		Amount of Each Disbursement this Period 26.32	
City Johnstown	State PA	Zip Code 15904	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Meals		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) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Johnstown Szechuan Rest.</b>		Transaction ID: SB17.29288.10 Date of Disbursement 10 / 18 / 2006	
Mailing Address Main Street		Amount of Each Disbursement this Period 64.90	
City Johnstown State PA Zip Code 15901	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. Sassy's Airport Restaurant</b>		Transaction ID: SB17.29288.11 Date of Disbursement 10 / 18 / 2006	
Mailing Address Airport Road		Amount of Each Disbursement this Period 47.54	
City Johnstown State PA Zip Code 15904	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>C. Sheetz</b>		Transaction ID: SB17.29288.13 Date of Disbursement 10 / 18 / 2006	
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 48.24	
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)  
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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

<p><b>A.</b> BP Oil</p> <p>Full Name (Last, First, Middle Initial) Mailing Address Bedford Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: SB17.29288.14 Date of Disbursement 10 / 18 / 2006</p> <p>Amount of Each Disbursement this Period 30.28</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.</b> Friends of NRA #5</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 11250 Waples Mill Rd</p> <p>City Fairfax State VA Zip Code 22030</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: SB17.29288.15 Date of Disbursement 10 / 18 / 2006</p> <p>Amount of Each Disbursement this Period 2151.80</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.</b> Sheetz</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: SB17.29288.16 Date of Disbursement 10 / 18 / 2006</p> <p>Amount of Each Disbursement this Period 38.75</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

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. Rizzo's Restaurant</b>		<b>Transaction ID:</b> SB17.29288.17 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 2200 Graham Avenue		Amount of Each Disbursement this Period 103.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Windber State PA Zip Code 15963		
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>B. BP Oil</b>		<b>Transaction ID:</b> SB17.29288.18 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address Bedford Street		Amount of Each Disbursement this Period 24.75 <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 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. Sheetz</b>		<b>Transaction ID:</b> SB17.29288.19 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 48.80 <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)  
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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A. On Star</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 278</p> <p>City Sheldon State IA Zip Code 51201</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.29288.20</p> <p>Date of Disbursement</p> <p>10 / 18 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>34.95</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>
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<p><b>B. TWI Tracfone Wireless</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 8390 NW 25st</p> <p>City Miami State FL Zip Code 33122</p> <p>Purpose of Disbursement Rally Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.29288.25</p> <p>Date of Disbursement</p> <p>10 / 18 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>84.79</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>
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<p><b>C. Sheetz</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.29288.26</p> <p>Date of Disbursement</p> <p>10 / 18 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>29.75</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>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>0.00</b></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. TWI Tracfone Wireless</b>		<b>Transaction ID:</b> SB17.29288.27	
Mailing Address 8390 NW 25st		Date of Disbursement 10 / 18 / 2006	
City Miami	State FL	Zip Code 33122	Amount of Each Disbursement this Period 84.79
Purpose of Disbursement Rally 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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. BP Oil</b>		<b>Transaction ID:</b> SB17.29288.28	
Mailing Address Bedford Street		Date of Disbursement 10 / 18 / 2006	
City Johnstown	State PA	Zip Code 15901	Amount of Each Disbursement this Period 16.25
Purpose of Disbursement Travel		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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Starbucks</b>		<b>Transaction ID:</b> SB17.29288.29	
Mailing Address PO Box 34067		Date of Disbursement 10 / 18 / 2006	
City Seattle	State WA	Zip Code 98124-1067	Amount of Each Disbursement this Period 50.04
Purpose of Disbursement Meeting 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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b>
State: District:			

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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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. Texaco Inc</b>		<b>Transaction ID:</b> SB17.29288.30 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 2000 Westchester Avenue		Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City White Plains State NY Zip Code 10650		
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. Ritz Carlton</b>		<b>Transaction ID:</b> SB17.29288.31 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 1250 South Hayes Street		Amount of Each Disbursement this Period 374.74 <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 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. Verizon Wireless</b>		<b>Transaction ID:</b> SB17.29288.32 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 700 Cranberry Woods Drive		Amount of Each Disbursement this Period 183.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Cranberry Twp. State PA Zip Code 16066		
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) ..... ▶	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. Olssons Books</b>		<b>Transaction ID:</b> SB17.29288.33 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 3 Reseach Ct.		Amount of Each Disbursement this Period 1100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Rockville State MD Zip Code 20850-3212		
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. Ritz Carlton</b>		<b>Transaction ID:</b> SB17.29288.34 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 1250 South Hayes Street		Amount of Each Disbursement this Period 197.14 <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 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. COSI Inc</b>		<b>Transaction ID:</b> SB17.29288.35 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 1751 Lake Cook Road		Amount of Each Disbursement this Period 170.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Deerfield State IL Zip Code 60015		
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) ..... ▶	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. COSI Inc</b>		<b>Transaction ID:</b> SB17.29288.36 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 1751 Lake Cook Road		Amount of Each Disbursement this Period 170.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City State Zip Code Deerfield IL 60015		
Purpose of Disbursement Meeting Exp	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. Library of Congress</b>		<b>Transaction ID:</b> SB17.29288.37 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address Thomas Jefferson Bldg		Amount of Each Disbursement this Period 151.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City State Zip Code Washington DC 20002		
Purpose of Disbursement Meeting Exp	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. COSI Inc</b>		<b>Transaction ID:</b> SB17.29288.38 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 1751 Lake Cook Road		Amount of Each Disbursement this Period 170.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City State Zip Code Deerfield IL 60015		
Purpose of Disbursement Meeting 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) ..... ▶	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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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A. 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: SB17.29288.39</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="46.78"/></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. BP Oil</b></p> <p>Full Name (Last, First, Middle Initial) BP Oil</p> <p>Mailing Address Bedford Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.29288.42</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="34.25"/></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. Easy Grade Car Wash</b></p> <p>Full Name (Last, First, Middle Initial) Easy Grade Car Wash</p> <p>Mailing Address 925 Menoher Boulevard</p> <p>City Johnstown State PA Zip Code 15905</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.29288.43</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12.75"/></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><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

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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. Cingular</b>		Transaction ID: SB17.29288.44 Date of Disbursement 10 / 18 / 2006	
Mailing Address P.O. Box 129		Amount of Each Disbursement this Period 211.99	
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 <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. Sheetz</b>		Transaction ID: SB17.29288.45 Date of Disbursement 10 / 18 / 2006	
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 35.00	
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) ▼		

Full Name (Last, First, Middle Initial) <b>C. Easy Grade Car Wash</b>		Transaction ID: SB17.29288.48 Date of Disbursement 10 / 18 / 2006	
Mailing Address 925 Menoher Boulevard		Amount of Each Disbursement this Period 18.00	
City Johnstown State PA Zip Code 15905	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) ..... ▶	_____

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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: SB17.29288.49 Date of Disbursement 10 / 18 / 2006	
Mailing Address Walnut Street		Amount of Each Disbursement this Period 32.00	
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>	
Office Sought: <input type="checkbox"/> House <input 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. BP Oil</b>		Transaction ID: SB17.29288.50 Date of Disbursement 10 / 18 / 2006	
Mailing Address Bedford Street		Amount of Each Disbursement this Period 41.50	
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>	
Office Sought: <input type="checkbox"/> House <input 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. Cracker Barrel</b>		Transaction ID: SB17.29288.52 Date of Disbursement 10 / 18 / 2006	
Mailing Address PO Box 787		Amount of Each Disbursement this Period 77.68	
City Lebanon State TN Zip Code 37088-0787	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	

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

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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

<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: SB17.29288.53 Date of Disbursement 10 / 18 / 2006 Amount of Each Disbursement this Period 38.00 <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. 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 Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.29288.55 Date of Disbursement 10 / 18 / 2006 Amount of Each Disbursement this Period 205.50 <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: SB17.29288.56 Date of Disbursement 10 / 18 / 2006 Amount of Each Disbursement this Period 116.17 <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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Transaction ID: SB17.29288.58 Date of Disbursement 10 / 18 / 2006	
Mailing Address    Galleria Drive		Amount of Each Disbursement this Period 84.79	
City Johnstown	State PA	Zip Code 15904	[MEMO ITEM] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Campaign Office Exp		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: SB17.29288.59 Date of Disbursement 10 / 18 / 2006	
Mailing Address    5700 Sixth Avenue		Amount of Each Disbursement this Period 39.95	
City Altoona	State PA	Zip Code 16602	[MEMO ITEM] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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: SB17.29288.60 Date of Disbursement 10 / 18 / 2006	
Mailing Address    5700 Sixth Avenue		Amount of Each Disbursement this Period 43.01	
City Altoona	State PA	Zip Code 16602	[MEMO ITEM] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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)  
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. Customflix</b>		Transaction ID: SB17.29288.61 Date of Disbursement 10 / 18 / 2006
Mailing Address 140 DuBois Street Suite A		Amount of Each Disbursement this Period 415.36
City Santa Cruz State CA Zip Code 95060	<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	<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. Dalton</b>		Transaction ID: SB17.29288.62 Date of Disbursement 10 / 18 / 2006
Mailing Address Galleria Mall		Amount of Each Disbursement this Period 898.91
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 Gifts Candidate Name	Category/Type	<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. Holiday Inn</b>		Transaction ID: SB17.29288.63 Date of Disbursement 10 / 18 / 2006
Mailing Address P.O. Box 1487		Amount of Each Disbursement this Period 261.60
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 Rally Exp Candidate Name	Category/Type	<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)  
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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. Capri Pizza</b>		Transaction ID: SB17.29288.64 Date of Disbursement 10 / 18 / 2006	
Mailing Address Main Street		Amount of Each Disbursement this Period 38.76	
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. Capri Pizza</b>		Transaction ID: SB17.29288.65 Date of Disbursement 10 / 18 / 2006	
Mailing Address Main Street		Amount of Each Disbursement this Period 19.71	
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>C. U.S. Newswire Corp</b>		Transaction ID: SB17.29288.66 Date of Disbursement 10 / 18 / 2006	
Mailing Address Natl PPress Bldg Sutie 1230		Amount of Each Disbursement this Period 230.00	
City Washington State DC Zip Code 20045	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	

<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)

PAGE 42 / 89

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input 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: SB17.29288.68 Date of Disbursement 10 / 18 / 2006	
Mailing Address Scalp Avenue		Amount of Each Disbursement this Period 227.70	
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. Circuit City</b>		Transaction ID: SB17.29288.69 Date of Disbursement 10 / 18 / 2006	
Mailing Address Elton Road		Amount of Each Disbursement this Period 2500.38	
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. Sheetz</b>		Transaction ID: SB17.29288.70 Date of Disbursement 10 / 18 / 2006	
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 11.00	
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

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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

<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><b>Transaction ID:</b> SB17.29288.71</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="24.25"/></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. Sassy's Airport Restaurant</b></p> <p>Full Name (Last, First, Middle Initial) Sassy's Airport Restaurant</p> <p>Mailing Address Airport Road</p> <p>City Johnstown State PA Zip Code 15904</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><b>Transaction ID:</b> SB17.29288.72</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="55.70"/></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><b>Transaction ID:</b> SB17.29288.73</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.03"/></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)  
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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. Capri Pizza</b>		<b>Transaction ID:</b> SB17.29288.74 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address Main Street		Amount of Each Disbursement this Period 33.63 <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	
Office Sought: <input type="checkbox"/> House <input 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. Capri Pizza</b>		<b>Transaction ID:</b> SB17.29288.75 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address Main Street		Amount of Each Disbursement this Period 27.95 <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	
Office Sought: <input type="checkbox"/> House <input 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. U.S. Newswire Corp</b>		<b>Transaction ID:</b> SB17.29288.76 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address Natl PPress Bldg Sutie 1230		Amount of Each Disbursement this Period 340.00 <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 20045	Purpose of Disbursement Campaign Office Exp Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

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

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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A. Copies Now</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1305 Eisenhower Blvd</p> <p>City Johnstown State PA Zip Code 15904</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.29288.77</p> <p>Date of Disbursement 10 / 18 / 2006</p> <p>Amount of Each Disbursement this Period 1187.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Camp Survival</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 28 W First St South</p> <p>City Fulton State NY Zip Code 13069</p> <p>Purpose of Disbursement Rally 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: SB17.29288.78</p> <p>Date of Disbursement 10 / 18 / 2006</p> <p>Amount of Each Disbursement this Period 790.00</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. Giant Eagle</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address Scalp Avenue</p> <p>City Johnstown State PA Zip Code 15904</p> <p>Purpose of Disbursement Campaign Office Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.29288.79</p> <p>Date of Disbursement 10 / 18 / 2006</p> <p>Amount of Each Disbursement this Period 149.63</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>	

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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> SB17.29288.80 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
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. Sunoco</b>		<b>Transaction ID:</b> SB17.29288.81 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address Walnut Street		Amount of Each Disbursement this Period 40.50 <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 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. Sheetz</b>		<b>Transaction ID:</b> SB17.29288.83 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 24.35 <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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input 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. Copies Now</b>		Transaction ID: SB17.29288.84 Date of Disbursement 10 / 18 / 2006
Mailing Address 1305 Eisenhower Blvd		Amount of Each Disbursement this Period 1484.00 <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 15904		
Purpose of Disbursement Advertising 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: SB17.29288.85 Date of Disbursement 10 / 18 / 2006
Mailing Address Main Street		Amount of Each Disbursement this Period 31.65 <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. Capri Pizza</b>		Transaction ID: SB17.29288.86 Date of Disbursement 10 / 18 / 2006
Mailing Address Main Street		Amount of Each Disbursement this Period 39.12 <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) ▼	

<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. Sprint</b>		<b>Transaction ID:</b> SB17.29288.87 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 6200 Sprint Pkwy		Amount of Each Disbursement this Period 275.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Overland Park State KS Zip Code 66251		
Purpose of Disbursement Rally 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. Sprint</b>		<b>Transaction ID:</b> SB17.29288.88 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 6200 Sprint Pkwy		Amount of Each Disbursement this Period 21.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Overland Park State KS Zip Code 66251		
Purpose of Disbursement Rally 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. Sprint</b>		<b>Transaction ID:</b> SB17.29288.89 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 6200 Sprint Pkwy		Amount of Each Disbursement this Period 21.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Overland Park State KS Zip Code 66251		
Purpose of Disbursement Rally 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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input 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. Sprint</b>		<b>Transaction ID:</b> SB17.29288.90 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 6200 Sprint Pkwy		Amount of Each Disbursement this Period 21.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Overland Park State KS Zip Code 66251		
Purpose of Disbursement Rally 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>		<b>Transaction ID:</b> SB17.29288.91 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address Main Street		Amount of Each Disbursement this Period 31.00 <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 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. Capri Pizza</b>		<b>Transaction ID:</b> SB17.29288.92 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address Main Street		Amount of Each Disbursement this Period 4.65 <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) ▼	

<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. Capri Pizza</b>		<b>Transaction ID:</b> SB17.29288.93 Date of Disbursement 10 / 18 / 2006
Mailing Address Main Street		Amount of Each Disbursement this Period 7.30 <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>B. U.S. Newswire Corp</b>		<b>Transaction ID:</b> SB17.29288.94 Date of Disbursement 10 / 18 / 2006
Mailing Address Natl P Press Bldg Sutie 1230		Amount of Each Disbursement this Period 230.00 <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 20045		
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. U.S. Newswire Corp</b>		<b>Transaction ID:</b> SB17.29288.95 Date of Disbursement 10 / 18 / 2006
Mailing Address Natl P Press Bldg Sutie 1230		Amount of Each Disbursement this Period 490.00 <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 20045		
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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input 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>		<b>Transaction ID:</b> SB17.29288.100 Date of Disbursement 10 / 18 / 2006	
Mailing Address 10 Independence Blvd		Amount of Each Disbursement this Period 66.01	
City Warren State NJ Zip Code 07059	Purpose of Disbursement Rally 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. Staples</b>		<b>Transaction ID:</b> SB17.29288.101 Date of Disbursement 10 / 18 / 2006	
Mailing Address Galleria Drive		Amount of Each Disbursement this Period 763.16	
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. U.S. Postal Service</b>		<b>Transaction ID:</b> SB17.29288.102 Date of Disbursement 10 / 18 / 2006	
Mailing Address Locust & Franklin Streets		Amount of Each Disbursement this Period 780.00	
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Postage	<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)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 89

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) B Dalton</p> <p>Mailing Address Galleria Drive</p> <p>City Johnstown State PA Zip Code 15904</p> <p>Purpose of Disbursement Gifts</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> SB17.29288.103</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>2010.82</td> </tr> </table> <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>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	0	6	2010.82
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	8		2	0	0	6														
2010.82																							
<p><b>B.</b> Full Name (Last, First, Middle Initial) Copies Now</p> <p>Mailing Address 1305 Eisenhower Blvd</p> <p>City Johnstown State PA Zip Code 15904</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> SB17.29288.105</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>2968.00</td> </tr> </table> <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>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	0	6	2968.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	8		2	0	0	6														
2968.00																							
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rent A Center</p> <p>Mailing Address Franklin Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Rally 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> SB17.29288.106</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>455.80</td> </tr> </table> <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>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	0	6	455.80
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	8		2	0	0	6														
455.80																							

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

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

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# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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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. EM's Sub Shop</b>		<b>Transaction ID:</b> SB17.29288.107
Mailing Address 1111 Scalp Avenue		Date of Disbursement 10 / 18 / 2006
City Johnstown	State PA	Zip Code 15904-3036
Purpose of Disbursement Volunteer Exp	Category/ Type	Amount of Each Disbursement this Period 55.09
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sheetz</b>		<b>Transaction ID:</b> SB17.29288.109
Mailing Address 5700 Sixth Avenue		Date of Disbursement 10 / 18 / 2006
City Altoona	State PA	Zip Code 16602
Purpose of Disbursement Travel	Category/ Type	Amount of Each Disbursement this Period 25.95
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TWI Tracfone Wireless</b>		<b>Transaction ID:</b> SB17.29288.110
Mailing Address 8390 NW 25st		Date of Disbursement 10 / 18 / 2006
City Miami	State FL	Zip Code 33122
Purpose of Disbursement Rally Exp	Category/ Type	Amount of Each Disbursement this Period 84.79
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
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**

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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: SB17.29288.114 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address Main Street		Amount of Each Disbursement this Period 26.35 <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>B. Capri Pizza</b>		Transaction ID: SB17.29288.115 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address Main Street		Amount of Each Disbursement this Period 5.00 <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	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. Sheetz</b>		Transaction ID: SB17.29288.117 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 17.63 <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	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. Giant Eagle</b>		Transaction ID: SB17.29288.118 Date of Disbursement 10 / 18 / 2006
Mailing Address Scalp Avenue		Amount of Each Disbursement this Period 257.58 <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	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. Easy Grade Car Wash</b>		Transaction ID: SB17.29288.119 Date of Disbursement 10 / 18 / 2006
Mailing Address 925 Menoher Boulevard		Amount of Each Disbursement this Period 9.90 <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 15905	Category/Type	
Purpose of Disbursement Travel Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FM Coach Charter</b>		Transaction ID: SB17.29288.120 Date of Disbursement 10 / 18 / 2006
Mailing Address 300 G Laird Street		Amount of Each Disbursement this Period 1450.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Wilkes Barre	State PA	
Zip Code 18702	Category/Type	
Purpose of Disbursement Rally Exp Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Johnstown Szechuan Rest.</p> <p>Mailing Address Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Meeting Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		<p><b>Transaction ID:</b> SB17.29288.121</p> <p>Date of Disbursement</p> <p>10 / 18 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>95.40</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><b>B.</b> Full Name (Last, First, Middle Initial) Home Depot</p> <p>Mailing Address 4128</p> <p>City Johnstown State PA Zip Code 15904</p> <p>Purpose of Disbursement Rally Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		<p><b>Transaction ID:</b> SB17.29288.122</p> <p>Date of Disbursement</p> <p>10 / 18 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>268.98</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sheetz</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		<p><b>Transaction ID:</b> SB17.29288.123</p> <p>Date of Disbursement</p> <p>10 / 18 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>47.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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



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

Use separate schedule(s)  
for each category of the  
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. Capron Lighting &amp; Sound</b>		<b>Transaction ID:</b> SB17.29288.124 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 278 West Street		Amount of Each Disbursement this Period 1181.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Needham State MA Zip Code 02494-1326	Purpose of Disbursement Rally 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. Easy Grade Car Wash</b>		<b>Transaction ID:</b> SB17.29288.125 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 925 Menoher Boulevard		Amount of Each Disbursement this Period 15.41 <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 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>C. Easy Grade Car Wash</b>		<b>Transaction ID:</b> SB17.29288.126 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 925 Menoher Boulevard		Amount of Each Disbursement this Period 22.50 <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 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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input 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> SB17.29109 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 1047 Franklin Street 8th Ward Office		Amount of Each Disbursement this Period 2783.06
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> SB17.29340 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 1047 Franklin Street 8th Ward Office		Amount of Each Disbursement this Period 74.44
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> SB17.29341 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 1047 Franklin Street 8th Ward Office		Amount of Each Disbursement this Period 7.08
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) ..... ▶	2864.58
<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> SB17.29332 Date of Disbursement
Mailing Address 1047 Franklin Street 8th Ward Office		<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Johnstown	State PA	Zip Code 15905
Purpose of Disbursement Payroll Taxes	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="166.81"/>
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. Flower Barn</b>		<b>Transaction ID:</b> SB17.29295 Date of Disbursement
Mailing Address Millcreek at Bucknell		<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Johnstown	State PA	Zip Code 15905
Purpose of Disbursement Floral Arrangements	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="287.26"/>
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. GMAC</b>		<b>Transaction ID:</b> SB17.29128 Date of Disbursement
Mailing Address GMAC Payment Processing Center P.O. Box 70309		<input type="text" value="10"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Charlotte	State NC	Zip Code 28272-0309
Purpose of Disbursement Vehicle Rental	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="632.45"/>
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) .....	<input type="text" value="1086.52"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Greene County Memorial Hospital</b>		<b>Transaction ID:</b> SB17.29206
Mailing Address 350 Bonar Avenue		Date of Disbursement 10 / 11 / 2006
City Waynesburg	State PA	Zip Code 15370
Purpose of Disbursement Adv & Tickets	Category/ Type	Amount of Each Disbursement this Period 1000.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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. David Howard</b>		<b>Transaction ID:</b> SB17.29182
Mailing Address 399 Liberty Avenue		Date of Disbursement 10 / 11 / 2006
City Johnstown	State PA	Zip Code 15905
Purpose of Disbursement Meeting Exp	Category/ Type	Amount of Each Disbursement this Period 100.07
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	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. IKON Office Solutions</b>		<b>Transaction ID:</b> SB17.29134
Mailing Address P.O. Box 827468		Date of Disbursement 10 / 04 / 2006
City Philadelphia	State PA	Zip Code 19182-7468
Purpose of Disbursement Campaign Office Exp	Category/ Type	Amount of Each Disbursement this Period 395.22
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	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) .....	<b>1495.29</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A. J-town Johns</b> Full Name (Last, First, Middle Initial) Mailing Address 47 Messenger St City Johnstown State PA Zip Code 15902 Purpose of Disbursement Rally 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: SB17.29193</b> Date of Disbursement 10 / 11 / 2006 Amount of Each Disbursement this Period 542.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. JAHA</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1889 City Johnstown State PA Zip Code 15907 Purpose of Disbursement Rally 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: SB17.29291</b> Date of Disbursement 10 / 18 / 2006 Amount of Each Disbursement this Period 1100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Joey Dels 2001 Caterers</b> Full Name (Last, First, Middle Initial) Mailing Address 2001 Bedford Street City Johnstown State PA Zip Code 15902 Purpose of Disbursement Rally 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: SB17.29135</b> Date of Disbursement 10 / 04 / 2006 Amount of Each Disbursement this Period 8575.50 <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) ..... ▶	10218.22
<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. Johnstown Oldtimers</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 277 City Johnstown State PA Zip Code 15907 Purpose of Disbursement Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB17.29313</b> Date of Disbursement 10 / 18 / 2006 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Layton Graphic &amp; Sign</b> Full Name (Last, First, Middle Initial) Mailing Address 129 Carwyn Drive City Johnstown State PA Zip Code 15904 Purpose of Disbursement Rally 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: SB17.29123</b> Date of Disbursement 10 / 04 / 2006 Amount of Each Disbursement this Period 689.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Theresa Lehman</b> Full Name (Last, First, Middle Initial) Mailing Address 1258 Frances Street City Johnstown State PA Zip Code 15904 Purpose of Disbursement Travel & Camp 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: SB17.29138</b> Date of Disbursement 10 / 04 / 2006 Amount of Each Disbursement this Period 47.30 <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) ..... ▶	<b>836.30</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> SB17.29167 Date of Disbursement 10 / 11 / 2006
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	Category/ Type	
Purpose of Disbursement Wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mack Crouse Group LLC</b>		<b>Transaction ID:</b> SB17.29221 Date of Disbursement 10 / 12 / 2006
Mailing Address 4900 Seminary Road Suite 1020		Amount of Each Disbursement this Period 57897.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22311	Category/ Type	
Purpose of Disbursement Mass Mailing 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. Mack Crouse Group LLC</b>		<b>Transaction ID:</b> SB17.29229 Date of Disbursement 10 / 12 / 2006
Mailing Address 4900 Seminary Road Suite 1020		Amount of Each Disbursement this Period 58428.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22311	Category/ Type	
Purpose of Disbursement Mass Mailing 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) ..... ▶	<b>117527.56</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Lee J. Manges</b>		<b>Transaction ID: SB17.29136</b> Date of Disbursement 10 / 04 / 2006
Mailing Address 167 Wilson Street		Amount of Each Disbursement this Period 262.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Central City State PA Zip Code 15926		
Purpose of Disbursement Rally 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. Mary Catherine Voytko</b>		<b>Transaction ID: SB17.29108</b> Date of Disbursement 10 / 04 / 2006
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. NGP Software Inc</b>		<b>Transaction ID: SB17.29180</b> Date of Disbursement 10 / 11 / 2006
Mailing Address 1101 Vermont Ave NW Suite 710		Amount of Each Disbursement this Period 30.00 <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 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>355.76</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 89

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input 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> SB17.29228 Date of Disbursement 10 / 04 / 2006
Mailing Address Dept. 280401		Amount of Each Disbursement this Period 326.28 <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 Tax 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 Highlands Comm College Found.</b>		<b>Transaction ID:</b> SB17.29144 Date of Disbursement 10 / 04 / 2006
Mailing Address P.O. Box 68		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 Johnsntown State PA Zip Code 15907-0068	Purpose of Disbursement Adv & 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. PA UC Fund</b>		<b>Transaction ID:</b> SB17.29333 Date of Disbursement 10 / 18 / 2006
Mailing Address Seventh & Forster Streets P.O. Box 68568		Amount of Each Disbursement this Period 314.17 <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) ..... ▶	1640.45
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Penn National Insurance</b>		<b>Transaction ID:</b> SB17.29118 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address P.O. Box 13746		Amount of Each Disbursement this Period 894.00 <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. Petty Cash</b>		<b>Transaction ID:</b> SB17.29139 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 45.36 <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 Vol Exp & 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. Petty Cash</b>		<b>Transaction ID:</b> SB17.29183 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 94.86 <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 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) ..... ▶	1034.22
<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: SB17.29183.0 Date of Disbursement 10 / 11 / 2006	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 44.49	
City Johnstown State PA Zip Code 15907	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. Petty Cash</b>		Transaction ID: SB17.29183.1 Date of Disbursement 10 / 11 / 2006	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 1.99	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Campaign Office 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. Petty Cash</b>		Transaction ID: SB17.29183.2 Date of Disbursement 10 / 11 / 2006	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 18.38	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Volunteer 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) ▼		

<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>		<b>Transaction ID:</b> SB17.29183.3 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 30.00
City Johnstown State PA Zip Code 15907	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Tickets	Category/Type	<b>[MEMO ITEM]</b>
Candidate Name	Disbursement For:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<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> SB17.29302 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 98.86
City Johnstown State PA Zip Code 15907	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement See Detail	Category/Type	<b>[MEMO ITEM]</b>
Candidate Name	Disbursement For:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<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> SB17.29302.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 34.67
City Johnstown State PA Zip Code 15907	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meeting Exp	Category/Type	<b>[MEMO ITEM]</b>
Candidate Name	Disbursement For:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	98.86
<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. Petty Cash</b>		<b>Transaction ID:</b> SB17.29302.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 25.00 <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 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>B. Petty Cash</b>		<b>Transaction ID:</b> SB17.29302.2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 39.19 <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 15907		
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. Precious Metals &amp; Diamond Co.</b>		<b>Transaction ID:</b> SB17.29293 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 1011 Eisenhower Blvd		Amount of Each Disbursement this Period 684.76 <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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	684.76
<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)

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

**A. Rent a Cop**

Mailing Address 417 N Beech Street  
PO Box 694

City Ebensburg State PA Zip Code 15931

Purpose of Disbursement  
Rally Exp

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29188

Date of Disbursement

10 / 11 / 2006

Amount of Each Disbursement this Period

480.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Robert C. Ondick, CPA, PC**

Mailing Address 551 Main Street, Suite 220

City Johnstown State PA Zip Code 15901

Purpose of Disbursement  
Accounting Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29115

Date of Disbursement

10 / 04 / 2006

Amount of Each Disbursement this Period

2500.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Robert Shaw**

Mailing Address 940 Frankstown Road

City Johnstown State PA Zip Code 15902

Purpose of Disbursement  
Rally Exp

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29148

Date of Disbursement

10 / 04 / 2006

Amount of Each Disbursement this Period

1076.27

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

4056.27

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Sign Language Specialists</b>		<b>Transaction ID:</b> SB17.29189																					
Mailing Address 172 Watson Street		Date of Disbursement																					
City Johnstown State PA Zip Code 15905		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	1		2	0	0	6														
Purpose of Disbursement Rally Exp		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">315.00</td> </tr> </table>		315.00																			
315.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
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. Special Tax Collector</b>		<b>Transaction ID:</b> SB17.29337																					
Mailing Address Bloomfield Street		Date of Disbursement																					
City Johnstown, State PA Zip Code 15904		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	8		2	0	0	6														
Purpose of Disbursement Local Tax W/H		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">107.66</td> </tr> </table>		107.66																			
107.66																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
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. State Workers Ins. Fund</b>		<b>Transaction ID:</b> SB17.29110																					
Mailing Address 100 Lackawanna Avenue P.O. Box 5100		Date of Disbursement																					
City Scranton State PA Zip Code 18505-5100		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	4		2	0	0	6														
Purpose of Disbursement Insurance		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">244.00</td> </tr> </table>		244.00																			
244.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
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>666.66</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. The Congressional Club</b>		<b>Transaction ID:</b> SB17.29325 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 2001 New Hampshire Ave NW		Amount of Each Disbursement this Period 268.00 <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 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. Thomas Automotive Family</b>		<b>Transaction ID:</b> SB17.29292 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 750 Eisenhower Blvd.		Amount of Each Disbursement this Period 293.09 <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 Vehicle Repair 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. U.S. Postal Service</b>		<b>Transaction ID:</b> SB17.29290 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address Locust & Franklin Streets		Amount of Each Disbursement this Period 50.00 <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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	611.09
<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>		<b>Transaction ID:</b> SB17.29132 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address P.O. Box 7247-0244		Amount of Each Disbursement this Period 73.33 <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> SB17.29178 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address P.O. Box 7247-0244		Amount of Each Disbursement this Period 82.82 <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> SB17.29296 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 7247-0244		Amount of Each Disbursement this Period 162.53 <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) ..... ▶	<b>318.68</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. Valenty Bottled Water</b>		<b>Transaction ID:</b> SB17.29170 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address P.O. Box 1055		Amount of Each Disbursement this Period 30.03
City Northern Cambira State PA Zip Code 15714-3055	<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> SB17.29119 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 667 Main Street		Amount of Each Disbursement this Period 1365.28
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 Advertising 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. Valley Printing</b>		<b>Transaction ID:</b> SB17.29172 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 667 Main Street		Amount of Each Disbursement this Period 110.24
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1505.55
<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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input 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. Vee Neal Aviation</b>		<b>Transaction ID:</b> SB17.29162 Date of Disbursement 10 / 04 / 2006
Mailing Address 200 Pleasant Unity Rd Ste 109		Amount of Each Disbursement this Period 11969.93
City Latrobe	State PA Zip Code 15650-9549	
Purpose of Disbursement Rally 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	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. Verizon North</b>		<b>Transaction ID:</b> SB17.29130 Date of Disbursement 10 / 04 / 2006
Mailing Address P.O. Box 920041		Amount of Each Disbursement this Period 456.87
City Dallas	State TX Zip Code 75392-0041	
Purpose of Disbursement Telephone		<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	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. Weekly Recorder</b>		<b>Transaction ID:</b> SB17.29311 Date of Disbursement 10 / 18 / 2006
Mailing Address P.O. Box F		Amount of Each Disbursement this Period 1400.00
City Claysville	State PA Zip Code 15327	
Purpose of Disbursement Advertising		<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	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) .....	<b>13826.80</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)

**A.** Westmont Mobil

Mailing Address 1735 Goucher Street

City Johnstown State PA Zip Code 15905

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29331

Date of Disbursement

10 / 18 / 2006

Amount of Each Disbursement this Period

11.50

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

11.50

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

252370.17

# SCHEDULE 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 77 / 89

<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. Bob Casey for PA Committee</b>		<b>Transaction ID:</b> SB21.29214 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address P.O. Box 1177		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 Harrisburg State PA Zip Code 17108-1177	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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CAROL SHEA-PORTER FOR CONGRESS</b>		<b>Transaction ID:</b> SB21.29153 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address PO BOX 453		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 ROCHESTER State NH Zip Code 03866	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. CHAD KLUKO FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB21.29305 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address PO BOX 1510		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 MONROEVILLE State PA Zip Code 15146	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<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 type="checkbox"/> 17	<input 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. Comm. to Elect Peter J. Daley</b>		<b>Transaction ID:</b> SB21.29307 Date of Disbursement
Mailing Address 217 Chestnut Street		<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Coal Center	State PA	Zip Code 15423
Purpose of Disbursement Contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
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:		

Full Name (Last, First, Middle Initial) <b>B. COMMITTEE TO ELECT CHRIS MURPHY</b>		<b>Transaction ID:</b> SB21.29321 Date of Disbursement
Mailing Address P.O. Box 127		<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Cheshire	State CT	Zip Code 06410
Purpose of Disbursement Contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 05		

Full Name (Last, First, Middle Initial) <b>C. Comm To Elect Susan M. Kuhar</b>		<b>Transaction ID:</b> SB21.29147 Date of Disbursement
Mailing Address 807 East Crawford Street		<input type="text" value="10"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Ebensburg	State PA	Zip Code 15931
Purpose of Disbursement Contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="500.00"/>
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="3500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input 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. COURTNEY FOR CONGRESS</b>		<b>Transaction ID:</b> SB21.29303 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 38 Risley 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 State Zip Code Vernon CT 06066	Purpose of Disbursement Contribution	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. District 17 Democrat Women</b>		<b>Transaction ID:</b> SB21.29199 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 105 Gibson Rd		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 State Zip Code Bentleyville PA 15314	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. EDWARDS FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB21.29163 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address PO BOX 1179 416 S JEFFERSON ST		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 State Zip Code ROANOKE VA 24006	Purpose of Disbursement Contribution	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4300.00
<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 type="checkbox"/> 17	<input 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. ELLISON FOR CONGRESS</b>		<b>Transaction ID: SB21.29326</b> Date of Disbursement 10 / 18 / 2006
Mailing Address PO BOX 11818		Amount of Each Disbursement this Period 2000.00
City MINNEAPOLIS State MN Zip Code 55411	<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 checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. FARRELL FOR CONGRESS</b>		<b>Transaction ID: SB21.29319</b> Date of Disbursement 10 / 18 / 2006
Mailing Address P.O. Box 5136		Amount of Each Disbursement this Period 2000.00
City Westport State CT Zip Code 06881	<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 checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Fayette Co Democratic Comm.</b>		<b>Transaction ID: SB21.29318</b> Date of Disbursement 10 / 18 / 2006
Mailing Address C/O Fred Lebder 14 Judith Street		Amount of Each Disbursement this Period 2000.00
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) ..... ▶	6000.00
<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 type="checkbox"/> 17	<input 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 JOHN BARROW</b>		<b>Transaction ID: SB21.29285</b> Date of Disbursement 10 / 16 / 2006
Mailing Address PO Box 8166		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 Savannah State GA Zip Code 31412		
Purpose of Disbursement Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Greene County Democratic Comm.</b>		<b>Transaction ID: SB21.29142</b> Date of Disbursement 10 / 04 / 2006
Mailing Address P.O. Box 493		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 Waynesburg State PA Zip Code 15370		
Purpose of Disbursement Adv. & 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. HOOLEY FOR CONGRESS</b>		<b>Transaction ID: SB21.29158</b> Date of Disbursement 10 / 04 / 2006
Mailing Address PO BOX 2050		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 SALEM State OR Zip Code 97308		
Purpose of Disbursement Contribution Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4300.00
<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. Indiana Co. Democrat Comm.</b>		<b>Transaction ID:</b> SB21.29209 Date of Disbursement 10 / 11 / 2006	
Mailing Address    Box 315		Amount of Each Disbursement this Period 290.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Indiana	State PA		Zip Code 15701
Purpose of Disbursement Adv & Tickets			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. JUDY FEDER FOR CONGRESS</b>		<b>Transaction ID:</b> SB21.29165 Date of Disbursement 10 / 05 / 2006	
Mailing Address    1514 HARDWOOD LANE		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 MCLEAN	State VA		Zip Code 22101
Purpose of Disbursement Contribution			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:            2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: VA                    District: 10			

Full Name (Last, First, Middle Initial) <b>C. Larry Maggi Election Comm.</b>		<b>Transaction ID:</b> SB21.29315 Date of Disbursement 10 / 18 / 2006	
Mailing Address    269 East Buffalo Church Road		Amount of Each Disbursement this Period 100.00 <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			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                    District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2390.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input 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. MARSHALL FOR CONGRESS</b>		Transaction ID: SB21.29160 Date of Disbursement 10 / 04 / 2006
Mailing Address 1808 ROSELAWN AVENUE 130 DESIARD STREET		Amount of Each Disbursement this Period 2000.00
City MONROE State LA Zip Code 71201	<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 checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Somerset Co. Democratic Comm.</b>		Transaction ID: SB21.29196 Date of Disbursement 10 / 11 / 2006
Mailing Address C/O John Vatavuk 1016 Berkey Road		Amount of Each Disbursement this Period 280.00
City Windber State PA Zip Code 15963	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Adv & 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. Somerset Co. Democratic Comm.</b>		Transaction ID: SB21.29227 Date of Disbursement 10 / 12 / 2006
Mailing Address C/O John Vatavuk 1016 Berkey Road		Amount of Each Disbursement this Period 500.00
City Windber State PA Zip Code 15963	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Refund of Contribution Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2780.00
<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 type="checkbox"/> 17	<input 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. TIM MAHONEY FOR FLORIDA</b>		<b>Transaction ID: SB21.29145</b> Date of Disbursement 10 / 04 / 2006
Mailing Address 1128-408 ROYAL PALM BEACH BLVD		Amount of Each Disbursement this Period 2000.00
City ROYAL PALM BEACH State FL Zip Code 33411	<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 checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Washington Co. Demo Comm</b>		<b>Transaction ID: SB21.29143</b> Date of Disbursement 10 / 04 / 2006
Mailing Address 13 Grant Street		Amount of Each Disbursement this Period 315.00
City Monongahela State PA Zip Code 15063	<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) ▼	

Full Name (Last, First, Middle Initial) <b>C. WELCH FOR CONGRESS</b>		<b>Transaction ID: SB21.29151</b> Date of Disbursement 10 / 04 / 2006
Mailing Address PO Box 1086		Amount of Each Disbursement this Period 2000.00
City Montpelier State VT Zip Code 05601	<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 checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4315.00</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)  
**A. Westmoreland Co Democratic Comm**

Mailing Address 14 East Otterman Street

City Greensburg State PA Zip Code 15601

Purpose of Disbursement  
Adv & Tickets

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.29141

Date of Disbursement

10 / 04 / 2006

Amount of Each Disbursement this Period

630.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
**B. Westmoreland Co Democratic Comm**

Mailing Address 14 East Otterman Street

City Greensburg State PA Zip Code 15601

Purpose of Disbursement  
Tickets

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.29329

Date of Disbursement

10 / 18 / 2006

Amount of Each Disbursement this Period

120.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

750.00

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

34335.00

**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
 MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor A T&T	Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 9001309	
City State ZIP Code Louisville KY 40290-1309	

Outstanding Balance Beginning This Period 534.71	<b>Transaction ID:</b> SD10.28999	
Amount Incurred This Period 0.00	Payment This Period 534.71	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Brett Insurance Agency	Nature of Debt (Purpose): Insurance
Mailing Address 225 Vine St	
City State ZIP Code Johnstown PA 15901	

Outstanding Balance Beginning This Period 5050.00	<b>Transaction ID:</b> SD10.28993	
Amount Incurred This Period 0.00	Payment This Period 5050.00	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Edward Mitchell Communications	Nature of Debt (Purpose): Rally Expense
Mailing Address P.O. Box 2237	
City State ZIP Code Wilkes-Barre PA 18703	

Outstanding Balance Beginning This Period 3882.00	<b>Transaction ID:</b> SD10.28996	
Amount Incurred This Period 0.00	Payment This Period 3882.00	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 Edward Mitchell Communications	Nature of Debt (Purpose): Consulting
Mailing Address P.O. Box 2237	
City State ZIP Code Wilkes-Barre PA 18703	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.29755</b>	
Amount Incurred This Period 1500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Layton Graphic & Sign	Nature of Debt (Purpose): Rally Expense
Mailing Address 129 Carwyn Drive	
City State ZIP Code Johnstown PA 15904	

Outstanding Balance Beginning This Period 689.00	<b>Transaction ID: SD10.28995</b>	
Amount Incurred This Period 0.00	Payment This Period 689.00	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Mack Crouse Group LLC	Nature of Debt (Purpose): Mass Mailing Exp
Mailing Address 4900 Seminary Road Suite 1020	
City State ZIP Code Alexandria VA 22311	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.29754</b>	
Amount Incurred This Period 59059.34	Payment This Period 0.00	Outstanding Balance at Close of This Period 59059.34

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>60559.34</b>
<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 Mack Crouse Group LLC	Nature of Debt (Purpose): Mass Mailing Exp
Mailing Address 4900 Seminary Road Suite 1020	
City State ZIP Code Alexandria VA 22311	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.29752	
Amount Incurred This Period 58776.17	Payment This Period 0.00	Outstanding Balance at Close of This Period 58776.17

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Mack Crouse Group LLC	Nature of Debt (Purpose): Mass Mailing Exp
Mailing Address 4900 Seminary Road Suite 1020	
City State ZIP Code Alexandria VA 22311	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.29753	
Amount Incurred This Period 62232.06	Payment This Period 0.00	Outstanding Balance at Close of This Period 62232.06

<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 894.00	<b>Transaction ID:</b> SD10.28998	
Amount Incurred This Period 0.00	Payment This Period 894.00	Outstanding Balance at Close of This Period 0.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	121008.23
<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 Robert Shaw	Nature of Debt (Purpose): Rally Expense
Mailing Address 940 Frankstown Road	
City State ZIP Code Johnstown PA 15902	

Outstanding Balance Beginning This Period 1076.27	<b>Transaction ID:</b> SD10.29000	
Amount Incurred This Period 0.00	Payment This Period 1076.27	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Valley Printing	Nature of Debt (Purpose): Advertising
Mailing Address 667 Main Street	
City State ZIP Code Johnstown PA 15901	

Outstanding Balance Beginning This Period 1365.28	<b>Transaction ID:</b> SD10.28997	
Amount Incurred This Period 0.00	Payment This Period 1365.28	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Valley Printing	Nature of Debt (Purpose): Campaign Office Exp
Mailing Address 667 Main Street	
City State ZIP Code Johnstown PA 15901	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.29757	
Amount Incurred This Period 677.34	Payment This Period 0.00	Outstanding Balance at Close of This Period 677.34

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	677.34
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	182244.91
<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)	▶	