

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 DEC -8 P 12:07

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) MURTRA FOR CONGRESS COMMITTEE		2. FEC IDENTIFICATION NUMBER 041343 C00019075
ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported. SUITE 220 551 MAIN STREET		
CITY, STATE and ZIP CODE JOHNSTOWN, PA 15901	STATE/DISTRICT PA/12TH DISTRICT	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

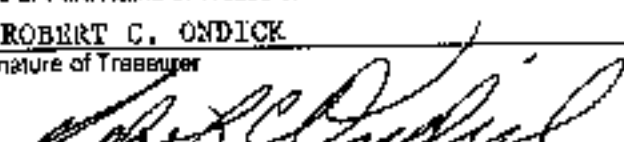
<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
<input type="checkbox"/> July 15 Quarterly Report	
<input type="checkbox"/> October 15 Quarterly Report	<input checked="" type="checkbox"/> 30-Day Post-Election Report following the General Election on <u>NOV. 7, 2000</u> in the State of <u>PENNSYLVANIA</u>
<input type="checkbox"/> January 31 Year End Report	
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

This report contains activity for Primary Election **2000** General Election Special Election Runoff Election

SUMMARY

5. Covering Period <u>OCT. 19, 2000</u> through <u>NOV. 27, 2000</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11 (e))	82,910.00	593,795.00
(b) Total Contribution Refunds (from Line 20(d))	-0-	1,000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	82,910.00	592,795.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	85,760.17	472,399.33
(b) Total Offsets to Operating Expenditures (from Line 14)	625.00	1,625.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	85,135.17	470,774.33
8. Cash on Hand at Close of Reporting Period (from Line 27)	163,105.97	For further information contact: Federal Election Commission 990 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	9,510.37	

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	
Signature of Treasurer 	Date 11/30/00

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

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DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:	
MURTHA FOR CONGRESS COMMITTEE	From: OCT. 19, 2000	To: NOV. 27, 2000
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A) -----	23,360.00	
(ii) Unitemized -----		
(iii) Total of contributions from Individuals -----	23,360.00	273,545.00
(b) Political Party Committees -----	1,000.00	1,000.00
(c) Other Political Committees (such as PACs) -----	56,550.00	319,250.00
(d) The Candidate -----		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d)) -----	82,910.00	593,795.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----		
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----		
(b) All Other Loans -----		
(c) TOTAL LOANS (add 13(a) and (b)) -----		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	625.00	1,625.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	197.47	1,643.16
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	83,732.47	597,063.16
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	85,760.17	472,399.33
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----		
(b) Of All Other Loans -----		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----		1,000.00
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----		
21. OTHER DISBURSEMENTS -----	56,073.00	140,533.36
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	141,833.17	613,932.69
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 221,206.67	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 83,732.47	
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 304,939.14	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 141,833.17	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 163,105.97	

MURTHA FOR CONGRESS COMMITTEE
BT FINANCIAL PLAZA - SUITE 220
551 MAIN STREET
JOHNSTOWN, PA 15901

SUPPLEMENT

A "BEST EFFORT" HAS BEEN MADE TO OBTAIN MISSING INFORMATION.

A LETTER WAS SENT TO EACH CONTRIBUTOR REQUESTING THE MISSING INFORMATION.

AS OF THIS REPORT FILING WE HAVEN'T RECEIVED A REPLY FROM EACH CONTRIBUTOR
THAT IS INCOMPLETE.

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 8
FOR LINE NUMBER 11a(1)

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

NAME OF COMMITTEE (In Full)

Murtha for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bryan Barbin 300 Luzerne Street Johnstown, PA 15905	Gleason & Barbin PC 350 Penn Traffic Bldg. Johnstown, PA 15901	10/30/00	\$ 150
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 150	
B. Full Name, Mailing Address and ZIP Code Rhonda Brant 4013 Greystone Drive Morgantown, WV 26505	Name of Employer See Supplement	Date (month, day, year) 10/30/00	Amount of Each Receipt this Period \$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation See Supplement	Aggregate Year-to-Date > \$ 1,000	
C. Full Name, Mailing Address and ZIP Code WD Chadwick, UEN 462 Ziffel Road Hooversville, PA 15936	Name of Employer	Date (month, day, year) 10/30/00	Amount of Each Receipt this Period \$ 150
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 150	
D. Full Name, Mailing Address and ZIP Code Philip Dumire 13314 Doubletree Cirloe Wellington, FL 33414	Name of Employer See Supplement	Date (month, day, year) 10/30/00	Amount of Each Receipt this Period \$ 100
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation See Supplement	Aggregate Year-to-Date > \$ 100	
E. Full Name, Mailing Address and ZIP Code Ron Howard 9010 Falls Road Potosac, MD 20854	Name of Employer Speakout.com 1225 Eye Street, NW Washington, DC 20005	Date (month, day, year) 10/30/00	Amount of Each Receipt this Period \$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman & CEO	Aggregate Year-to-Date > \$ 1,000	
F. Full Name, Mailing Address and ZIP Code Nell Jack 43 S. 9th Street Indiana, PA 15701	Name of Employer	Date (month, day, year) 10/30/00	Amount of Each Receipt this Period \$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 500	
G. Full Name, Mailing Address and ZIP Code M. Bruce Meredith 3802 McKinley Street, NW Washington, DC 20015	Name of Employer VanFleet-Meredith Group 499 South Capitol St, SW #520 Washington, DC 20003	Date (month, day, year) 10/30/00	Amount of Each Receipt this Period \$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation See Supplement	Aggregate Year-to-Date > \$ 1,000	

SUBTOTAL of Receipts This Page (optional)

\$3,900

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

Murtha for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas McGuigan 2440 Pinehurst Drive State College, PA 16803-3382	See Supplement	10/30/00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation See Supplement		
	Aggregate Year-to-Date > \$ 500		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony Maffett 1644 Avon Place, NW Washington, DC 20007	See Supplement	10/30/00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation See Supplement		
	Aggregate Year-to-Date > \$ 500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cathy Nail RR 7, Box 170A Johnstown, PA 15905	Cathy Nail & Associates 360 Goucher Street Johnstown, PA 15905	10/30/00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Nestor 701 Rose Avenue Nanty Glo, PA 15943		10/30/00	\$ 100
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$ 100		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Japp 1201 S. Huntress Ct. McLean, VA 22102	Rapid Mar, LLC 3112 M Street, NW #3, 2nd Fl Washington, DC 20007	10/30/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & CEO		
	Aggregate Year-to-Date > \$ 1,000		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Katherine Japp 1201 S. Huntress Ct. McLean, VA 22101		10/30/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife		
	Aggregate Year-to-Date > \$ 1,000		

SUBTOTAL of Receipts This Page (optional)	\$3,600
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 8
FOR LINE NUMBER 11a(1)

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NAME OF COMMITTEE (in Full)

Murtha for Congress Committee

A. Full Name, Mailing Address and ZIP Code Milton Washington 1101 Shady Avenue Pittsburgh, PA 15232	Name of Employer See Supplement	Date (month, day, year) 10/30/00	Amount of Each Receipt this Period \$ 250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation See Supplement Aggregate Year-to-Date > \$ 250		
B. Full Name, Mailing Address and ZIP Code Andrew Weil X9 Ranch Vail, AZ 85641	Name of Employer University of Arizona/Medicine 1501 N. Campbell Avenue Tucson, AZ 85724	Date (month, day, year) 10/30/00	Amount of Each Receipt this Period \$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir./Integrative Medicine Prog. Aggregate Year-to-Date > \$ 1,000		
C. Full Name, Mailing Address and ZIP Code Sandra Welch 5834 Robins Nest Lane Burke, VA 22015-3118	Name of Employer See Supplement	Date (month, day, year) 10/30/00	Amount of Each Receipt this Period \$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation See Supplement Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code VOID	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code VOID	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code VOID	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code VOID	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

\$1,750

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 8
FOR LINE NUMBER 11a(1)

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NAME OF COMMITTEE (in Full)

Murtha for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J.R. Angel 2730 E. 9th Street Tucson, AZ 85716-4716	See Supplement	11/09/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation See Supplement		
	Aggregate Year-to-Date > \$ 1,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Brauer 1035 Oxford Street Berkeley, CA 94707	See Supplement	11/09/00	\$ 200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation See Supplement		
	Aggregate Year-to-Date > \$ 200		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Brown 10580 Shaker Drive Columbia, MD 21046	See Supplement	11/09/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation See Supplement		
	Aggregate Year-to-Date > \$ 1,000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Dylstra 6306 Hunting Ridge Lane McLean, VA 22101	Slacorp 319 D Street, NE Washington, DC 20002-5721	11/09/00	\$ 250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation See Supplement		
	Aggregate Year-to-Date > \$ 250		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harold Hall	Hall Industries Inc. 201 E. Carson Street Pittsburgh, PA 15219	11/09/00	\$ 100
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Technical Consultant		
	Aggregate Year-to-Date > \$ 100		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Earl Henlin 5818 Ivanhoe Road Oakland CA 94618		11/09/00	\$ 200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$ 200		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Guy Vander Jagt 9321 Cornwall Farm Drive Great Falls, VA 22066	Baker & Hostetler 1050 Connecticut Ave, NW #1100 Washington, DC 20036	11/09/00	\$ 100
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date > \$ 100		

SUBTOTAL of Receipts This Page (optional)

\$2,850

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 8
FOR LINE NUMBER 11a(1)

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NAME OF COMMITTEE In Full

Murtha for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas McCaffrey, Jr. 6716 Eilerson Street Clinton, MD 20735	See Supplement	11/09/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation See Supplement		
	Aggregate Year-to-Date > \$ 1,000		
William McKelvey 1182 Forest Hills Drive Salix, PA 15952	McKelvey Oil Co. PO #, Box 18 Johnstown, PA 15904	11/09/00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date > \$ 500		
Norman McHolme 315 Payday's Drive Elizabeth, PA 15037	See Supplement	11/09/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation See Supplement		
	Aggregate Year-to-Date > \$ 1,000		
Christopher O'Neill 5419 Alpha Road Bethesda, MD 20816	O'Neill Athy & Casey 1310-19th Street, NW Washington, DC 20036	11/09/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner		
	Aggregate Year-to-Date > \$ 1,000		
Juliet Paquing 3509 King Arthur Road Annandale, VA 22003	Law Firm of Zel Lipsen 1 MA Avenue, NW #330 Washington, DC 20001	11/09/00	\$ 250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Leg. Consultant		
	Aggregate Year-to-Date > \$ 750		
Charles Prockhem 4885 McKnight Road Pittsburgh, PA 15237	Sargent Electric Company PO Box 30 Pittsburgh, PA 15230	11/09/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive VP		
	Aggregate Year-to-Date > \$ 1,000		
Barbara Petersen 1210 Roundhouse Lane Alexandria, VA 22314	See Supplement	11/09/00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation See Supplement		
	Aggregate Year-to-Date > \$ 500		

SUBTOTAL of Receipts This Page (optional)

\$5,250

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 8
FOR LINE NUMBER 11a(1)

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NAME OF COMMITTEE (in Full)

Murtha for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Reynolds 207 Castle Rock Road Walnut Creek, CA 94598-4516	See Supplement	11/09/00	\$ 200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation See Supplement		
	Aggregate Year-to-Date > \$ 200		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Rich 1621 Howard Avenue Pottsville, PA 17901	Gilberton Coal Company Main Street Gilberton, PA 17934	11/09/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive		
	Aggregate Year-to-Date > \$ 1,000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Rooney 12015 Corral Drive Fairfax Station, VA 22039	Rooney Group Int'l Inc. 2000N. 14th Street #250 Arlington, VA 22201	11/09/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date > \$ 1,000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian Rowe PO Box 621259 Cincinnati, OH 45262-1259	GE Aircraft Engines 1 Neuman Way Cincinnati, OH 45215	11/09/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired (Chairman Emeritus)		
	Aggregate Year-to-Date > \$ 1,000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Schmidt PO Box 292 Somerset, PA 15501-0292	Chalet Lake Somerset Gilmur Dr & Lakeview Way Somerset, PA 15501	11/09/00	\$ 100
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Psychologist		
	Aggregate Year-to-Date > \$ 100		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Strickmattler 5730 N. Camino Real Tucson, AZ 85718	See Supplement	11/09/00	\$ 250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation See Supplement		
	Aggregate Year-to-Date > \$ 250		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Walter Thomas 5984 Estates Drive Oakland, CA 94611-3114	See Supplement	11/09/00	\$ 200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation See Supplement		
	Aggregate Year-to-Date > \$ 200		

SUBTOTAL of Receipts This Page (optional)

\$3,750

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 8
FOR LINE NUMBER 11a(i)

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NAME OF COMMITTEE (in Full)

Murtha for Congress Committee

A. Full Name, Mailing Address and ZIP Code Steven Wolfe 3701 Connecticut Ave, NW #418 Washington, DC 20008	Name of Employer See Supplement Occupation See Supplement Aggregate Year-to-Date > \$ 1,000	Date (month, day, year) 11/09/00	Amount of Each Receipt this Period \$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Diemen Wortley & Zola 1776 K Street, NW Washington, DC 20006 Occupation Consultant Aggregate Year-to-Date > \$ 500	Date (month, day, year) 11/09/00	Amount of Each Receipt this Period \$ 500
B. Full Name, Mailing Address and ZIP Code George Wortley 624 Orion Avenue Ft. Lauderdale, FL 33304 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer See Supplement Occupation See Supplement Aggregate Year-to-Date > \$ 500	Date (month, day, year) 11/09/00	Amount of Each Receipt this Period \$ 500
C. Full Name, Mailing Address and ZIP Code Hilliard Zola 2229 Bancroft PL, NW #501 Washington, DC 20008 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer See Supplement Occupation See Supplement Aggregate Year-to-Date > \$ 500	Date (month, day, year) 11/09/00	Amount of Each Receipt this Period \$ 500
D. Full Name, Mailing Address and ZIP Code VOID Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code VOID Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code VOID Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code VOID Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) \$2,000

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate subtotals for each category of the Detailed Summary Page

PAGE 6 OF 8
FOR LINE NUMBER 11a(i)

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

NAME OF COMMITTEE (in Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony Frank Emerson Sq. Sr. Ctr. Warren Road Indiana, Pa 15701	Retired	11/22/00	\$ 60
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 60	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian Mitchell 238 E. Wheeling Street Washington, PA 15301-4808	Washington & Jefferson College 60 South Lincoln St. Washington, PA 15301	11/22/00	\$ 200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) \$ 260.00
TOTAL This Period (last page this line number only) \$23,360.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11b

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)

MORTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pa Victory 2000 510 North Third Street Harrisburg, PA 17101		11/22/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

\$1,000

TOTAL This Period (last page this line number only)

\$1,000

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7
FOR LINE NUMBER 11c

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

NAME OF COMMITTEE (in Full)

Murtha for Congress Committee

A. Full Name, Mailing Address and ZIP Code ACS Defense PAC PO Box 219002 Dallas, TX 75221 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500	Date (month, day, year) 10/30/00	Amount of Each Receipt this Period \$ 500
B. Full Name, Mailing Address and ZIP Code AFSCME (PEOPLE) ID # C00011114 1625 L Street, NW Washington, DC 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5,000	Date (month, day, year) 10/30/00	Amount of Each Receipt this Period \$5,000
C. Full Name, Mailing Address and ZIP Code Bethlehem Steel Good Gov't Committee ID # C00096560 1725 Martin Tower Bethlehem, PA 18016 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 3,000	Date (month, day, year) 10/30/00	Amount of Each Receipt this Period \$1,000
D. Full Name, Mailing Address and ZIP Code Boeing PAC-ID # C00142711 1200 Wilson Blvd. Arlington, VA 22209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5,000	Date (month, day, year) 10/30/00	Amount of Each Receipt this Period \$1,000
E. Full Name, Mailing Address and ZIP Code BP Amoco Corp. PAC ID # C00060103 200 East Randolph Drive Chicago, IL 60601-7125 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000	Date (month, day, year) 10/30/00	Amount of Each Receipt this Period \$1,000
F. Full Name, Mailing Address and ZIP Code CNF Transportation Inc. PAC ID # C00110759 3240 Hillview Avenue Palo Alto, CA 94304 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500	Date (month, day, year) 10/30/00	Amount of Each Receipt this Period \$ 500
G. Full Name, Mailing Address and ZIP Code Drive Political Fund ID # C00032979 25 Louisiana Avenue, NW Washington, DC 20001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 10,000	Date (month, day, year) 10/30/00	Amount of Each Receipt this Period \$5,000

SUBTOTAL of Receipts This Page (optional)

\$14,000

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)

Murtha For Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
General Electric Company PAC ID # 000024869 1299 PA Avenue, NW #1100 Washington, DC 20004-2407		10/30/00 10/30/00 10/30/00	\$1,000 \$ 500 \$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 4,000	
B. Full Name, Mailing Address and ZIP Code IT Group PAC ID # 000287508 1401 K Street, NW #801 Washington, DC 20005		10/30/00	\$2,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3,000	
C. Full Name, Mailing Address and ZIP Code Litton Employees PAC ID # 00035667 21240 Burbank Blvd. Woodland Hills, CA 91367		10/30/00 10/30/00	\$ 500 & \$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,500	
D. Full Name, Mailing Address and ZIP Code Nat'l Hardwood Lumber Assoc. PAC ID # 000311159 PO Box 34518 Memphis, TN 38184-0518		10/30/00	\$ 750
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 750	
E. Full Name, Mailing Address and ZIP Code The NEA Fund for Children & Public Education ID # 00000492 1201-16th Street, NW #421 Washington, DC 20036		10/30/00	\$2,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000	
F. Full Name, Mailing Address and ZIP Code PECO Energy Company PAC ID # 000160101 2301 Market Street Philadelphia, PA 19103-1338		10/30/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000	
G. Full Name, Mailing Address and ZIP Code Philip Morris Companies Inc. PAC ID # 000089136 120 Park Avenue New York, NY 10017		10/30/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000	

SUBTOTAL of Receipts This Page (optional)	\$10,250
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
Murtha for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Seafarers Political Activity ID # 00004325 5201 Auth Way Camp Springs, MD 20746		10/30/00	\$2,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sheet Metal Workers PAC ID # 00007542 1750 New York Avenue, NW Washington, DC 20006		10/30/00	\$1,500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,500	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thelen Reid & Priest LLP PAC ID # 00248641 701 PA Avenue, NW #800 Washington, DC 20006		10/30/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3,000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
United Defense PAC ID # 00330076 1525 Wilson Blvd. #700 Arlington, VA 22209		10/30/00	\$2,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3,000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) \$6,500

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 7
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)

Murtha for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arheuser-Busch PAC ID # 00034488 1776 A Street #200 Washington, DC 20006		11/09/00	\$2,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 2,000
B. Full Name, Mailing Address and ZIP Code American Hospital Assoc. PAC 325 Seventh Street, NW Washington, DC 20004		11/09/00	\$2,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 6,000
C. Full Name, Mailing Address and ZIP Code Aircraft Owners & Pilots Assoc. PAC ID # 00131185 421 Aviation Way Frederick, MD 21701		11/09/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 2,000
D. Full Name, Mailing Address and ZIP Code Autometric Inc. PAC ID # 000341420 700 Boston Blvd. Springfield, VA 22153		11/09/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 1,000
E. Full Name, Mailing Address and ZIP Code Federal Express PAC ID 00068692 1980 Norcross Blvd. Memphis, TN 38132		11/09/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 1,000
F. Full Name, Mailing Address and ZIP Code Frank Balla Kirk Mulicko & Toal PAC ID # 00278812 707 Grant Street-Gulf Tower 33rd Fl. Pittsburgh, PA 15219		11/09/00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 500
G. Full Name, Mailing Address and ZIP Code Connellsville Area Education Assoc. 210 Clair Street Connellsville, PA 15425		11/09/00	\$ 50
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 50

SUBTOTAL of Receipts This Page (optional)

\$7,550

TOTAL This Period (list page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 7
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)

Murtha for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norfolk Southern Corp. GGF ID # 00009282 Three Commercial Place Norfolk, VA 23510-2191		11/09/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000	
B. Full Name, Mailing Address and ZIP Code NRA Political Victory Fund ID # 00053553 11250 Waples Mill Road Fairfax, VA 22030-7400		11/09/00	\$2,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 4,000	
C. Full Name, Mailing Address and ZIP Code Realtors PAC ID # 00030718 430 N. Michigan Avenue Chicago, IL 60611		11/09/00	\$5,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 7,000	
D. Full Name, Mailing Address and ZIP Code Reliant Energy PAC ID # 00081455 PO Box 4567 Houston, TX 77210-4567		11/09/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000	
E. Full Name, Mailing Address and ZIP Code Eohn & Haas PAC ID # 00039057 Independence Mall West Philadelphia, PA 19105		11/09/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000	
F. Full Name, Mailing Address and ZIP Code Siemen's Corp. PAC ID # 000353797 701 PA Avenue, NW #720 Washington, DC 20004		11/09/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000	
G. Full Name, Mailing Address and ZIP Code United Technologies Corp. PAC ID # 00035683 1401 Eye Street, NW Washington, DC 20005		11/09/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000	

SUBTOTAL of Receipts This Page (optional) \$12,000

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 7
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in full)

Murtha for Congress Committee

A. Full Name, Mailing Address and ZIP Code Veridian Corp. PAC ID # C00206052 1200 S. Hayes Street #1100 Arlington, VA 22202	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,000	Date (month, day, year) 11/09/00	Amount of Each Receipt this Period \$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Wheeling Pittsburgh Steel PAC ID # C00035857 1134 Market Street Wheeling, WV 26003	Name of Employer Occupation Aggregate Year-to-Date > \$ 3,000	Date (month, day, year) 11/09/00	Amount of Each Receipt this Period \$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code VOID	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code VOID	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code VOID	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code VOID	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code VOID	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	\$2,000
TOTAL This Period (list page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 7 OR 7
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)

MURTEA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AHAPAC-Arts & Humanities for America PAC ID # 00003321 PO Box 27994 Washington, DC 20038-7994		11/22/00	\$ 250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 250
B. Full Name, Mailing Address and ZIP Code BUILD PAC-ID # 00000901 1201-15th Street, NW Washington, DC 20005-2800		11/22/00	\$2,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 3,000
C. Full Name, Mailing Address and ZIP Code General Atomics PAC-ID#000215285 PO Box 22930 San Diego, CA 92122		11/22/00	\$2,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 3,000
D. Full Name, Mailing Address and ZIP Code Int'l Union of Operating Engineers-Engineers Political Education Committee-ID # 000029504 1125-17th Street, NW Washington, DC 20036		11/22/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 2,000
E. Full Name, Mailing Address and ZIP Code Nat'l Propane Gas Assoc. PAC-ID # 000079681 1600 Eisenhower Lane Lisle, IL 60532		11/22/00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 500
F. Full Name, Mailing Address and ZIP Code VOID			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$
G. Full Name, Mailing Address and ZIP Code R&E Corp. Energy PAC-ID # 000177469 77 Beale Street San Francisco, CA 94177		11/22/00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 500

SUBTOTAL of Receipts This Page (optional) \$ 6,250

TOTAL This Period (last page this line number only) \$58,550

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 14

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COLD KEY LEASE P. O. BOX 778 MONROEVILLE, PA 15146	REFUND OF VEHICLE RENTAL DEPOSIT	10/31/00	625.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

625.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 15

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code LAUREL BANK 534 MAIN STREET JOHNSTOWN, PA 15901 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer INTEREST Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/31/00	Amount of Each Receipt This Period 197.47
B. Full Name, Mailing Address and ZIP Code VOID Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
C. Full Name, Mailing Address and ZIP Code VOID Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code VOID Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code VOID Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code VOID Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code VOID Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period

SUBTOTAL of Receipts This Page (optional)

197.47

TOTAL This Period (last page this line number only)

197.47

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 9
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U. S. POSTAL SERVICE JOHNSTOWN, PA	BULK MAIL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/00	1,834.09
VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

1,834.09

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 9
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JOSEPH SCHATZDORFER APT. 504 VINE STREET TOWERS 525 VINE STREET JOHNSTOWN, PA 15901	WAGES	10/26/00	38.38
	WAGES	10/31/00	38.38
	WAGES	11/09/00	41.78
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
JOSEPH SCHATZDORFER APT. 504 VINE STREET TOWERS 525 VINE STREET JOHNSTOWN, PA 15901	WAGES	11/16/00	42.66
	WAGES	11/22/00	36.10
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
GPU ENERGY P. O. BOX 601 ALLENHURST, NJ 07709-0601	UTILITIES	10/26/00	132.03
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
UPS P. O. BOX 4980 HAGERSTOWN, MD 21747-4980	FREIGHT	10/26/00	34.44
	FREIGHT	10/31/00	79.25
	FREIGHT	11/09/00	38.10
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
UPS P. O. BOX 4980 HAGERSTOWN, MD 21747-4980	FREIGHT	11/22/00	68.28
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
NORTHERN EXPRESS P. O. BOX 5478 JOHNSTOWN, PA 15904	TRAVEL-GASOLINE	10/26/00	133.06
	TRAVEL-GASOLINE	11/16/00	174.18
	TRAVEL-GASOLINE	11/22/00	153.20
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
VERIZON NORTH P. O. BOX 31122 TAMPA, FL 33631-3122	TELEPHONE	10/26/00	1,521.85
	TELEPHONE	11/22/00	892.11
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
BENNETT, PETTS & BLUMENTHAL 1010 WISCONSIN AVE., N.W. SUITE 208 WASHINGTON, DC 20007	POLL RESEARCH EXP.	10/26/00	13,200.00
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
CASH JOHNSTOWN, PA	VOL. EXP., CAMPAIGN OFF. SUPPLIES & POSTAGE	10/26/00	59.91
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional)

16,683.71

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 9
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CASH JOHNSTOWN, PA	TRAVEL, POSTAGE, CAMPAIGN OFF. SUPP., VOL. EXP. & TICKETS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	104.45
CASH JOHNSTOWN, PA	GIFTS & VOL. EXP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/06/00	92.08
CASH JOHNSTOWN, PA	CAMPAIGN OFFICE SUPP. & VOL. EXP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/00	95.76
CASH JOHNSTOWN, PA	VOL. EXP. & CAMPAIGN OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/22/00	39.20
TRIBUNE-DEMOCRAT 425 LOCUST STREET P. O. BOX 340 JOHNSTOWN, PA 15907-0340	AD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/00	737.50
ED KANE PUBLIC RELATIONS 304 THEOBURN ST. JOHNSTOWN, PA 15905	AD AD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/00 11/09/00	5,268.46 483.63
POSTMASTER JOHNSTOWN, PA	MASS MAILING EXP. POSTAGE POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00 10/31/00 11/22/00	11,951.80 99.00 2,475.00
THERESA VOYTKO 920 FRONHEISER STREET JOHNSTOWN, PA 15902	WAGES WAGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00 11/16/00	634.98 805.71
MARK CRITZ 825 HIGHLAND AVENUE JOHNSTOWN, PA 15902	WAGES WAGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00 11/16/00	953.08 860.66

SUBTOTAL of Disbursements This Page (optional)

24,601.31

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 9
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

MIRTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BLUE CROSS-BLUE SHIELD P. O. BOX 371477 PITTSBURGH, PA 15250-7477	EMPLOYEE BENEFITS - HOSP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	154.53
B. Full Name, Mailing Address and ZIP Code BEV'S FLORAL 65 FAIRFIELD AVENUE JOHNSTOWN, PA 15906	Purpose of Disbursement FLORAL ARRANGE. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	51.00
C. Full Name, Mailing Address and ZIP Code INDIANA GAZETTE P. O. BOX 10 INDIANA, PA 15701	Purpose of Disbursement SUBSCRIPTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	125.50
D. Full Name, Mailing Address and ZIP Code AT&T WIRELESS P. O. BOX 8220 AURORA, IL 60572-8220	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	74.98
E. Full Name, Mailing Address and ZIP Code BENSHOFF PRINTING 46 VALLEY PIKE JOHNSTOWN, PA 15905	Purpose of Disbursement NEWSLETTERS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	1,564.56
F. Full Name, Mailing Address and ZIP Code CHRYSLER FINANCIAL PAYMENT PROCESSING CENTER CHRYSLER FINANCIAL P. O. BOX 3208 MILWAUKEE, WI 53201-3208	Purpose of Disbursement VEHICLE RENTAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	290.51
G. Full Name, Mailing Address and ZIP Code BRIER GROUP 242 VASSAR AVENUE CLARKS GREEN, PA 18411	Purpose of Disbursement POLITICAL CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	4,166.67
H. Full Name, Mailing Address and ZIP Code SUSAN O'NEILL & ASSOC. 5910 GLOSTER ROAD BETHESDA, MD 20816	Purpose of Disbursement PUBLIC RELATIONS EXP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	2,000.00
I. Full Name, Mailing Address and ZIP Code FEDERAL EXPRESS P. O. BOX 1140 MEMPHIS, TN 38101-1140	Purpose of Disbursement FREIGHT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	30.42

SUBTOTAL of Disbursements This Page (optional) 6,458.17

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MBNA AMERICA BUSINESS CARD P. O. BOX 15469 WILMINGTON, DE 19886-5469	CHECK DATED 10/31/00 \$4,688.97		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
LINO'S RESTAURANT JOHNSTOWN, PA EAT N PARK RESTAURANT JOHNSTOWN, PA	MEALS MEALS	09/29/00 10/09/00	16.32 20.97
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
SPAGHETTI WAREHOUSE PITTSBURGH, PA U. S. HOUSE OF REPRESENTATIVES WASHINGTON, DC	MEALS MEETING EXPENSE	10/11/00 10/06/00	25.75 89.40
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
THE RITZ CARLTON PENTIA ARLINGTON, VA THE RITZ CARLTON PENTIA ARLINGTON, VA	MEETING EXPENSE MEETING EXPENSE	10/17/00 10/17/00	200.00 362.95
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
EXXON POS 91 ARLINGTON, VA BP OIL EVERETT, PA	TRAVEL TRAVEL	09/20/00 09/24/00	13.55 16.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
MOBIL OIL EVERETT, PA EXXON POS 91 ARLINGTON, VA	TRAVEL TRAVEL	10/01/00 10/11/00	21.27 12.57
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
SHEETZ JOHNSTOWN, PA EXXON 75 JOHNSTOWN, PA	TRAVEL TRAVEL	09/17/00 09/03/00	23.50 18.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
THE BEVERLY HILLS HOTEL BEVERLY HILLS, CA THE BEVERLY HILLS HOTEL BEVERLY HILLS, CA	FUND RAISER RECP. EXP. FUND RAISER RECP. EXP.	10/06/00 10/06/00	2,014.47 .01
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
POWERSCOURT REST. WASHINGTON, DC	LODGING	09/26/00	1,853.71
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	4,688.97
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 9
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MARY CATHERINE VOYTEK 920 FRONHEISER STREET JOHNSTOWN, PA 15902	WAGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/00	63.28
LAUREL BANK 534 MAIN STREET JOHNSTOWN, PA 15901	PAYROLL TAXES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/00	1,576.63
LAUREL BANK 534 MAIN STREET JOHNSTOWN, PA 15901	IMPRINTED CHECKS SERVICE CHARGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/24/00 11/06/00	378.75 8.00
INDIANA COUNTY CHAMBER OF COMMERCE 1019 PHILADELPHIA STREET INDIANA, PA 15701	DUES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/00	190.00
MOM'S HOUSE 1325 FRANKLIN STREET JOHNSTOWN, PA 15905	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/00	100.00
AMERICAN LEGION AUXILIARY c/o B. LYSIC 786 LEVEL ROAD LILLY, PA 15930	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/00	100.00
ROBERT C. ONDICK, CPA, P.C. BT FINANCIAL PLAZA - SUITE 220 551 MAIN STREET JOHNSTOWN, PA 15901	ACCOUNTING SERV. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/00	1,500.00
UNIVERSAL PRINTING 12 OLIVE STREET SCRANTON, PA 18508	MASS MAILING EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/00	6,735.24
AT&T P. O. BOX 9001309 LOUISVILLE, KY 40290-1309	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/00	247.05

SUBTOTAL of Disbursements This Page (optional)	10,898.95
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
B&B FLORAL 1106 SCALP AVENUE JOHNSTOWN, PA 15904	FLORAL ARRANGE. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/00	51.20
B. Full Name, Mailing Address and ZIP Code ROUSE'S FLORAL 3908 BIGLER AVENUE BARNESBORO, PA 15714	FLORAL ARRANGE. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/00	42.40
C. Full Name, Mailing Address and ZIP Code SOMERSET FLORAL 892 EAST MAIN ST. SOMERSET, PA 15501	FLORAL ARRANGE. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/00	42.40
D. Full Name, Mailing Address and ZIP Code TONY SUNSERI 935 OAK ST., P. O. BOX 956 JOHNSTOWN, PA 15907	GIFTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/00	113.65
E. Full Name, Mailing Address and ZIP Code GREATER JOHNSTOWN WATER AUTHORITY P. O. BOX 1287 JOHNSTOWN, PA 15907	UTILITIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/00	2.75
F. Full Name, Mailing Address and ZIP Code WESTMONT MOBIL 1735 COUCHER ST. JOHNSTOWN, PA 15905	TRAVEL-GASOLINE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/00	40.92
G. Full Name, Mailing Address and ZIP Code JOHNSTOWN OLDTIMERS BASEBALL ASSOC. 519 GROVE AVENUE JOHNSTOWN, PA 15902	TICKETS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/00	100.00
H. Full Name, Mailing Address and ZIP Code ST. MARY'S ORTHODOX CHURCH 111 ALBERTA AVENUE JOHNSTOWN, PA 15905	TICKETS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/00	80.00
I. Full Name, Mailing Address and ZIP Code EDWARD MITCHELL COMMUNICATIONS P. O. BOX 2237 WILKES-BARRE, PA 18703	ADV. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/00	5,000.00

SUBTOTAL of Disbursements This Page (optional)

5,473.32

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 8 OF 9
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BOISE CASCADE P. O. BOX 360755 PITTSBURGH, PA 15250	CAMPAIGN OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/00	318.72
B. Full Name, Mailing Address and ZIP Code CLASSIC CATERING 705 CHESTNUT ST. JOHNSTOWN, PA 15906	Purpose of Disbursement VOL. EXP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/00	220.75
C. Full Name, Mailing Address and ZIP Code CHARTER COMMUNICATIONS 120 SOUTHMONT BLVD. JOHNSTOWN, PA 15905	Purpose of Disbursement UTILITIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/00	36.45
D. Full Name, Mailing Address and ZIP Code CAMBRIA MAILING SERVICES P. O. BOX 325 2092 FOREST HILLS DRIVE ELTON, PA 15934-0325	Purpose of Disbursement MASS MAILING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/00	1,927.50
E. Full Name, Mailing Address and ZIP Code CHRISTIAN BOOK STORE 1238 SCALP AVENUE JOHNSTOWN, PA 15904	Purpose of Disbursement CAMPAIGN OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/00	53.17
F. Full Name, Mailing Address and ZIP Code CITY OF JOHNSTOWN-BUREAU OF SEWAGE P. O. BOX 610 JOHNSTOWN, PA 15907-0610	Purpose of Disbursement UTILITIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/00	8.15
G. Full Name, Mailing Address and ZIP Code DAILY AMERICAN P. O. BOX 638 SOMERSET, PA 15501-0638	Purpose of Disbursement SUBSCRIPTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/00	137.00
H. Full Name, Mailing Address and ZIP Code JOHNSTOWN REDEVELOPMENT AUTH. 4TH FLOOR PUBLIC SAFETY BUILDING JOHNSTOWN, PA 15901	Purpose of Disbursement RENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/00	660.00
I. Full Name, Mailing Address and ZIP Code JAMES OSWALD 949 CARNEGIE AVENUE JOHNSTOWN, PA 15905	Purpose of Disbursement CAMPAIGN OFFICE SUPPLIES & MEALS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/00	67.77

SUBTOTAL of Disbursements This Page (optional)

3,429.51

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 9 OF 9
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
VARIOUS CAMPAIGN WORKERS 237 X \$ 5 391 X \$10 184 X \$20	POLL WORKERS & WATCHERS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/07/00	8,775.00
B. Full Name, Mailing Address and ZIP Code GMAC GMAC PAYMENT PROCESSING CENTER P. O. BOX 70309 CHARLOTTE, NC 28272-0309	VEHICLE RENTAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/22/00	628.18
C. Full Name, Mailing Address and ZIP Code FLOOD CITY INTERNET 100 EISENHOWER BLVD. JOHNSTOWN, PA 15905	INTERNET SERV. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/22/00	39.00
D. Full Name, Mailing Address and ZIP Code THOMAS BUICK 750 EISENHOWER BLVD. JOHNSTOWN, PA 15904	VEHICLE REPAIRS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/22/00	24.06
E. Full Name, Mailing Address and ZIP Code LAUREL CHRYSLER 933 EISENHOWER BLVD. JOHNSTOWN, PA 15904	VEHICLE REPAIRS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/22/00	15.90
F. Full Name, Mailing Address and ZIP Code VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

9,482.14

TOTAL This Period (last page this line number only)

85,550.17

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LARRY ROBERTS CAMPAIGN 96 FARMVIEW DRIVE UNIONTOWN, PA 15401	TICKETS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/00	100.00
B. Full Name, Mailing Address and ZIP Code FRIENDS OF ALLEN KUKOVICH P. O. BOX 97 GREENSBURG, PA 15601	TICKETS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/00	250.00
C. Full Name, Mailing Address and ZIP Code FRIENDS OF ED WOJNAROSKI 419 LOCUST STREET JOHNSTOWN, PA 15901	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/00	350.00
D. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT DAVE TULOWITZKY, DA 611 BELMONT AVE. EBENSBURG, PA 15931	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/00	200.00
E. Full Name, Mailing Address and ZIP Code SARA STEELMAN FOR STATE REP. 20 SHADY DRIVE INDIANA, PA 15701	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/00	250.00
F. Full Name, Mailing Address and ZIP Code VOTERS FOR PROGRESSIVE DEMOCRATS c/o ERNIE ESPOSITO 519 SOMERSET ST. JOHNSTOWN, PA 15901	ADV. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/00	100.00
G. Full Name, Mailing Address and ZIP Code DEMOCRATIC CONGRESSIONAL CAMPAIGN COMM. c/o THE HON. PATRICK KENNEDY, COMM. 430 SOUTH CAPITOL STREET, S.E. CHAIRMAN WASHINGTON, DC 20003	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/00	50,000.00
H. Full Name, Mailing Address and ZIP Code CHUCK ROBB FOR SENATE 5838 C NORTH KINGS HIGHWAY ALEXANDRIA, VA 22303	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	1,000.00
I. Full Name, Mailing Address and ZIP Code CONGRESSMAN LANE EBANS P. O. BOX 5263 ROCK ISLAND, IL 61201	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)

53,250.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WESTMORELAND COUNTY DEMOCRATIC COMM. 14 EAST OTTERMAN STREET GREENSBURG, PA 15601	TICKETS CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00 10/31/00	750.00 500.00
B. Full Name, Mailing Address and ZIP Code CAMBRIA COUNTY DEMOCRATIC COMM. 104 S. CENTER STREET P. O. BOX 92 EBENSBURG, PA 15931	Purpose of Disbursement AD & TICKETS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	Amount of Each Disbursement This Period 250.00
C. Full Name, Mailing Address and ZIP Code WEST HILLS DEMOCRAT CLUB c/o TONY PERRY 716 CASE AVENUE JOHNSTOWN, PA 15905	Purpose of Disbursement RALLY EXPENSE WEST HILLS DEMOCRAT CLUB JOHNSTOWN, PA 15901 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/00	Amount of Each Disbursement This Period 177.95
D. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT RON DIEHL P. O. BOX 452 GREENSBURG, PA 15601	Purpose of Disbursement TICKETS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/00	Amount of Each Disbursement This Period 100.00
E. Full Name, Mailing Address and ZIP Code FALEOMAVEGA FOR CONGRESS COMM. P. O. BOX 44669 WASHINGTON, DC 20026	Purpose of Disbursement CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/00	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code VALLEY PRINTING 667 MAIN STREET JOHNSTOWN, PA 15901	Purpose of Disbursement IN KIND CONTR. FOR CARDS WEST END DEMOCRAT CLUB 119 KAY TWARDZAK 119 CHESTNUT ST JOHNSTOWN, PA 15901 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/22/00	Amount of Each Disbursement This Period 45.05
G. Full Name, Mailing Address and ZIP Code VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

2,823.00

TOTAL This Period (last page this line number only)

56,073.00

LOANS

Name of Committee (In Full) MURTHA FOR CONGRESS COMMITTEE			
A. Full Name, Mailing Address and ZIP Code of Loan Source MBNA AMERICA 1000 SAMOSET DRIVE WILMINGTON, DE 19884-0404 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan \$40,000.00 MASTER CARD ACCOUNT	Cumulative Payment To Date	Balance Outstanding at Close of This Period \$7,942.85
Term: Date Incurred _____ Date Due _____ Interest Rate _____ % (APR) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code JOHN P. MURTHA 109 COLGATE AVENUE JOHNSTOWN, PA 15905	Name of Employer U. S. HOUSE OF REP. Occupation CONGRESSMAN Amount Guaranteed Outstanding: \$ 7,942.85	(This area is shaded to indicate that the information is not to be reported.)	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Term: Date Incurred _____ Date Due _____ Interest Rate _____ % (APR) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	(This area is shaded to indicate that the information is not to be reported.)	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			7,942.85
TOTALS This Period (last page in this line only)			7,942.85

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
MURTHA FOR CONGRESS COMMITTEE				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
PENN NATIONAL INSURANCE P. O. BOX 13746 PHILADELPHIA, PA 19101	612.00	-0-	-0-	612.00
Nature of Debt (Purpose):	VEHICLE INSURANCE			
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
VERIZON NORTH P. O. BOX 31122 TAMPA, FL 33631-3122	1,521.85	892.11	2,413.96	-0-
Nature of Debt (Purpose):	TELEPHONE			
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
ROBERT C. ONDICK SUITE 220 551 MAIN STREET JOHNSTOWN, PA 15901	-0-	2,455.52	1,500.00	955.52
Nature of Debt (Purpose):	ACCOUNTING SERVICE & REIMB. FOR TELE., FAX, POSTAGE & COPY MACHINE USAGE			
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
VOID				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
VOID				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
VOID				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				1,567.52
2) TOTALS This Period (last page in this line only)				1,567.52
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				7,942.85
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				9,510.37

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 12/6/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
CE PREPARER	12/8/00 DATE PREPARED