

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

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

MURTHA FOR CONGRESS COMMITTEE

ADDRESS (number and street)
▼

Suite 120, 551 Main Street

☐Check if different
than previously
reported. (ACC)

JOHNSTOWN

PA

15901

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00019075

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

PA

12

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☒

January 31 Year-End Report (YE)

☐

Termination Report (TER)

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

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of

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

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2007

through

12

31

2007

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

Type or Print Name of Treasurer

Robert C. Ondick

Signature of Treasurer

Electronically Filed by Robert C. Ondick

Date

07

25

2008

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**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

MURTHA FOR CONGRESS COMMITTEE

Report Covering the Period:

From:

M M
1 0D D
0 1Y Y Y Y
2 0 0 7

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	315125.00	1064681.00
(b) Total Contribution Refunds (from Line 20(d)).....	2000.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	313125.00	1062681.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	172695.40	941369.14
(b) Total Offsets to Operating Expenditures (from Line 14).....	733.63	7541.27
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	171961.77	933827.87
8. Cash on Hand at Close of Reporting Period (from Line 27).....	529586.95	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	7418.32	

For further information contact:

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

MURTHA FOR CONGRESS COMMITTEE

Report Covering the Period:

From:

M M
1 0D D
0 1Y Y Y Y
2 0 0 7

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 7**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

230480.00

693180.00

(ii) Unitemized.....

4645.00

31851.00

(iii) TOTAL of contributions

235125.00

725031.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

80000.00

339650.00

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

315125.00

1064681.00

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

733.63

7541.27

15. OTHER RECEIPTS

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

4191.86

18057.96

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

320050.49

1090280.23

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	172695.40	941369.14
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.....	2000.00	2000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2000.00	2000.00
21. OTHER DISBURSEMENTS.....	69316.23	209712.23
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	244011.63	1153081.37

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	453548.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	320050.49
25. SUBTOTAL (add Line 23 and Line 24).....	773598.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	244011.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	529586.95

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate Mr. JOHN P MURTHA		Candidate ID Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">H6PA12030</div>
Name of Principal Campaign Committee MURTHA FOR CONGRESS COMMITTEE		Committee ID Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00019075</div>
Committee Address Suite 120, 551 Main Street		
City JOHNSTOWN	State PA	ZIP 15901
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	<div style="border: 1px solid black; padding: 2px; display: inline-block;">994000.23</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">96280.00</div>
2. Aggregate amount of contributions from personal funds of the candidate	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
3. Gross receipts minus the candidate's personal contributions	<div style="border: 1px solid black; padding: 2px; display: inline-block;">994000.23</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">96280.00</div>

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

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

FOR LINE NUMBER: PAGE 6 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Charles Allen

Mailing Address P.O. Box 1210

City

Brynmaur

State

PA

Zip Code

19010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boeing

Occupation

Aerospace Mgr

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: SA11AI.34209

Amount of Each Receipt this Period

1100.00

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

B.

Full Name (Last, First, Middle Initial)

Donald Address

Mailing Address 2300 W Sahara Ave
Suite 67

City

Las Vegas

State

NV

Zip Code

89102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Asphalt Contractor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.33580

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Madeleine Arison

Mailing Address 9999 Collins Ave
Apt 15GJ

City

Bal Harbour

State

FL

Zip Code

33154-1835

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: SA11AI.33967

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

John Bantivoglio, III

Mailing Address P.O. Box 496

City

Camden

State

NJ

Zip Code

08101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Camden Iron Works & Metal

Occupation

Executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34213

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)

Capt. Thomas Barns, USN

Mailing Address 7819 Abbey Oaks Ct.

City

Manassas

State

VA

Zip Code

20112

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. Navy

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.33969

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Laurence Bartell

Mailing Address 920 Ohio Savings Plaza

City

Cleveland

State

OH

Zip Code

44114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sustin Bartell Walman Fer-
gus

Occupation

CPA

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.33970

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

James F. Bates

Mailing Address 1 Laurelbrook Court

City

Cresson

State

PA

Zip Code

16630

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Francis University

Occupation

Director, CERMUSA

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.33968

Amount of Each Receipt this Period

200.00

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

B.

Full Name (Last, First, Middle Initial)

Carol Beall

Mailing Address 208 Cashmere Court

City

Cranberry Twp

State

PA

Zip Code

16066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roto Rooter

Occupation

Manager

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33971

Amount of Each Receipt this Period

1300.00

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

C.

Full Name (Last, First, Middle Initial)

Carol Beall

Mailing Address 208 Cashmere Court

City

Cranberry Twp

State

PA

Zip Code

16066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roto Rooter

Occupation

Manager

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: SA11AI.33972

Amount of Each Receipt this Period

700.00

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

SUBTOTAL of Receipts This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. G. Nicholas Beckwith, III

Mailing Address 1 Little Lane

City

Pittsburgh

State

PA

Zip Code

15215-1552

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beckwith Machinery Co.

Occupation

CEO & President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.33973

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Robert Black

Mailing Address 10777 W. Twain Avenue

City

Las Vegas

State

NV

Zip Code

89135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Landbaron Investments

Occupation

Real Estate

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.33581

Amount of Each Receipt this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)

Robert Black

Mailing Address 10777 W. Twain Avenue

City

Las Vegas

State

NV

Zip Code

89135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Landbaron Investments

Occupation

Real Estate

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.33582

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

5600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Robert A. Jr. Borski

Mailing Address 4015 Fittler St.

City

Philadelphia

State

PA

Zip Code

19114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Borski Assoc, LLC

Occupation

Member

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34215

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)

Christopher Bossi

Mailing Address 405 Granda Way

City

Altoona

State

PA

Zip Code

16601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inrange System Inc

Occupation

President Medl Equip

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33597

Amount of Each Receipt this Period

1300.00

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

C.

Full Name (Last, First, Middle Initial)

Christopher Bossi

Mailing Address 405 Granda Way

City

Altoona

State

PA

Zip Code

16601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inrange System Inc

Occupation

President Medl Equip

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

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

Transaction ID: SA11AI.33974

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Christopher Bossi

Mailing Address 405 Granda Way

City

Altoona

State

PA

Zip Code

16601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inrange System Inc

Occupation

President Medl Equip

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4300.00

Date of Receipt

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

Transaction ID: SA11AI.34216

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)

Joann Boyle

Mailing Address PO Box 400

City

Laughlintown

State

PA

Zip Code

15655-0400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seton Hill College

Occupation

Administrator

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33975

Amount of Each Receipt this Period

1300.00

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

C.

Full Name (Last, First, Middle Initial)

Joann Boyle

Mailing Address PO Box 400

City

Laughlintown

State

PA

Zip Code

15655-0400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seton Hill College

Occupation

Administrator

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: SA11AI.33976

Amount of Each Receipt this Period

700.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

John Bozic

Mailing Address 1531 Field Club Dr

City

Pittsburgh

State

PA

Zip Code

15237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pittsburgh Gateways Corp

Occupation
Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.33977

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)

Marshall Brachman

Mailing Address 634 A Street, NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Lobbyist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: SA11AI.33598

Amount of Each Receipt this Period

1300.00

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

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas Brady

Mailing Address 100 Charles River Place
#400

City

Boston

State

MA

Zip Code

02114

FEC ID number of contributing
federal political committee.

C

Name of Employer
MA General Hospital

Occupation
Director-Radiology Research

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.33604

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Patrick Brier

Mailing Address 242 Vassar Avenue

City

Clarks Green

State

PA

Zip Code

18411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stevens & Lee, P.C.

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.33599

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Paul Cacciamani

Mailing Address 200 Main Street

City

Peckville

State

PA

Zip Code

18452

FEC ID number of contributing
federal political committee.

C

Name of Employer
Syvergist Drive

Occupation
President CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.34217

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. Jack Calandra

Mailing Address 64 Country Club Road

City

Cresson

State

PA

Zip Code

16630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Calandra, Inc.

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: SA11AI.33979

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Joe Carlin

Mailing Address 21921 Bellair Court

City

Ashburn

State

VA

Zip Code

20147

FEC ID number of contributing
federal political committee.

C

Name of Employer
Argon St

Occupation

Vice President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2250.00

Date of Receipt

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

Transaction ID: SA11AI.33602

Amount of Each Receipt this Period

750.00

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

B.

Full Name (Last, First, Middle Initial)

Sara Carlin

Mailing Address 21921 Bellair Court

City

Ashburn

State

VA

Zip Code

20147

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Housewife

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34200

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Ms Martha Casey

Mailing Address 1310 19th Street NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

Name of Employer
O'Neill Athy & Casey

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.33601

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms Martha Casey

Mailing Address 1310 19th Street NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

Name of Employer
O'Neill Athy & Casey

Occupation

Partner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: SA11AI.34221

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Mrs. Loretta Cassidy

Mailing Address 1209 Stuart Robeson Dr

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: SA11AI.33600

Amount of Each Receipt this Period

1300.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. Nicholas G. Cavarocchi

Mailing Address 817 G Street, SW

City

WASHINGTON

State

DC

Zip Code

20024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cavarocchi Puscio Dennis
LLC

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: SA11AI.33603

Amount of Each Receipt this Period

1200.00

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

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Edward Chorbajian

Mailing Address 330 West 85th Street, 3H

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer
NRR Connemaugh LLP

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33981

Amount of Each Receipt this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)

Robert J. Cindrich

Mailing Address 154 St Ives Way

City

Zelienople

State

PA

Zip Code

16063

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPMC

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.33980

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. Cordis Colburn

Mailing Address 7618 Glenville Ct.

City

Springfield

State

VA

Zip Code

22153

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics

Occupation

Government Relations

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.33605

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

4300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Lt.Gen John Conaway

Mailing Address P.O. Box 3008

City

Alexandria

State

VA

Zip Code

22302

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Conaway Group LLC

Occupation

President / CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.33606

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)

Elizabeth B. Concordia

Mailing Address 606 Woodvalley Rd

City

Pittsburgh

State

PA

Zip Code

15238

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPMC

Occupation

Health Care Adm

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.33983

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Michael Cummins

Mailing Address 3008 Holly Street

City

Alexandria

State

VA

Zip Code

22305-1845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Impact Engineering, Inc

Occupation

Truck Research, President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: SA11AI.33930

Amount of Each Receipt this Period

1300.00

Contribution

☐ 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Edward DePasquale

Mailing Address 802 South Shenandoah Drive

City

Latrobe

State

PA

Zip Code

15650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conemaugh Health System

Occupation

CVO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.33984

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Mr. Robert Diamond

Mailing Address 4700 Brandywine Street, NW

City

Washington

State

DC

Zip Code

20016-4450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whitten & Diamond

Occupation

Retired General

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2200.00

Date of Receipt

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

Transaction ID: SA11AI.33608

Amount of Each Receipt this Period

200.00

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

Full Name (Last, First, Middle Initial)

Mr. Robert Diamond

Mailing Address 4700 Brandywine Street, NW

City

Washington

State

DC

Zip Code

20016-4450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whitten & Diamond

Occupation

Retired General

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

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

Transaction ID: SA11AI.33776

Amount of Each Receipt this Period

1100.00

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

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

John Dougherty

Mailing Address 3690 Garnet Mine Road

City State Zip Code
Boothwyn PA 19061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boeing

Occupation
Executive

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

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

Transaction ID: SA11AI.34228

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Dan Drawbaugh

Mailing Address 700 Robinhood Road

City State Zip Code
Pittsburgh PA 15215

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPMC

Occupation
Health Care Admin.

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

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

Transaction ID: SA11AI.33985

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Dr. James Eckenrode

Mailing Address 275 Arbutus Avenue

City State Zip Code
Johnstown PA 15904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windber Medical Center

Occupation
Physician

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 300.00

Date of Receipt

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

Transaction ID: SA11AI.33938

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. James Ervin

Mailing Address 116 Queen Street

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
ETA, Inc.

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2200.00

Date of Receipt

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

Transaction ID: SA11AI.33609

Amount of Each Receipt this Period

200.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. James Ervin

Mailing Address 116 Queen Street

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
ETA, Inc.

Occupation
President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

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

Transaction ID: SA11AI.33777

Amount of Each Receipt this Period

1100.00

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Linda Fanale

Mailing Address 517 Indiana Street

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windber Medical Center

Occupation
CFO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.33986

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Charles F. Feldmayer

Mailing Address 4309 Southwood Dr

City

Alexandria

State

VA

Zip Code

22309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Talley Defense Systems

Occupation

Dir. of Mkt & Govt Affairs

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33610

Amount of Each Receipt this Period

1300.00

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

B.

Full Name (Last, First, Middle Initial)

Joseph Field

Mailing Address 115 E Princeton Road

City

Bala Cynwyd

State

PA

Zip Code

19004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Entercom Comm Corp

Occupation

Chairman

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.34232

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Ms Rebecca Fisher

Mailing Address 1597 St. Andrews Drive

City

Oakmont

State

PA

Zip Code

15139-1628

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.33987

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)

3800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

James Clifford Forrest, III

Mailing Address 3 Colbert Lane

City

Pittsburgh

State

PA

Zip Code

15215-1509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kiski Junction Railroad

Occupation

Management

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.34203

Amount of Each Receipt this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)

James Clifford Forrest, III

Mailing Address 3 Colbert Lane

City

Pittsburgh

State

PA

Zip Code

15215-1509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kiski Junction Railroad

Occupation

Management

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

Date of Receipt

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

Transaction ID: SA11AI.34208

Amount of Each Receipt this Period

1400.00

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

C.

Full Name (Last, First, Middle Initial)

Tracy L. Forrest

Mailing Address 3 Colbert Lane

City

Pittsburgh

State

PA

Zip Code

15215-1509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kiski Junction Railroad

Occupation

Executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.34205

Amount of Each Receipt this Period

700.00

☐ 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Tracy L. Forrest

Mailing Address 3 Colbert Lane

City

Pittsburgh

State

PA

Zip Code

15215-1509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kiski Junction Railroad

Occupation

Executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.34207

Amount of Each Receipt this Period

1600.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Steven Frank

Mailing Address 1971 Bates Drive

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Drug Intelligence
Center

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.34197

Amount of Each Receipt this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. Douglas Gardner

Mailing Address 484 Felgan Road

City

Somerset

State

PA

Zip Code

15501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windber Medical Center

Occupation

Partner Administration Services

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.33988

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

John Garlow

Mailing Address 29 Lady's Lane

City

Uniontown

State

PA

Zip Code

15401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ford Business Machine

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.33989

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Charles Gillespie

Mailing Address 9 Promenade Pl.

City

Voorhees

State

NJ

Zip Code

08043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aramark Ins.

Occupation
Chairman

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.33990

Amount of Each Receipt this Period

2000.00

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

C.

Full Name (Last, First, Middle Initial)

Howard Gilson

Mailing Address 131 South West Street

City

Doylestown

State

PA

Zip Code

18901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Argon ST

Occupation
Engineer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34194

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Richard Gonzales

Mailing Address 2735 Caumsett Ct

City

Las Vegas

State

NV

Zip Code

89117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Longhorn Cascino

Occupation

Manager

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.33584

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Howard Grant

Mailing Address 533 Scott Road

City

Gladwyne

State

PA

Zip Code

19035

FEC ID number of contributing
federal political committee.

C

Name of Employer
TUHS

Occupation

CMO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.34240

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Aaron Grau

Mailing Address 116 Springbrooke Dr

City

Venetia

State

PA

Zip Code

15367

FEC ID number of contributing
federal political committee.

C

Name of Employer
GSP Consulting

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: SA11AI.33954

Amount of Each Receipt this Period

1300.00

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

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 215

(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)

John Graykowski

Mailing Address 2728 18th St. N.

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dyer, Ellis & JosephOccupation
Attorney

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.33611

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Rebecca L. Halkias

Mailing Address 317 C St. N.E.

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. GovernmentOccupation
Tom Ridge Aide

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2200.00

Date of Receipt

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

Transaction ID: SA11AI.33614

Amount of Each Receipt this Period

200.00

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

Full Name (Last, First, Middle Initial)

Rebecca L. Halkias

Mailing Address 317 C St. N.E.

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. GovernmentOccupation
Tom Ridge Aide

Receipt For: 2008

☐ Primary
 ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

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

Transaction ID: SA11AI.33778

Amount of Each Receipt this Period

1100.00

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

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Anthony Hallett

Mailing Address 4997 Countline Road

City

New Castle

State

PA

Zip Code

16105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comminty Research Corp.

Occupation

Technology & Telecomm

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33991

Amount of Each Receipt this Period

300.00

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

B.

Full Name (Last, First, Middle Initial)

Anthony Hallett

Mailing Address 4997 Countline Road

City

New Castle

State

PA

Zip Code

16105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comminty Research Corp.

Occupation

Technology & Telecomm

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: SA11AI.33992

Amount of Each Receipt this Period

700.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. Howard Hanna, III

Mailing Address 1001 W. Waldheim Road

City

Pittsburgh

State

PA

Zip Code

15215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Howard Hanna Real Estate

Occupation

Real Estate Broker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: SA11AI.33993

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

J. Joseph Hardy

Mailing Address PO Box 584, Soute 519

City State Zip Code
Eighty Four PA 15330

FEC ID number of contributing
federal political committee.

C

Name of Employer
84 Lumber Co

Occupation
CEO

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt

10 / 29 / 2007

Transaction ID: SA11AI.33956

Amount of Each Receipt this Period

1300.00

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

B.

Full Name (Last, First, Middle Initial)

Scott Harshman

Mailing Address 217 Murdock Way

City State Zip Code
Greensburg PA 15601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harshman Consulting

Occupation
Self Employed

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt

10 / 04 / 2007

Transaction ID: SA11AI.33672

Amount of Each Receipt this Period

1100.00

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

C.

Full Name (Last, First, Middle Initial)

Robert Helm

Mailing Address 1493 Evans Farm Dr

City State Zip Code
McLean VA 22101-5656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northrop Grumman

Occupation
Manager

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

10 / 04 / 2007

Transaction ID: SA11AI.33613

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Daniel Hilferty, III

Mailing Address 220 Cedarbrook Road

City

Ardmore

State

PA

Zip Code

19003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Independence Blue Cross

Occupation

President & CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34270

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)

Elsie Hillman

Mailing Address Morewood Heights

City

Pittsburgh

State

PA

Zip Code

15213

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34201

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Stephen J. Hollis

Mailing Address 8318 Cathedral Forest Dr

City

Fairfax Station

State

VA

Zip Code

22039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sabeus

Occupation

Executive VP

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: SA11AI.33615

Amount of Each Receipt this Period

1300.00

☐ 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Susan Howland

Mailing Address 20 Black Oaks Mews

City

Newtown

State

PA

Zip Code

18940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Proprietor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34241

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)

Hai Hu

Mailing Address 464 Old Farm Lane

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windber Research Institute

Occupation
Dir Biomedical Info.

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.33994

Amount of Each Receipt this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)

Dolores Hughes

Mailing Address 2002 PArk Place Lane

City

Canonsburg

State

PA

Zip Code

15317

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.33995

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 215

(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)

William Hughes

Mailing Address 2002 Park Place Lane

City

Canonsburg

State

PA

Zip Code

15317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Progeny Systems

Occupation

Executive

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.33997

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Richard Ianieri

Mailing Address 2143 Turk Road

City

Doylestown

State

PA

Zip Code

18901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coherent

Occupation

V P

Receipt For: 2008

☐ Primary
 ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

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

Transaction ID: SA11AI.34196

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Mr. F. Nicholas Jacobs

Mailing Address 120 Glory Drive

City

Windber

State

PA

Zip Code

15963

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windber Medical Center

Occupation

President

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33929

Amount of Each Receipt this Period

1100.00

Contribution

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

SUBTOTAL of Receipts This Page (optional)

3100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. F. Nicholas Jacobs

Mailing Address 120 Glory Drive

City

Windber

State

PA

Zip Code

15963

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windber Medical Center

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.34553

Amount of Each Receipt this Period

200.00

Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. F. Nicholas Jacobs

Mailing Address 120 Glory Drive

City

Windber

State

PA

Zip Code

15963

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windber Medical Center

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2780.00

Date of Receipt

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

Transaction ID: SA11AI.34000

Amount of Each Receipt this Period

280.00

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

C.

Full Name (Last, First, Middle Initial)

Nicholas Karangelen

Mailing Address 3100 N. Nelson Street

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trident Systems Inc

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33618

Amount of Each Receipt this Period

1300.00

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

SUBTOTAL of Receipts This Page (optional)

1780.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 Kelly Keller

Mailing Address 310 5th Street

City State Zip Code
 Charleroi PA 15022

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Nurse

Occupation
 Nokomis Inc

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

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

Transaction ID: SA11AI.34003

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)
 Walter J Keller, III

Mailing Address 103 Firwood Drive

City State Zip Code
 Bridgeville PA 15017

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Nokomis Inc

Occupation
 President & CEO

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2300.00

Date of Receipt

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

Transaction ID: SA11AI.33616

Amount of Each Receipt this Period

1100.00

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

C.

Full Name (Last, First, Middle Initial)
 Walter J Keller, III

Mailing Address 103 Firwood Drive

City State Zip Code
 Bridgeville PA 15017

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Nokomis Inc

Occupation
 President & CEO

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2500.00

Date of Receipt

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

Transaction ID: SA11AI.33617

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 215

(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)

Walter J. Keller

Mailing Address 310 5th Street

City

Charleroi

State

PA

Zip Code

15022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nokomis Inc

Occupation

Board Member

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34005

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)

Shoun Kerbaugh

Mailing Address 428 Pine Valley Drive

City

Bridgeville

State

PA

Zip Code

15017-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alstom Power Conversion
Inc

Occupation

President & CEO

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.34007

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Julie Kingery

Mailing Address 1888 Brandywine Drive

City

Allison Park

State

PA

Zip Code

15101

FEC ID number of contributing
federal political committee.

C

Name of Employer
G42 Gaming Overload

Occupation

Ph D

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.34035

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)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jean M. Ktonis

Mailing Address 9760 Tico Ln.

City

Bristow

State

VA

Zip Code

20136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Progeny Systems

Occupation

Administrator

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33620

Amount of Each Receipt this Period

1300.00

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

Full Name (Last, First, Middle Initial)

Walter P. Ktonis, III

Mailing Address 9760 Tico Lnc.

City

Bristow

State

VA

Zip Code

20136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Progeny Systems

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33621

Amount of Each Receipt this Period

1300.00

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

Full Name (Last, First, Middle Initial)

Hon. Ron Klink

Mailing Address 3410 Lashan Drive

City

Murrysville

State

PA

Zip Code

15668-9480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bucephalus, LLC

Occupation

Sole Proprietorship/Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.34008

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 Paul Koob

Mailing Address Bristol Springs Farm
 2796 Bristol Rd

City State Zip Code
Warrington PA 18976

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Temple Univ Health System

Occupation
 Attorney

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

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

Transaction ID: SA11AI.34243

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)
 Evelyn Kossak

Mailing Address 68 Cross Hwy

City State Zip Code
Westport CT 06880

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NRR Conemaugh LLP

Occupation
 Employee

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2300.00

Date of Receipt

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

Transaction ID: SA11AI.34012

Amount of Each Receipt this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)
 Jeffrey Kossak

Mailing Address 1370 Avenue of Americans

City State Zip Code
New York NY 10019

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NRR Conemaugh LLP

Occupation
 President

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2300.00

Date of Receipt

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

Transaction ID: SA11AI.34014

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

4850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

William Krebs

Mailing Address 6528 Rockland Drive

City

Clifton

State

VA

Zip Code

22024

FEC ID number of contributing
federal political committee.

C

Name of Employer
DSD Labs Inc

Occupation
Senior VP

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33622

Amount of Each Receipt this Period

1300.00

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

B.

Full Name (Last, First, Middle Initial)

Roger Krone

Mailing Address 2125 Inverness Lane

City

Berwyn

State

PA

Zip Code

19312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boeing

Occupation
Manager

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34245

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Lena Kuchera

Mailing Address 1800 Dolphin Drive

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: SA11AI.33931

Amount of Each Receipt this Period

2300.00

Contribution

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

SUBTOTAL of Receipts This Page (optional)

4600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Lisa Kuchera

Mailing Address 1125 Weaver Road

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: SA11AI.33932

Amount of Each Receipt this Period

2300.00

Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Ronald Kuchera

Mailing Address 1125 Weaver Road

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kuchera Industries / Defe-
nse

Occupation

CFO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: SA11AI.33933

Amount of Each Receipt this Period

2300.00

Contribution

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

C.

Full Name (Last, First, Middle Initial)

William Kuchera

Mailing Address 188 Club Road

City

Lilly

State

PA

Zip Code

15938

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kuchera Ind.

Occupation

Executive

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: SA11AI.33934

Amount of Each Receipt this Period

2300.00

Contribution

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

SUBTOTAL of Receipts This Page (optional)

6900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ellen Kugler

Mailing Address 19095 Dalton Pionts Place

City State Zip Code
Lansdowne VA 20176

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Debrunner & Assoc

Occupation
 Attorney

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

10 / 04 / 2007

Transaction ID: SA11AI.33623

Amount of Each Receipt this Period

1300.00

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

B.

Full Name (Last, First, Middle Initial)

Joseph Kuklis

Mailing Address 100 West Station Square Dr

City State Zip Code
Pittsburgh PA 15219

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GSP Consulting

Occupation
 Principal

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

10 / 29 / 2007

Transaction ID: SA11AI.33957

Amount of Each Receipt this Period

1300.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. Kim Kunkle

Mailing Address 2221 Crabtree Lane

City State Zip Code
Johnstown PA 15905-1641

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Laurel Holdings Inc

Occupation
 CEO/President

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

10 / 04 / 2007

Transaction ID: SA11AI.33624

Amount of Each Receipt this Period

1100.00

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

SUBTOTAL of Receipts This Page (optional)

3700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Pierre Lauzon

Mailing Address 14 Hudson Way

City

Garnet Valley

State

PA

Zip Code

19061-1407

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Boeing Company

Occupation

Dir Quality Assurance

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.34246

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Mr. Fred Lebder

Mailing Address 14 Judith Street

City

Uniontown

State

PA

Zip Code

15401

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33625

Amount of Each Receipt this Period

1100.00

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

Full Name (Last, First, Middle Initial)

Mr. Fred Lebder

Mailing Address 14 Judith Street

City

Uniontown

State

PA

Zip Code

15401

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.33626

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Cynthia LeComte

Mailing Address 681 Bottom Road

City

Ashville

State

PA

Zip Code

15938

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windber Medical Center

Occupation

Administrator

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.34020

Amount of Each Receipt this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)

R. Donald Leedy

Mailing Address 12 Hurley Circle

City

Marlton

State

NJ

Zip Code

08053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fox Case Cancer Center

Occupation

CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34248

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Robert Lux

Mailing Address 747 Baeder Road

City

Jenkintown

State

PA

Zip Code

19046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Temple Univ. Health Sys

Occupation

VP

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.34254

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Theodore Lynch

Mailing Address 10507 Clipper Drive

City

Fairfax Station

State

VA

Zip Code

22039-1909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strategic Marketing

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33627

Amount of Each Receipt this Period

1300.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. John Mackay

Mailing Address 1920 Country Club Road

City

Fairmont

State

WV

Zip Code

26554

FEC ID number of contributing
federal political committee.

C

Name of Employer
D.N. American

Occupation

VP of Strategic Initiatives

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34021

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Suzanne M. Mackay

Mailing Address 165 Druid Drive

City

McMurray

State

PA

Zip Code

15317

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34022

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Margaret Hardy Magerko

Mailing Address 516 Mystic Lane

City

Belle Vernon

State

PA

Zip Code

15012

FEC ID number of contributing
federal political committee.

C

Name of Employer
84 Lumber Company

Occupation

President & Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.34198

Amount of Each Receipt this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)

Joseph, Jr. Mahoney

Mailing Address 733 Waverly Road

City

Bryn Mawr

State

PA

Zip Code

19010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Philadelphia Chamber of
Comm.

Occupation

Exec. VP

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.34257

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. David Malone

Mailing Address 251 Timothy Drive

City

Gibsonia

State

PA

Zip Code

15044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gateway Finl Grp. Inc.

Occupation

Insurance Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34025

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Joseph W. Marshall, III

Mailing Address 4139 Presidential Drive

City

Lafayette Hill

State

PA

Zip Code

19444-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Temple University Health
Sys

Occupation

Chairman CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34260

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)

Jacqueline M. Martella

Mailing Address 210 Ohio Street

City

Boswell

State

PA

Zip Code

15531

FEC ID number of contributing
federal political committee.

C

Name of Employer
Martella Pharmacy

Occupation

Manager

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1400.00

Date of Receipt

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

Transaction ID: SA11AI.34256

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

William Martin

Mailing Address 9 Mountain Cove Court

City

Henderson

State

NV

Zip Code

89052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nevada State Bank

Occupation

Chairman

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.33586

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. David M Matter

Mailing Address 501 Undercliff Road

City State Zip Code
Pittsburgh PA 15221

FEC ID number of contributing
federal political committee.

C

Name of Employer
L&M Associates

Occupation
Real Estate

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

11 / 26 / 2007

Transaction ID: SA11AI.33946

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)

Douglas McAuley

Mailing Address 415 Jayson Avenue

City State Zip Code
Pittsburgh PA 15228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Celin & McAuley

Occupation
Partner

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2300.00

Date of Receipt

11 / 19 / 2007

Transaction ID: SA11AI.34026

Amount of Each Receipt this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)

Charlie McBride

Mailing Address 1702 19th St NW
 NW # 705

City State Zip Code
Washington DC 20009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capital Tech Group Inc.

Occupation
Partner

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2300.00

Date of Receipt

10 / 04 / 2007

Transaction ID: SA11AI.33628

Amount of Each Receipt this Period

1300.00

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

SUBTOTAL of Receipts This Page (optional)

4600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas McCaffrey, Jr.

Mailing Address 6716 Eilerson Street

City State Zip Code
Clinton MD 20735

FEC ID number of contributing
federal political committee.

C

Name of Employer
Production Technology Inc.

Occupation
Business Manager

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2300.00

Date of Receipt

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

Transaction ID: SA11AI.33629

Amount of Each Receipt this Period

1300.00

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

B.

Full Name (Last, First, Middle Initial)

William McCann

Mailing Address 300 Massachusetts Ave NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer
SMI Inc

Occupation
VP

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1300.00

Date of Receipt

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

Transaction ID: SA11AI.33630

Amount of Each Receipt this Period

1300.00

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

C.

Full Name (Last, First, Middle Initial)

Robert McDonald

Mailing Address 9605 Runaway Court

City State Zip Code
Las Vegas NV 89117

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.33588

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Robert McGowan

Mailing Address 245 Tall Timber Drive

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coherent

Occupation

Dir of Marketing

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.34028

Amount of Each Receipt this Period

400.00

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

B.

Full Name (Last, First, Middle Initial)

Robert McGowan

Mailing Address 245 Tall Timber Drive

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coherent

Occupation

Dir of Marketing

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

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

Transaction ID: SA11AI.34029

Amount of Each Receipt this Period

100.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. John McInnis

Mailing Address 1522 Cheltenham Ct. West

City

Crownsville

State

MD

Zip Code

21032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Production Technology Inc.

Occupation

Engineering Mgr./CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33631

Amount of Each Receipt this Period

1300.00

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

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Frederick McMillen

Mailing Address 4900 Cherry Street

City

Allison Park

State

PA

Zip Code

15101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Power Contracting Inc

Occupation
Controller

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34030

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Robert Meeder

Mailing Address 1528 Field Club Dr

City

Pittsburgh

State

PA

Zip Code

15237-6712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pittsburgh Gateway

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.34032

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)

Robert Meeder

Mailing Address 1528 Field Club Dr

City

Pittsburgh

State

PA

Zip Code

15237-6712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pittsburgh Gateway

Occupation
President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: SA11AI.34033

Amount of Each Receipt this Period

700.00

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

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

David Micheletti

Mailing Address 19 Pine Marten Lane

City

Anaconda

State

MT

Zip Code

59711

FEC ID number of contributing
federal political committee.

C

Name of Employer
MSE Tech Applications

Occupation

VP

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.33632

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Scott Mirkin

Mailing Address 1 Windsor Ct.

City

Sewell

State

NJ

Zip Code

08080

FEC ID number of contributing
federal political committee.

C

Name of Employer
ESM Productions

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.34265

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Richard Mural

Mailing Address 539 Luzerne Street

City

Johsntown

State

PA

Zip Code

15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windber Research

Occupation

Scientist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.34034

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Daniel Muroff

Mailing Address 328 Wadsworth Avenue

City State Zip Code
 Philadelphia PA 19119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cassidy & Associates

Occupation
Gov't Relations

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

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

Transaction ID: SA11AI.34264

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Ronald Newbower

Mailing Address 159 Nagog Hill Road

City State Zip Code
 Acton MA 01720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Partners Healthcare System

Occupation
VP for Research

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

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

Transaction ID: SA11AI.33633

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

David Allen Newell

Mailing Address 1401 Medford Road

City State Zip Code
 Wynnewood PA 19096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Temple Medical University

Occupation
Administrator

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

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

Transaction ID: SA11AI.34268

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Christopher O'Neill

Mailing Address 5419 Albia Road

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing
federal political committee.

C

Name of Employer
O'Neill Athy & Casey

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.33639

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Richard Oglevee

Mailing Address 138 Oglevee Lane

City

Connellsville

State

PA

Zip Code

15425

FEC ID number of contributing
federal political committee.

C

Name of Employer
United 1st Responders

Occupation

Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: SA11AI.33634

Amount of Each Receipt this Period

1300.00

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

C.

Full Name (Last, First, Middle Initial)

Susan Ohnesorgen

Mailing Address 5954 Wilton Road

City

Alexandria

State

VA

Zip Code

22310

FEC ID number of contributing
federal political committee.

C

Name of Employer
MTS Tech

Occupation

Dir of Operations

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4300.00

Date of Receipt

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

Transaction ID: SA11AI.34037

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)

4300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. John Parrish

Mailing Address 32 Fruit Street

City

Boston

State

MA

Zip Code

02114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mass. General Hospital

Occupation

M.D.-Dept. of Dermatology

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: SA11AI.33636

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Mark Pasquerilla

Mailing Address 945 Menoher Blvd.

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crown American

Occupation

CEO & President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33637

Amount of Each Receipt this Period

1300.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. George Pedersen

Mailing Address 700 Potomac Knolls Dr.

City

McLean

State

VA

Zip Code

22102-1422

FEC ID number of contributing
federal political committee.

C

Name of Employer
ManTech Intl

Occupation

Chairman of Board/CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33640

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

3850.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Douglas Peel

Mailing Address 958 Plumsock

City

Newtown Square

State

PA

Zip Code

19073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Phil. Shipyard Dvt Co

Occupation

Executive Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34271

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Daniel Perkins

Mailing Address 2248 S. Randolph Street

City

Arlington

State

VA

Zip Code

22204

FEC ID number of contributing
federal political committee.

C

Name of Employer
MTS Technologies

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3600.00

Date of Receipt

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

Transaction ID: SA11AI.33638

Amount of Each Receipt this Period

1300.00

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

C.

Full Name (Last, First, Middle Initial)

Daniel T. Perkins

Mailing Address 1602 Ivanhoe Ct

City

Alexandria

State

VA

Zip Code

22304

FEC ID number of contributing
federal political committee.

C

Name of Employer
MTS Tech

Occupation

CEO & President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.33927

Amount of Each Receipt this Period

400.00

Contribution

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

SUBTOTAL of Receipts This Page (optional)

2700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Robert Perkins

Mailing Address 2640 Bickerstaff Road

City

Irwin

State

PA

Zip Code

15642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Precision Defense Service

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: SA11AI.34038

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Robert Pezzoli

Mailing Address 222 Bainbridge Street

City

Philadelphia

State

PA

Zip Code

19147

FEC ID number of contributing
federal political committee.

C

Name of Employer
Temple Health

Occupation

Interim CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.34273

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Stephen Phipps

Mailing Address 4289 Weaver Ft Jefferson

City

Greenville

State

OH

Zip Code

45331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Woolport Inc

Occupation

Manager

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.33939

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)

3500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Frank N. Piasecki

Mailing Address Tunbridge Rd.

City

Haverford

State

PA

Zip Code

19041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piasecki Aircraft Corp.

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33642

Amount of Each Receipt this Period

1300.00

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

B.

Full Name (Last, First, Middle Initial)

Frederick W. Piasecki

Mailing Address 1 Buck Lane

City

Haverford

State

PA

Zip Code

19041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piasecki Aircraft Corp.

Occupation

Executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: SA11AI.33643

Amount of Each Receipt this Period

1300.00

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

C.

Full Name (Last, First, Middle Initial)

John Piasecki

Mailing Address 3 Craig Lane

City

Haverford

State

PA

Zip Code

19041-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piasecki Aircraft Corp.

Occupation

Vice President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: SA11AI.33641

Amount of Each Receipt this Period

1300.00

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

SUBTOTAL of Receipts This Page (optional)

3900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Rod Piatt

Mailing Address 2033 Blairmont Drive

City

Pittsburgh

State

PA

Zip Code

15241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Horizon Properties

Occupation
CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.34266

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Elizabeth Pierce

Mailing Address 114 Forelle Lane

City

Ligonier

State

PA

Zip Code

15658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Timken Latrobe Steel

Occupation
Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.34040

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Heather Podesta

Mailing Address 2651 Woodley Road

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blank Rome Govt Relations

Occupation
Chairman/Principal

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34073

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 57 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

John Polacek

Mailing Address 221 Curtis Drive

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing
federal political committee.

C

Name of Employer
JWF Defense

Occupation

COO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.33644

Amount of Each Receipt this Period

1300.00

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

B.

Full Name (Last, First, Middle Initial)

William Polacek

Mailing Address 187 Wyndemere Dr.

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing
federal political committee.

C

Name of Employer
JWFI

Occupation

Business Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33645

Amount of Each Receipt this Period

1100.00

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

C.

Full Name (Last, First, Middle Initial)

William Polacek

Mailing Address 187 Wyndemere Dr.

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing
federal political committee.

C

Name of Employer
JWFI

Occupation

Business Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.34367

Amount of Each Receipt this Period

200.00

Contribution

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

SUBTOTAL of Receipts This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

William Polacek

Mailing Address 187 Wyndemere Dr.

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing
federal political committee.

C

Name of Employer
JWFI

Occupation

Business Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID: SA11AI.34039

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. George Poole

Mailing Address 2350 S Arlington Ridge Rd

City

Arlington

State

VA

Zip Code

22202

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33646

Amount of Each Receipt this Period

1300.00

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

C.

Full Name (Last, First, Middle Initial)

Theodore C. Prettiman

Mailing Address P.O. Box 828

City

Latrobe

State

PA

Zip Code

15650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tooling Specialists Inc.

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34041

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Thomas Quinn

Mailing Address 575 7th Street, NW

City

Washington

State

DC

Zip Code

20004-1601

FEC ID number of contributing
federal political committee.

C

Name of Employer
VEN-PAC

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.33647

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Gary L. Reinert, Sr.

Mailing Address 639 Butler St.

City

Pittsburgh

State

PA

Zip Code

15223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Road Runner Planning

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.34042

Amount of Each Receipt this Period

2000.00

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

C.

Full Name (Last, First, Middle Initial)

Gary L. Reinert, Sr.

Mailing Address 639 Butler St.

City

Pittsburgh

State

PA

Zip Code

15223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Road Runner Planning

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.34275

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)

3300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Gary L. Reinert, Sr.

Mailing Address 639 Butler St.

City

Pittsburgh

State

PA

Zip Code

15223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Road Runner Planning

Occupation
President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: SA11AI.34276

Amount of Each Receipt this Period

700.00

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

B.

Full Name (Last, First, Middle Initial)

Roger J. Reschini

Mailing Address 922 Philadelphia St.

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reschini Agency

Occupation
CEO/President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

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

Transaction ID: SA11AI.34043

Amount of Each Receipt this Period

2000.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. Matthew Roddy

Mailing Address 408 S. Stonehaven Drive

City

Highland Heights

State

OH

Zip Code

44143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Life Insurance

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.34044

Amount of Each Receipt this Period

1500.00

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

SUBTOTAL of Receipts This Page (optional)

4200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 215

(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. David Roderick, Sr.

Mailing Address PO Box 704

City
LigonierState
PAZip Code
15658FEC ID number of contributing
federal political committee.

C

Name of Employer
N/AOccupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.34045

Amount of Each Receipt this Period

2000.00

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

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Romoff

Mailing Address 3208 Fox Run Road

City
Allison ParkState
PAZip Code
15101FEC ID number of contributing
federal political committee.

C

Name of Employer
UPMCOccupation
Health Care Admin.

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34047

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Atty. Arthur J. Rooney, II

Mailing Address 1300 Inverness Ave.

City
PittsburghState
PAZip Code
15217FEC ID number of contributing
federal political committee.

C

Name of Employer
Klett Lieber Rooney & Sch-
orlingOccupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.34048

Amount of Each Receipt this Period

2000.00

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

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

James E. Rooney

Mailing Address 412 Farrington Dr.

City

Seven Fields

State

PA

Zip Code

16046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.34049

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)

Patricia R. Rooney

Mailing Address 940 N. Lincoln Ave.

City

Pittsburgh

State

PA

Zip Code

15233

FEC ID number of contributing
federal political committee.

C

Name of Employer
HJ Heinz Company

Occupation
Board Member

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.34050

Amount of Each Receipt this Period

2000.00

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

C.

Full Name (Last, First, Middle Initial)

Stephanie Rooney

Mailing Address 412 Farrington Dr.

City

Seven Fields

State

PA

Zip Code

16046

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.34051

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)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 63 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Amy Ross

Mailing Address 5363 Greenridge Drive

City

Pittsburgh

State

PA

Zip Code

15236

FEC ID number of contributing
federal political committee.

C

Name of Employer
GSP Consulting

Occupation
Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID: SA11AI.33958

Amount of Each Receipt this Period

1300.00

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

B.

Full Name (Last, First, Middle Initial)

Dr. Loren Roth

Mailing Address 6820 Edgerton Avenue

City

Pittsburgh

State

PA

Zip Code

15208-2803

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPMC

Occupation
Medical Doctor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34052

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Jane Sack

Mailing Address 362 Edelweiss Lane

City

Ligonier

State

PA

Zip Code

15658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34053

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Carl Sax

Mailing Address 1419 Coventry Court

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kuchera Defense Sys.

Occupation

VP/General Manager

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: SA11AI.33960

Amount of Each Receipt this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)

Mrs. Carol Sax

Mailing Address 1419 Coventry Court

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: SA11AI.33959

Amount of Each Receipt this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)

David Schario

Mailing Address 955 Menoher Blvd

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
CTC

Occupation

General Mgr

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: SA11AI.33940

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

5600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms Carol Scheman

Mailing Address 415 Penn Road

City

Wynnewood

State

PA

Zip Code

19096

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of PA

Occupation

Vice President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.33649

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Victor Sellier

Mailing Address 710 Springvale Road

City

Great Falls

State

VA

Zip Code

22066-2904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Argon Street

Occupation

VP

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.33650

Amount of Each Receipt this Period

750.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. Edward J. Sheehan, Jr.

Mailing Address 802 Luzerne Street

City

Johnstown

State

PA

Zip Code

15905-2349

FEC ID number of contributing
federal political committee.

C

Name of Employer
CTC

Occupation

VP & CFO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: SA11AI.33594

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 215

(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

Mr. Edward J. Sheehan, Jr.

Mailing Address 802 Luzerne Street

City

Johnstown

State

PA

Zip Code

15905-2349

FEC ID number of contributing
federal political committee.

C

Name of Employer
CTCOccupation
VP & CFO

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.33784

Amount of Each Receipt this Period

1300.00

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

Full Name (Last, First, Middle Initial)

Mr. Eli Shumar, Jr.

Mailing Address 432 Stone Church Road

City

Grindstone

State

PA

Zip Code

15442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shumar's Welding & MachineOccupation
President

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33657

Amount of Each Receipt this Period

1100.00

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

Full Name (Last, First, Middle Initial)

Mr. Eli Shumar, Jr.

Mailing Address 432 Stone Church Road

City

Grindstone

State

PA

Zip Code

15442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shumar's Welding & MachineOccupation
President

Receipt For: 2008

☐ Primary
 ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.33658

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 215

(check only one)

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

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

NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Eli Shumar, Jr.

Mailing Address 432 Stone Church Road

City

Grindstone

State

PA

Zip Code

15442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shumar's Welding & Machine

Occupation

President

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID: SA11AI.33941

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Richard Simmons

Mailing Address Quaker Hollow Road

City

Sewickley

State

PA

Zip Code

15143

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34064

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

John A. Skiavo

Mailing Address 32 Timber Trail Dr.

City

Greensburg

State

PA

Zip Code

15601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Economic Growth Connection

Occupation

President

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1400.00

Date of Receipt

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

Transaction ID: SA11AI.33653

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Erin Smith

Mailing Address 121 Overlook Drive

City

Pittsburgh

State

PA

Zip Code

15216

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.34055

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)

Matthew Smith

Mailing Address 121 Overlook Drive

City

Pittsburgh

State

PA

Zip Code

15216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.34057

Amount of Each Receipt this Period

2000.00

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

C.

Full Name (Last, First, Middle Initial)

Patrick Smith

Mailing Address 895 Valleyview Rd

City

Pittsburgh

State

PA

Zip Code

15243-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Three Rivers Orthopaedics

Occupation

Physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.34059

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

6300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. James Snyder

Mailing Address 171 Fieldgate Drive

City State Zip Code
Pittsburgh PA 15241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Assad Iron & Metals Inc.

Occupation
President

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1300.00

Date of Receipt

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

Transaction ID: SA11AI.34202

Amount of Each Receipt this Period

200.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. John Stacy

Mailing Address 7437 Old Maple Square

City State Zip Code
McLean VA 22102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Burdeslaw Assoc. Ltd./Rad-
ant

Occupation
VP-Bus. Dev.

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

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

Transaction ID: SA11AI.33654

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Ken Stalder

Mailing Address 19317 Tattershall Drive

City State Zip Code
Germantown MD 20874

FEC ID number of contributing
federal political committee.

C

Name of Employer
KSA Consulting

Occupation
CEO

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1300.00

Date of Receipt

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

Transaction ID: SA11AI.33655

Amount of Each Receipt this Period

1300.00

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

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 70 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Manuel Stamatakis

Mailing Address P.O. Box 878

City

Valley Forge

State

PA

Zip Code

19482-0878

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capital Mgt. Enterprises

Occupation

CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.34279

Amount of Each Receipt this Period

1300.00

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

B.

Full Name (Last, First, Middle Initial)

Manuel Stamatakis

Mailing Address P.O. Box 878

City

Valley Forge

State

PA

Zip Code

19482-0878

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capital Mgt. Enterprises

Occupation

CEO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: SA11AI.34280

Amount of Each Receipt this Period

700.00

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

C.

Full Name (Last, First, Middle Initial)

Ms Krista Stephens

Mailing Address 3325 Happy Heart Lane

City

Annandale

State

VA

Zip Code

22003-1176

FEC ID number of contributing
federal political committee.

C

Name of Employer
MTS Technologies

Occupation

Human Resources Manager

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.34063

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)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Jean-Claude Sureau

Mailing Address 269 Boxboro Rd.

City State Zip Code
Stow MA 01775

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radant Technologies, Inc.

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

10 / 04 / 2007

Transaction ID: SA11AI.33656

Amount of Each Receipt this Period

1300.00

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

B.

Full Name (Last, First, Middle Initial)

William Thomasmeyer

Mailing Address 218 Timberridge Rd

City State Zip Code
Pittsburgh PA 15238

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Robotics Foundry

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

10 / 04 / 2007

Transaction ID: SA11AI.33659

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)

William Thomasmeyer

Mailing Address 218 Timberridge Rd

City State Zip Code
Pittsburgh PA 15238

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Robotics Foundry

Occupation
President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

10 / 04 / 2007

Transaction ID: SA11AI.33780

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

D'Anna Tindel

Mailing Address 3310 N Trinidad Street

City

Falls Church

State

VA

Zip Code

22043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stanfield Tindal Inc

Occupation

Congressional Liason

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33660

Amount of Each Receipt this Period

1300.00

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

B.

Full Name (Last, First, Middle Initial)

Richard Troiano

Mailing Address 205 Longfellow Street

City

Vandergrift

State

PA

Zip Code

15690

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Engineer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33661

Amount of Each Receipt this Period

1100.00

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

C.

Full Name (Last, First, Middle Initial)

Richard Troiano

Mailing Address 205 Longfellow Street

City

Vandergrift

State

PA

Zip Code

15690

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Engineer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.33781

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Scott Turer

Mailing Address 201 Robb Lane

City

Greensburg

State

PA

Zip Code

15601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Three Rivers Marine & Rail

Occupation

CFO

Receipt For:

2008

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34066

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)

TURKISH COALITON USA PAC (TC-USA PAC)

Mailing Address 1025 CONNECTICUT AVE SUITE 1000

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

C00432526

Name of Employer

Occupation

Receipt For:

2008

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34550

Amount of Each Receipt this Period

1000.00

Contribution

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

C.

Full Name (Last, First, Middle Initial)

Vincent M. Versage

Mailing Address 211 Duke St.

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cassidy & Assoc.

Occupation

Dir. & Sr. Vice President

Receipt For:

2008

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33662

Amount of Each Receipt this Period

1300.00

☐ 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Michael Waite

Mailing Address 5233 Brawner Place

City

Alexandria

State

VA

Zip Code

22304

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Livingston Group LLC

Occupation
Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.33663

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Richard Weiss

Mailing Address 106 Canfield Hill Drive

City

Gaithersburg

State

MD

Zip Code

20878

FEC ID number of contributing
federal political committee.

C

Name of Employer
KSA Consulting

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: SA11AI.33664

Amount of Each Receipt this Period

1300.00

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

C.

Full Name (Last, First, Middle Initial)

MGen. Randall L. West

Mailing Address 10500 Hume Road

City

Marshall

State

VA

Zip Code

20115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robinson International,
Inc.

Occupation
Vice President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33665

Amount of Each Receipt this Period

1300.00

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

SUBTOTAL of Receipts This Page (optional)

3100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Letitia White

Mailing Address 13901 Piscataway Drive

City

Fort Washington

State

MD

Zip Code

20744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Copeland Lowery Jacquez
ETL

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33666

Amount of Each Receipt this Period

1300.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Barton Whitman

Mailing Address 3100 White Daisy Place

City

Fairfax

State

VA

Zip Code

22031

FEC ID number of contributing
federal political committee.

C

Name of Employer
MTS Technologies

Occupation

Vice President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3600.00

Date of Receipt

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

Transaction ID: SA11AI.33667

Amount of Each Receipt this Period

1300.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. Richard C. Whitner

Mailing Address 2300 Clarendon Blvd
Ste 401

City

Arlington

State

VA

Zip Code

22201-3367

FEC ID number of contributing
federal political committee.

C

Name of Employer
RC Whitner & Associates

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33668

Amount of Each Receipt this Period

1300.00

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

SUBTOTAL of Receipts This Page (optional)

3900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

James L. Whitten, Jr.

Mailing Address 1725 Desales St NW
 Ste 800

City State Zip Code
 Washington DC 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Whitten & Diamond

Occupation
 Attorney

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2300.00

Date of Receipt

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

Transaction ID: SA11AI.33669

Amount of Each Receipt this Period

1300.00

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

B.

Full Name (Last, First, Middle Initial)

Andrew Wigglesworth

Mailing Address 600 N 2224 Street

City State Zip Code
 Philadelphia PA 19130

FEC ID number of contributing
federal political committee.

C

Name of Employer
 TRG Healthcare

Occupation
 Partner

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

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

Transaction ID: SA11AI.34277

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Angel Williams

Mailing Address 2711 Leona Lane

City State Zip Code
 Coraopolis PA 15108

FEC ID number of contributing
federal political committee.

C

Name of Employer
 St Clair Hospital

Occupation
 Acct Specialist

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

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

Transaction ID: SA11AI.34068

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Angel Williams

Mailing Address 2711 Leona Lane

City

Coraopolis

State

PA

Zip Code

15108

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Clair Hospital

Occupation

Acct Specialist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.34071

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)

Atty. Stephen R. Wojdak

Mailing Address 200 S. Broad St. #850

City

Philadelphia

State

PA

Zip Code

19102

FEC ID number of contributing
federal political committee.

C

Name of Employer
S.R. Wojdak and Associates

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34282

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Dr Robert Young

Mailing Address 150 Lynnebrook Lane

City

Philadelphia

State

PA

Zip Code

19118-2707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fox Chase Cancer Center

Occupation

Physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.34281

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 215

(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)

George Zamias

Mailing Address 2268 Crabtree Lane

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
George D Zamias DeveloperOccupation
Developer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.33670

Amount of Each Receipt this Period

1100.00

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

Full Name (Last, First, Middle Initial)

George Zamias

Mailing Address 2268 Crabtree Lane

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
George D Zamias DeveloperOccupation
Developer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.33671

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

230480.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 215

(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) ACTION COMMITTEE FOR RURAL ELECTRIFICATION (ACRE) NATIONAL RURAL ELECTRIC COOP. Assoc. Receipt

Mailing Address 4301 Wilson Boulevard

City	State	Zip Code
Arlington	VA	22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

 Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 1000.00

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

Transaction ID: SA11C.34018

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) ALLIANT TECHSYSTEMS INC EMPLOYEE CITIZENSHIP FUNDMailing Address 600 SECOND ST. NE
MN11-1210

City	State	Zip Code
HOPKINS	MN	55343

FEC ID number of contributing federal political committee. **C** C00250209

Name of Employer Occupation

 Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 5000.00

Date of Receipt

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

Transaction ID: SA11C.33675

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)**C.** Full Name (Last, First, Middle Initial) AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND

Mailing Address 2 West Dixie Highway

City	State	Zip Code
Dania Beach	FL	33004

FEC ID number of contributing federal political committee. **C** C00027532

Name of Employer Occupation

 Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 5000.00

Date of Receipt

M M	D D	Y Y Y Y
1 0	1 5	2 0 0 7

Transaction ID: SA11C.33578

Amount of Each Receipt this Period

2500.00

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

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 215

(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)

AQUA AMERICA INC. H2O POLITICAL ACTION COMMITTEE

Mailing Address 762 West Lancaster Avenue

City	State	Zip Code
Bryn Mawr	PA	19010

FEC ID number of contributing
federal political committee.**C** C00340455

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11C.34295

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)

ARAMARK POLITICAL ACTION COMMITTEE (ARAMARK PAC) (FKA ARA PAC)

Mailing Address 1101 Market St.
Aramark Tower 31st Floor

City	State	Zip Code
Philadelphia	PA	19107

FEC ID number of contributing
federal political committee.**C** C00157677

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11C.34297

Amount of Each Receipt this Period

2500.00

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

Full Name (Last, First, Middle Initial)

BABCOCK & WILCOX COMPANY GOOD GOVERNMENT FUND; THE

Mailing Address 2016 Mt. Athos Rd

City	State	Zip Code
Lynchburg	VA	24504

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

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11C.33961

Amount of Each Receipt this Period

2500.00

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

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 215

(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)
BOEING COMPANY POLITICAL ACTION COMMITTEE (BPAC)

Mailing Address 1200 WILSON BLVD

City	State	Zip Code
ARLINGTON	VA	22209

FEC ID number of contributing
federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11C.33579

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)
BROWN AND COMPANY INC PAC

Mailing Address 600 PENNSYLVANIA AVE SE SUITE 304

City	State	Zip Code
WASHINGTON	DC	20003

FEC ID number of contributing
federal political committee. **C** C00326405

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: SA11C.33676

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**C.**Full Name (Last, First, Middle Initial)
COMPUTER SCIENCES CORPORATION PAC

Mailing Address 2100 East Grand

City	State	Zip Code
El Segundo	CA	90245

FEC ID number of contributing
federal political committee. **C** C00101410

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
3500.00

Date of Receipt

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

Transaction ID: SA11C.33677

Amount of Each Receipt this Period

2500.00

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

SUBTOTAL of Receipts This Page (optional) ▶

8500.00

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 215

(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)

EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 520 S. GRAND AVE. #700

City

LOS ANGELES

State

CA

Zip Code

90071

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

Name of Employer

Occupation

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11C.33948

Amount of Each Receipt this Period

2500.00

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

Full Name (Last, First, Middle Initial)

EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 520 S. GRAND AVE. #700

City

LOS ANGELES

State

CA

Zip Code

90071

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

Name of Employer

Occupation

Receipt For: 2008

☐ Primary
 ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7500.00

Date of Receipt

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

Transaction ID: SA11C.33950

Amount of Each Receipt this Period

2500.00

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

Full Name (Last, First, Middle Initial)

GENERAL ATOMICS POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 22930

City

SAN DIEGO

State

CA

Zip Code

92122

FEC ID number of contributing
federal political committee.**C** C00215285

Name of Employer

Occupation

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID: SA11C.33678

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 83 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN

Mailing Address **3190 FAIRVIEW PARK DRIVE**

City State Zip Code
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C C00078451**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

Date of Receipt

10 / 04 / 2007

Transaction ID: SA11C.33679

Amount of Each Receipt this Period

2500.00

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

B.

Full Name (Last, First, Middle Initial)
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE (HIPAC)

Mailing Address **1001 Pennsylvania Avenue Suite 700**

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

10 / 04 / 2007

Transaction ID: SA11C.33680

Amount of Each Receipt this Period

2500.00

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

C.

Full Name (Last, First, Middle Initial)
ITT INDUSTRIES PAC A/K/A (INNPAC)

Mailing Address **4 WEST RED OAKS LANE**

City State Zip Code
WHITE PLAINS NY 10604

FEC ID number of contributing federal political committee. **C C00141002**

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt

10 / 04 / 2007

Transaction ID: SA11C.33681

Amount of Each Receipt this Period

2000.00

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

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 84 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 IUOE Local 542 Pol. Act. Fund

Mailing Address 1375 Virginia Drive
 Suite 100

City State Zip Code
Fort Washington PA 19034

FEC ID number of contributing
federal political committee. **C C00136739**

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

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

Transaction ID: SA11C.34290

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)
 L-3 COMMUNICATIONS CORPORATION PAC

Mailing Address 600 THIRD AVENUE

City State Zip Code
NEW YORK NY 10016

FEC ID number of contributing
federal political committee. **C C00338087**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 7500.00

Date of Receipt

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

Transaction ID: SA11C.33962

Amount of Each Receipt this Period

2500.00

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

C.

Full Name (Last, First, Middle Initial)
 LOCKHEED MARTIN EMPLOYEES PAC

Mailing Address 1725 JEFFERSON DAVIS HIGHWAY
 CRYSTAL SQUARE TWO SUITE 300

City State Zip Code
ARLINGTON VA 22202

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

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 7

Transaction ID: SA11C.33963

Amount of Each Receipt this Period

5000.00

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

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MANITOWOC COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 2400 SOUTH 44TH STREET
PO BOX 66City State Zip Code
MANITOWOC WI 54221FEC ID number of contributing
federal political committee.**C** C00287847

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11C.33683

Amount of Each Receipt this Period

2500.00

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

Full Name (Last, First, Middle Initial)

MICHAEL BAKER CORPORATION POLITICAL ACTION COMMITTEE (BAKER PAC)

Mailing Address 100 AIRSIDE DRIVE

City State Zip Code
MOON TOWNSHIP PA 15108FEC ID number of contributing
federal political committee.**C** C00403477

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11C.34019

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATAC)

Mailing Address 1150 17TH STREET NW SUITE 701

City State Zip Code
WASHINGTON DC 20036FEC ID number of contributing
federal political committee.**C** C00238725

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID: SA11C.34288

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
NAUS-PAC

Mailing Address **5535 HEMPSTEAD WAY**

City State Zip Code
SPRINGFIELD VA 22151

FEC ID number of contributing federal political committee. **C C00086348**

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

10 / 04 / 2007

Transaction ID: SA11C.33682

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)
NORTH SIDE GOOD GOVERNMENT COMMITTEE

Mailing Address **3400 SOUTH WATER STREET**

City State Zip Code
PITTSBURGH PA 15203

FEC ID number of contributing federal political committee. **C C00295600**

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

11 / 19 / 2007

Transaction ID: SA11C.34016

Amount of Each Receipt this Period

1000.00

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

C.

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

Mailing Address **815 16th St. NW Suite 600**

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

10 / 04 / 2007

Transaction ID: SA11C.33684

Amount of Each Receipt this Period

2500.00

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

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
RADIX TECHNOLOGIES POLITICAL ACTION COMMITTEE

Mailing Address **329 N BERNARDO AVE**

City State Zip Code
MOUNTAIN VIEW CA 94043

FEC ID number of contributing
federal political committee. **C C00395988**

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

10 / 04 / 2007

Transaction ID: SA11C.33685

Amount of Each Receipt this Period

5000.00

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

B.

Full Name (Last, First, Middle Initial)
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address **141 Spring Street**

City State Zip Code
Lexington MA 02421

FEC ID number of contributing
federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

10 / 04 / 2007

Transaction ID: SA11C.33686

Amount of Each Receipt this Period

2500.00

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

C.

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

Mailing Address **430 NORTH MICHIGAN AVE**

City State Zip Code
CHICAGO IL 60611

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

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

11 / 19 / 2007

Transaction ID: SA11C.34017

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
ROHM AND HAAS COMPANY EMPLOYEES ASSOCIATION FOR BETTER GOVERNMENT

Mailing Address **100 INDEPENDENCE MALL WEST**

City State Zip Code
PHILADELPHIA PA 19106

FEC ID number of contributing federal political committee. **C C00039057**

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

12 / 19 / 2007

Transaction ID: SA11C.34289

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)
SAP AMERICA INC PAC

Mailing Address **3999 WEST CHESTER PIKE**

City State Zip Code
NEWTOWN SQUARE PA 19073

FEC ID number of contributing federal political committee. **C C00367375**

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

12 / 19 / 2007

Transaction ID: SA11C.34294

Amount of Each Receipt this Period

2500.00

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

C.

Full Name (Last, First, Middle Initial)
SOCIETY FOR RELIEF OF DISTRESSED AND DECAYED PILOTS POLITICAL ACTION COMMITTEE

Mailing Address **c/o T. J. Tumola Duane Morris LLP
30 South 17th Street**

City State Zip Code
Philadelphia PA 19103

FEC ID number of contributing federal political committee. **C C00240457**

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

12 / 19 / 2007

Transaction ID: SA11C.34292

Amount of Each Receipt this Period

2500.00

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

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 89 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 Sprinkler Fitters Local Union #692 PAC Fund
 Mailing Address 14002 McNulty Road

City State Zip Code
 Philadelphia PA 19154-3023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

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

Transaction ID: SA11C.34285

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)
 SUN COMPANY INC POLITICAL ACTION COMMITTEE
 Mailing Address 1801 MARKET STREET, 27TH FLOOR

City State Zip Code
 PHILADELPHIA PA 19103

FEC ID number of contributing
federal political committee.

C C00025346

Name of Employer

Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 10000.00

Date of Receipt

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

Transaction ID: SA11C.33687

Amount of Each Receipt this Period

2500.00

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

C.

Full Name (Last, First, Middle Initial)
 UNITED STATES STEEL CORPORATION PAC
 Mailing Address 600 Grant Street
 Room 685

City State Zip Code
 Pittsburgh PA 15219

FEC ID number of contributing
federal political committee.

C C00030676

Name of Employer

Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 5000.00

Date of Receipt

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

Transaction ID: SA11C.33964

Amount of Each Receipt this Period

2500.00

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

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 215

(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 TECHNOLOGIES CORPORATION, PAC

Mailing Address 1401 EYE STREET NW SUITE 600

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.**C** C00035683

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11C.33688

Amount of Each Receipt this Period

2500.00

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

Full Name (Last, First, Middle Initial)

UNITED TRANSPORTATION UNION (UTU) TRANSPORTATION POLITICAL EDUCATION LEAGUE

Mailing Address 14600 DETROIT AVENUE

City

CLEVELAND

State

OH

Zip Code

44107

FEC ID number of contributing
federal political committee.**C** C00001636

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11C.34287

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

UNITE HERE TIP CAMPAIGN COMMITTEE

Mailing Address 275 Seventh Ave. 10th Floor

City

New York

State

NY

Zip Code

10001

FEC ID number of contributing
federal political committee.**C** C00004861

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID: SA11C.33689

Amount of Each Receipt this Period

3500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

80000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Poll Workers & Watchers

Mailing Address P.O. Box 1091

City

Johnstown

State

PA

Zip Code

15907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Election Cycle-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	7

Transaction ID: SA14.34374

Amount of Each Receipt this Period

260.00

Vd Checks, Poll Workers

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

SUBTOTAL of Receipts This Page (optional)

260.00

TOTAL This Period (last page this line number only)

260.00

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

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

FOR LINE NUMBER: PAGE 92 / 215

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

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

Mailing Address 1047 Franklin Street
 8th Ward Office

City State Zip Code
 Johnstown PA 15905

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15308.41

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 7

Transaction ID: SA15.34193

Amount of Each Receipt this Period

1442.31

Interest Income

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

B.

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

Mailing Address 1047 Franklin Street
 8th Ward Office

City State Zip Code
 Johnstown PA 15905

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

16693.60

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 7

Transaction ID: SA15.34381

Amount of Each Receipt this Period

1385.19

Interest Earned

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

C.

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

Mailing Address 1047 Franklin Street
 8th Ward Office

City State Zip Code
 Johnstown PA 15905

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

18057.96

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 7

Transaction ID: SA15.34372

Amount of Each Receipt this Period

1364.36

Interest

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

SUBTOTAL of Receipts This Page (optional)

4191.86

TOTAL This Period (last page this line number only)

4191.86

SCHEDULE 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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Army Navy Country Club	Transaction ID: SB17.33725 Date of Disbursement
Mailing Address 2400 18th Street S	<div> <div>11</div> <div>06</div> <div>2007</div> </div>
City Arlington State VA Zip Code 22204	Amount of Each Disbursement this Period
Purpose of Disbursement Entertainment	<div>280.62</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Army Navy Country Club	Transaction ID: SB17.34400 Date of Disbursement
Mailing Address 2400 18th Street S	<div> <div>12</div> <div>27</div> <div>2007</div> </div>
City Arlington State VA Zip Code 22204	Amount of Each Disbursement this Period
Purpose of Disbursement Meeting Expense	<div>162.79</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) A T&T	Transaction ID: SB17.33868 Date of Disbursement
Mailing Address P.O. Box 9001309	<div> <div>11</div> <div>07</div> <div>2007</div> </div>
City Louisville State KY Zip Code 40290-1309	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone	<div>181.62</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

625.03

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

A T&T

Mailing Address P.O. Box 9001309

City State Zip Code
Louisville KY 40290-1309

Purpose of Disbursement

Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34318

Date of Disbursement

/ /

Amount of Each Disbursement this Period

187.92

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

B.

Full Name (Last, First, Middle Initial)

A T&T

Mailing Address P.O. Box 9001309

City State Zip Code
Louisville KY 40290-1309

Purpose of Disbursement

Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34352

Date of Disbursement

/ /

Amount of Each Disbursement this Period

242.54

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

C.

Full Name (Last, First, Middle Initial)

A T&T Wireless

Mailing Address P.O. Box 129

City State Zip Code
Newark NJ 07101-0129

Purpose of Disbursement

Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33696

Date of Disbursement

/ /

Amount of Each Disbursement this Period

175.15

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

SUBTOTAL of Disbursements This Page (optional)

605.61

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) A T&T Wireless Mailing Address P.O. Box 129	Transaction ID: SB17.33730 Date of Disbursement <div> <div>10</div> <div>10</div> <div>2007</div> </div>
City Newark State NJ Zip Code 07101-0129 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>242.57</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) A T&T Wireless Mailing Address P.O. Box 129 City Newark State NJ Zip Code 07101-0129 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33864 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>238.66</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Atlantic Broadband Mailing Address 120 Southmont Blvd City Johnstown State PA Zip Code 15905 Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33770 Date of Disbursement <div> <div>10</div> <div>17</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>71.39</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

552.62

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

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Atlantic Broadband

Mailing Address 120 Southmont Blvd

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Utilities

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33916

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

71.39

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

B.

Full Name (Last, First, Middle Initial)

Atlantic Broadband

Mailing Address 120 Southmont Blvd

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Utilities

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34337

Date of Disbursement

12 / 12 / 2007

Amount of Each Disbursement this Period

71.39

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

C.

Full Name (Last, First, Middle Initial)

B & B Floral

Mailing Address 1199 Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Floral Arrangements

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34413

Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

43.46

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

SUBTOTAL of Disbursements This Page (optional)

186.24

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) B & B Floral Mailing Address 1199 Scalp Avenue	Transaction ID: SB17.34314 Date of Disbursement <div> <div>12</div> <div>05</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15904 Purpose of Disbursement Floral Arrangements Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>71.02</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Babcor Packaging Corp Mailing Address 855 South Canal Street City Pittsburgh State PA Zip Code 15212 Purpose of Disbursement Gifts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33909 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>582.68</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Patrick Brier Mailing Address 242 Vassar Avenue City Clarks Green State PA Zip Code 18411 Purpose of Disbursement Fund Raiser Recpt 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: SB17.34319 Date of Disbursement <div> <div>12</div> <div>05</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>797.27</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1450.97

TOTAL This Period (last page this line number only)

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Cambria Business Machines Mailing Address P.O. Box 456	Transaction ID: SB17.33811 Date of Disbursement <div> <div>10</div> <div>24</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15907-0456 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) ▼	Amount of Each Disbursement this Period <div>669.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Cam Co Dept of Emer Services Mailing Address 401 Candlelight Drive Suite 100 City Ebensburg State PA Zip Code 15931-1959 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: SB17.34330 Date of Disbursement <div> <div>12</div> <div>12</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>75.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Central Tax Bureau of PA, Inc. Mailing Address 1610 Bedford Street City Johnstown State PA Zip Code 15902 Purpose of Disbursement Local Taxes W/H Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33761 Date of Disbursement <div> <div>10</div> <div>17</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>106.99</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

851.49

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

A.

Full Name (Last, First, Middle Initial)

Chester's Flowers

Mailing Address 1110 Graham Avenue

City State Zip Code
Windber PA 15963

Purpose of Disbursement
Floral Arrangements

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34334

Date of Disbursement

/ /

Amount of Each Disbursement this Period

82.50

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

B.

Full Name (Last, First, Middle Initial)

Christian Book Store

Mailing Address 1238 Scalp Avenue

City State Zip Code
Johnstown PA 15904

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33836

Date of Disbursement

/ /

Amount of Each Disbursement this Period

311.15

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

C.

Full Name (Last, First, Middle Initial)

Christian Book Store

Mailing Address 1238 Scalp Avenue

City State Zip Code
Johnstown PA 15904

Purpose of Disbursement
Campaign Office Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34414

Date of Disbursement

/ /

Amount of Each Disbursement this Period

33.36

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

SUBTOTAL of Disbursements This Page (optional)

427.01

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Christian Book Store Mailing Address 1238 Scalp Avenue	Transaction ID: SB17.34396 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 7 / 2 0 0 7</div> </div>
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) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>324.70</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Chuck Mamula Photography Mailing Address 186 Fairfield Avenue	Transaction ID: SB17.33769 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 7 / 2 0 0 7</div> </div>
City Johnstown State PA Zip Code 15906 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) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>210.20</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Chuck Mamula Photography Mailing Address 186 Fairfield Avenue	Transaction ID: SB17.33912 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 2 1 / 2 0 0 7</div> </div>
City Johnstown State PA Zip Code 15906 Purpose of Disbursement Photography Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>48.23</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

583.13

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Colony Cleaning Company <hr/> Mailing Address 160 Engbert Road	Transaction ID: SB17.33695 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 3 / 2 0 0 7</div> </div>
City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Cleaning Service Candidate Name <div>Category/Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>154.24</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Colony Cleaning Company <hr/> Mailing Address 160 Engbert Road	Transaction ID: SB17.33872 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 7 / 2 0 0 7</div> </div>
City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Cleaning Service Candidate Name <div>Category/Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>154.24</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Colony Cleaning Company <hr/> Mailing Address 160 Engbert Road	Transaction ID: SB17.34331 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 2 / 2 0 0 7</div> </div>
City Johnstown State PA Zip Code 15902 <hr/> Purpose of Disbursement Cleaning Services Candidate Name <div>Category/Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>192.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

501.28

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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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Crystal Concepts	Transaction ID: SB17.33735 Date of Disbursement
Mailing Address 604 N. Geary Street	<div> <div>10</div> <div>10</div> <div>2007</div> </div>
City Mt. Pleasant State PA Zip Code 15666	Amount of Each Disbursement this Period
Purpose of Disbursement Gifts	<div>566.04</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Crystal Concepts	Transaction ID: SB17.34398 Date of Disbursement
Mailing Address 604 N. Geary Street	<div> <div>12</div> <div>27</div> <div>2007</div> </div>
City Mt. Pleasant State PA Zip Code 15666	Amount of Each Disbursement this Period
Purpose of Disbursement Gifts	<div>849.06</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Daily American	Transaction ID: SB17.33738 Date of Disbursement
Mailing Address 334 W Main Street P.O. Box 638	<div> <div>10</div> <div>10</div> <div>2007</div> </div>
City Somerset State PA Zip Code 15501	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Office Exp	<div>2.00</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1417.10

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Daily American

Mailing Address 334 W Main Street
P.O. Box 638

City Somerset State PA Zip Code 15501

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33914

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

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

B.

Full Name (Last, First, Middle Initial)

Daily American

Mailing Address 334 W Main Street
P.O. Box 638

City Somerset State PA Zip Code 15501

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34315

Date of Disbursement

/ /

Amount of Each Disbursement this Period

180.00

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

C.

Full Name (Last, First, Middle Initial)

Darra Group Inc

Mailing Address PO Box 48

City Monessen State PA Zip Code 15062

Purpose of Disbursement
Gifts

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34317

Date of Disbursement

/ /

Amount of Each Disbursement this Period

210.00

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

SUBTOTAL of Disbursements This Page (optional)

540.00

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Digital Razor Mailing Address 430 Main Street	Transaction ID: SB17.33764 Date of Disbursement <div> <div>10</div> <div>17</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>24.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Digital Razor Mailing Address 430 Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33900 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>24.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Digital Razor Mailing Address 430 Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34363 Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>24.94</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

74.84

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Economic Growth Connection

Mailing Address 450 S Main Street
Suite 6

City Greensburg State PA Zip Code 15601

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33894

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)
Glen Embree

Mailing Address RD 1, Box 353

City Mt Pleasant State PA Zip Code 15666

Purpose of Disbursement
Purchased Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33845

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)
Glen Embree

Mailing Address RD 1, Box 353

City Mt Pleasant State PA Zip Code 15666

Purpose of Disbursement
Purchased Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33846

Date of Disbursement

/ /

Amount of Each Disbursement this Period

263.00

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

SUBTOTAL of Disbursements This Page (optional)

1513.00

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Fay-West Friends of the NRA

Mailing Address 520 Oakland Avenue

City Greensburg State PA Zip Code 15601

Purpose of Disbursement
Tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33882

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)
Feeder Canal Assoc. Inc

Mailing Address 647 Main Street 4th Floor

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33809

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1145.83

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

C.

Full Name (Last, First, Middle Initial)
Feeder Canal Assoc. Inc

Mailing Address 647 Main Street 4th Floor

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34412

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1145.83

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

SUBTOTAL of Disbursements This Page (optional)

2391.66

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Feeder Canal Assoc. Inc Mailing Address 647 Main Street 4th Floor	Transaction ID: SB17.34404 Date of Disbursement <div> <div>12</div> <div>31</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1145.83</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) First Commonwealth Bank Mailing Address Credit Card Dept. P.O. Box 0537 City Indiana State PA Zip Code 15701-0537 Purpose of Disbursement See Detail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33701 Date of Disbursement <div> <div>10</div> <div>03</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>627.91</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) First Commonwealth Bank Mailing Address Credit Card Dept. P.O. Box 0537 City Indiana State PA Zip Code 15701-0537 Purpose of Disbursement See Detail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33763 Date of Disbursement <div> <div>10</div> <div>17</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>4533.14</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

6306.88

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

A.

Full Name (Last, First, Middle Initial)

First Commonwealth Bank

Mailing Address Credit Card Dept.
P.O. Box 0537

City State Zip Code
Indiana PA 15701-0537

Purpose of Disbursement
See Detail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.33901

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B.

Full Name (Last, First, Middle Initial)

On Star

Mailing Address P.O. Box 278

City State Zip Code
Sheldon IA 51201

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.33901.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code
Altoona PA 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.33901.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

6239.66

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

A.

Full Name (Last, First, Middle Initial)

U.S. House Member's Dining

Mailing Address H 118 U.S. Capitol

City Washington State DC Zip Code 20515

Purpose of Disbursement

Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33901.3

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

38.85

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Amoco Oil

Mailing Address PO Box 3385

City Tulsa State OK Zip Code 74102

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33901.4

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

47.27

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Starbucks

Mailing Address PO Box 34067

City Seattle State WA Zip Code 98124-1067

Purpose of Disbursement

Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33901.5

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

98.14

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 700 Cranberry Woods Drive</p> <p>City Cranberry Twp. State PA Zip Code 16066</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>Category/Type</p>	<p>Transaction ID: SB17.33901.6</p> <p>Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>168.83</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>	<p>Transaction ID: SB17.33901.7</p> <p>Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>25.90</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Amoco Oil</p> <p>Mailing Address PO Box 3385</p> <p>City Tulsa State OK Zip Code 74102</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>Transaction ID: SB17.33901.8</p> <p>Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>13.50</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional) ► <div>0.00</div></p>	
<p>TOTAL This Period (last page this line number only) ► <div></div></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)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Amoco Oil Mailing Address PO Box 3385	Transaction ID: SB17.33901.10 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div>
City Tulsa State OK Zip Code 74102 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) ▼	Amount of Each Disbursement this Period <div>31.54</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) U.S. House Member's Dining Mailing Address H 118 U.S. Capitol City Washington State DC Zip Code 20515 Purpose of Disbursement Meeting Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33901.11 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>195.88</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Ritz Carlton Mailing Address 1250 South Hayes Street City Arlington State VA Zip Code 22202 Purpose of Disbursement Meeting Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33901.12 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>27.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Amoco Oil

Mailing Address PO Box 3385

City
Tulsa

State
OK

Zip Code
74102

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.33901.13

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12.30

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Amoco Oil

Mailing Address PO Box 3385

City
Tulsa

State
OK

Zip Code
74102

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.33901.15

Date of Disbursement

/ /

Amount of Each Disbursement this Period

32.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Safeway Store

Mailing Address 1201 E Street NW

City
Washington

State
DC

Zip Code
20240

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.33901.16

Date of Disbursement

/ /

Amount of Each Disbursement this Period

115.79

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Amoco Oil

Mailing Address PO Box 3385

City
Tulsa

State
OK

Zip Code
74102

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.33901.18

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

12.14

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Starbucks

Mailing Address PO Box 34067

City
Seattle

State
WA

Zip Code
98124-1067

Purpose of Disbursement
Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.33901.19

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

12.93

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Coffee Whiz.Com

Mailing Address 221 Church Street

City
Philadelphia

State
PA

Zip Code
19107

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.33901.20

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

62.54

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Amoco Oil

Mailing Address PO Box 3385

City
Tulsa

State
OK

Zip Code
74102

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.33901.21

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Keurig at Home

Mailing Address 101 Edgewater

City
Wakefield

State
MA

Zip Code
01880

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.33901.22

Date of Disbursement

/ /

Amount of Each Disbursement this Period

75.32

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sheetz

Mailing Address 5700 Sixth Avenue

City
Altoona

State
PA

Zip Code
16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.33901.23

Date of Disbursement

/ /

Amount of Each Disbursement this Period

32.71

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Clydes of Mark Center

Mailing Address 1700 N Beauregard St

City State Zip Code
Alexandria VA 22311

Purpose of Disbursement

Volunteer Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33901.25

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

130.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Amoco Oil

Mailing Address PO Box 3385

City State Zip Code
Tulsa OK 74102

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33901.26

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

41.27

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sunoco

Mailing Address Walnut Street

City State Zip Code
Johnstown PA 15901

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33901.28

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

36.67

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

First Commonwealth Bank

Mailing Address Credit Card Dept.
P.O. Box 0537

City Indiana State PA Zip Code 15701-0537

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33901.29

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

15.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Capri Pizza

Mailing Address Main Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement

Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33901.30

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

31.03

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Amoco Oil

Mailing Address PO Box 3385

City Tulsa State OK Zip Code 74102

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33901.31

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

28.50

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Amoco Oil

Mailing Address PO Box 3385

City
Tulsa

State
OK

Zip Code
74102

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.33901.33

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.22

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Absolute Ties

Mailing Address 54 Great Hill Road

City
Naugatuck

State
CT

Zip Code
06770

Purpose of Disbursement
Gifts

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.33901.34

Date of Disbursement

/ /

Amount of Each Disbursement this Period

223.86

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Absolute Ties

Mailing Address 54 Great Hill Road

City
Naugatuck

State
CT

Zip Code
06770

Purpose of Disbursement
Gifts

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.33901.35

Date of Disbursement

/ /

Amount of Each Disbursement this Period

173.67

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code
Altoona PA 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.33901.36
Date of Disbursement

/ /

Amount of Each Disbursement this Period

35.50

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code
Altoona PA 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.33901.37
Date of Disbursement

/ /

Amount of Each Disbursement this Period

55.00

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

[MEMO ITEM]

C.

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

Mailing Address Menoher Blvd

City State Zip Code
Johnstown PA 15905

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.33901.38
Date of Disbursement

/ /

Amount of Each Disbursement this Period

24.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Ritz Carlton Mailing Address 1250 South Hayes Street	Transaction ID: SB17.33901.39 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div>
City Arlington State VA Zip Code 22202 Purpose of Disbursement Meeting Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Westin Hotels Mailing Address 17 Chestnut Lane City Philadelphia State PA Zip Code 19115 Purpose of Disbursement Fund Raiser Recpt 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: SB17.33901.40 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) U.S. Capitol Historical Society Mailing Address 200 Maryland Ave N.E. City Washington State DC Zip Code 20000 Purpose of Disbursement Gifts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33901.41 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>1009.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Sunoco Mailing Address Walnut Street	Transaction ID: SB17.33901.42 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15901 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:	Amount of Each Disbursement this Period <div>20.01</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address Locust & Franklin Streets City Johnstown State PA Zip Code 15901 Purpose of Disbursement 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:	Transaction ID: SB17.33901.44 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>6.42</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Amoco Oil Mailing Address PO Box 3385 City Tulsa State OK Zip Code 74102 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:	Transaction ID: SB17.33901.45 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>35.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Sunoco Mailing Address Walnut Street	Transaction ID: SB17.33901.46 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15901 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) ▼	Amount of Each Disbursement this Period <div>29.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) EM's Sub Shop Mailing Address 1111 Scalp Avenue City Johnstown State PA Zip Code 15904-3036 Purpose of Disbursement Meeting Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33901.47 Date of Disbursement <div>11</div> <div>14</div> <div>2007</div> Amount of Each Disbursement this Period <div>26.32</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33901.52 Date of Disbursement <div>11</div> <div>14</div> <div>2007</div> Amount of Each Disbursement this Period <div>21.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code
Altoona PA 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33901.53
Date of Disbursement

/ /

Amount of Each Disbursement this Period

38.00

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

[MEMO ITEM]

B.

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

Mailing Address Menoher Blvd

City State Zip Code
Johnstown PA 15905

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33901.54
Date of Disbursement

/ /

Amount of Each Disbursement this Period

24.00

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

[MEMO ITEM]

C.

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

Mailing Address Menoher Blvd

City State Zip Code
Johnstown PA 15905

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33901.55
Date of Disbursement

/ /

Amount of Each Disbursement this Period

24.89

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Sassy's Airport Restaurant

Mailing Address Airport Road

City Johnstown State PA Zip Code 15904

Purpose of Disbursement

Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33901.56

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

62.70

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Tybers Restaurant

Mailing Address 827 Finley Road

City Belle Vernon State PA Zip Code 15012

Purpose of Disbursement

Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33901.57

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

301.14

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33901.58

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

25.15

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue	Transaction ID: SB17.33901.59 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div>
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) ▼	Amount of Each Disbursement this Period <div>35.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Homewood Suites Mailing Address 4850 Leesburg Pike City Alexandria State VA Zip Code 22302 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33901.60 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>212.55</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Homewood Suites Mailing Address 4850 Leesburg Pike City Alexandria State VA Zip Code 22302 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33901.61 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>212.55</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Giant Eagle</p> <p>Mailing Address Scalp Avenue</p> <p>City Johnstown State PA Zip Code 15904</p> <p>Purpose of Disbursement Campaign Office Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.33901.62</p> <p>Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>25.49</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Symon's Auto Wash</p> <p>Mailing Address Menoher Blvd</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.33901.63</p> <p>Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>25.19</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Giant Eagle</p> <p>Mailing Address Scalp Avenue</p> <p>City Johnstown State PA Zip Code 15904</p> <p>Purpose of Disbursement Campaign Office Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.33901.65</p> <p>Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>35.45</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Sunoco Mailing Address Walnut Street	Transaction ID: SB17.33901.66 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15901 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) ▼	Amount of Each Disbursement this Period <div>33.30</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33901.67 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>25.35</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33901.68 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>39.94</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Symon's Auto Wash</p> <p>Mailing Address Menoher Blvd</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.33901.69</p> <p>Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>19.89</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) EM's Sub Shop</p> <p>Mailing Address 1111 Scalp Avenue</p> <p>City Johnstown State PA Zip Code 15904-3036</p> <p>Purpose of Disbursement Volunteer Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.33901.70</p> <p>Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>14.02</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.33901.71</p> <p>Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>49.35</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional) ► <div>0.00</div></p>	
<p>TOTAL This Period (last page this line number only) ► <div></div></p>	

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Capri Pizza	Transaction ID: SB17.33901.72 Date of Disbursement
Mailing Address Main Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 4 / 2 0 0 7</div> </div>
City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
Purpose of Disbursement Volunteer Expense	<div> <div>33.19</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>Category/Type</div> <div>[MEMO ITEM]</div> </div>
B. Full Name (Last, First, Middle Initial) EM's Sub Shop	Transaction ID: SB17.33901.73 Date of Disbursement
Mailing Address 1111 Scalp Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 4 / 2 0 0 7</div> </div>
City Johnstown State PA Zip Code 15904-3036	Amount of Each Disbursement this Period
Purpose of Disbursement Volunteer Expense	<div> <div>13.65</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>Category/Type</div> <div>[MEMO ITEM]</div> </div>
C. Full Name (Last, First, Middle Initial) Scott's By Dam	Transaction ID: SB17.33901.74 Date of Disbursement
Mailing Address 327 Market Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 4 / 2 0 0 7</div> </div>
City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
Purpose of Disbursement Volunteer Expense	<div> <div>22.21</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>Category/Type</div> <div>[MEMO ITEM]</div> </div>

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
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue	Transaction ID: SB17.33901.75 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div>
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) ▼	Amount of Each Disbursement this Period <div>21.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33901.77 Date of Disbursement <div>11</div> <div>14</div> <div>2007</div> Amount of Each Disbursement this Period <div>29.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Giant Eagle Mailing Address Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33901.78 Date of Disbursement <div>11</div> <div>14</div> <div>2007</div> Amount of Each Disbursement this Period <div>140.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

FEC Schedule B (Form 3) (Revised 02/2003)

SCHEDULE B (FEC Form 3) **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 (Last, First, Middle Initial)

Gallina's Pizza

Mailing Address Market Street

City State Zip Code
Johnstown PA 15901

Purpose of Disbursement

Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33901.82

Date of Disbursement

/ /

Amount of Each Disbursement this Period

34.72

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code
Altoona PA 16602

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33901.83

Date of Disbursement

/ /

Amount of Each Disbursement this Period

26.50

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Symon's Auto Wash

Mailing Address Menoher Blvd

City State Zip Code
Johnstown PA 15905

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33901.85

Date of Disbursement

/ /

Amount of Each Disbursement this Period

24.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Park n Dine</p> <p>Mailing Address 189 E Main Street</p> <p>City Hancock State MD Zip Code 21750</p> <p>Purpose of Disbursement Meals</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>Transaction ID: SB17.33901.87 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>29.62</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sunoco</p> <p>Mailing Address Walnut 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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.33901.88 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>49.26</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Giant Eagle</p> <p>Mailing Address Scalp Avenue</p> <p>City Johnstown State PA Zip Code 15904</p> <p>Purpose of Disbursement Campaign Office Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.33901.91 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>16.03</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

First Commonwealth Bank

Mailing Address Credit Card Dept.
P.O. Box 0537

City Indiana State PA Zip Code 15701-0537

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34382

Date of Disbursement

/ /

Amount of Each Disbursement this Period

131.81

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

B.

Full Name (Last, First, Middle Initial)

First Commonwealth Bank

Mailing Address Credit Card Dept.
P.O. Box 0537

City Indiana State PA Zip Code 15701-0537

Purpose of Disbursement

See Detail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34347

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12145.21

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

C.

Full Name (Last, First, Middle Initial)

Hyde Park Prime Steakhouse

Mailing Address 225 N Shore Drive

City Pittsburgh State PA Zip Code 15212

Purpose of Disbursement

Fund Raiser Receipt Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34347.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2098.60

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

12277.02

TOTAL This Period (last page this line number only)

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEEFEC Schedule B (Form 3) (Revised 02/2003)

SCHEDULE 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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Amoco Oil Mailing Address PO Box 3385	Transaction ID: SB17.34347.7 Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div>
City Tulsa State OK Zip Code 74102 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) ▼	Amount of Each Disbursement this Period <div>15.53</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Safeway Store Mailing Address 1201 E Street NW City Washington State DC Zip Code 20240 Purpose of Disbursement Campaign Office Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34347.8 Date of Disbursement <div>12</div> <div>19</div> <div>2007</div> Amount of Each Disbursement this Period <div>114.35</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Amazon.Com Mailing Address 1200 12th Ave South Suite 1200 City Seattle State WA Zip Code 98144 Purpose of Disbursement Gifts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34347.9 Date of Disbursement <div>12</div> <div>19</div> <div>2007</div> Amount of Each Disbursement this Period <div>391.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Amoco Oil <hr/> Mailing Address PO Box 3385	Transaction ID: SB17.34347.10 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 7</div> </div>
City Tulsa State OK Zip Code 74102 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>14.76</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Sheetz <hr/> Mailing Address 5700 Sixth Avenue <hr/> City Altoona State PA Zip Code 16602 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34347.12 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>23.18</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) U.S. Postal Service <hr/> Mailing Address Locust & Franklin Streets <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34347.14 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>5095.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE**A.**Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34347.15

Date of Disbursement

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

Amount of Each Disbursement this Period

35.01

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****B.**Full Name (Last, First, Middle Initial)
Amoco Oil

Mailing Address PO Box 3385

City Tulsa State OK Zip Code 74102

Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34347.16

Date of Disbursement

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

Amount of Each Disbursement this Period

30.99

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****C.**Full Name (Last, First, Middle Initial)
Giant Eagle

Mailing Address Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Campaign Office Expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34347.17

Date of Disbursement

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

Amount of Each Disbursement this Period

194.56

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Sunoco Mailing Address Walnut Street	Transaction ID: SB17.34347.19 Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15901 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) ▼	Amount of Each Disbursement this Period <div>36.21</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Get Go Mailing Address 3143 NATl Pike Road City Richeyville State PA Zip Code 15358 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34347.20 Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>28.35</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) U.S. Capitol Historical Society Mailing Address 200 Maryland Ave N.E. City Washington State DC Zip Code 20000 Purpose of Disbursement Gifts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34347.21 Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>393.70</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Capri Pizza

Mailing Address Main Street

City State Zip Code
Johnstown PA 15901

Purpose of Disbursement

Volunteer Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34347.22

Date of Disbursement

/ /

Amount of Each Disbursement this Period

32.65

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code
Altoona PA 16602

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34347.23

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9.30

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Gallina's Pizza

Mailing Address Market Street

City State Zip Code
Johnstown PA 15901

Purpose of Disbursement

Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34347.24

Date of Disbursement

/ /

Amount of Each Disbursement this Period

63.07

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34347.25
Date of Disbursement

/ /

Amount of Each Disbursement this Period

55.74

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34347.26
Date of Disbursement

/ /

Amount of Each Disbursement this Period

35.77

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34347.27
Date of Disbursement

/ /

Amount of Each Disbursement this Period

38.01

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

U.S. Postal Service

Mailing Address Locust & Franklin Streets

City State Zip Code
Johnstown PA 15901

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34347.28

Date of Disbursement

/ /

Amount of Each Disbursement this Period

205.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

U.S. House of Representatives

Mailing Address Pennsylvania Avenue

City State Zip Code
Washington DC 20013

Purpose of Disbursement
Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34347.29

Date of Disbursement

/ /

Amount of Each Disbursement this Period

550.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code
Altoona PA 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34347.30

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34347.31
Date of Disbursement

/ /

Amount of Each Disbursement this Period

42.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
EM's Sub Shop

Mailing Address 1111 Scalp Avenue

City Johnstown State PA Zip Code 15904-3036

Purpose of Disbursement
Volunteer Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34347.32
Date of Disbursement

/ /

Amount of Each Disbursement this Period

32.49

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34347.33
Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.75

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEEFEC Schedule B (Form 3) (Revised 02/2003)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34347.37
Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34347.38
Date of Disbursement

/ /

Amount of Each Disbursement this Period

44.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34347.39
Date of Disbursement

/ /

Amount of Each Disbursement this Period

33.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEEFEC Schedule B (Form 3) (Revised 02/2003)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue	Transaction ID: SB17.34347.44 Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div>
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) ▼	Amount of Each Disbursement this Period <div>39.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) La Tavola Ristorante Mailing Address 140 Bair Blvd City New Stanton State PA Zip Code 15672 Purpose of Disbursement Meeting Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34347.45 Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>216.47</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Sunoco Mailing Address Walnut Street City Johnstown State PA Zip Code 15901 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: SB17.34347.46 Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>44.01</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Sunoco Mailing Address Walnut Street	Transaction ID: SB17.34347.47 Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15901 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) ▼	Amount of Each Disbursement this Period <div>33.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Symon's Auto Wash Mailing Address Menoher Blvd City Johnstown State PA Zip Code 15905 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34347.50 Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>18.49</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34347.51 Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>45.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

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TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue	Transaction ID: SB17.34347.52 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 7</div> </div>
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) ▼	Amount of Each Disbursement this Period <div>6.87</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34347.53 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>7.86</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34347.54 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>5.66</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ► <div>0.00</div>	
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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue	Transaction ID: SB17.34347.56 Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div>
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) ▼	Amount of Each Disbursement this Period <div>39.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34347.57 Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>41.05</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Park n Dine Mailing Address 189 E Main Street City Hancock State MD Zip Code 21750 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34347.58 Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>20.54</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34347.61
Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.91

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34347.62
Date of Disbursement

/ /

Amount of Each Disbursement this Period

27.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Sheetz

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34347.63
Date of Disbursement

/ /

Amount of Each Disbursement this Period

55.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Planet Label Company</p> <p>Mailing Address 3380 Town Point Dr Suite 160</p> <p>City Kennesaw State GA Zip Code 30144</p> <p>Purpose of Disbursement Campaign Office Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34347.64</p> <p>Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>131.50</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Symon's Auto Wash</p> <p>Mailing Address Menoher Blvd</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34347.65</p> <p>Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>21.74</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Gallina's Pizza</p> <p>Mailing Address Market Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Meeting Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34347.67</p> <p>Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>54.36</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional) ► <div>0.00</div></p>	
<p>TOTAL This Period (last page this line number only) ► <div></div></p>	

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Capri Pizza Mailing Address Main Street	Transaction ID: SB17.34347.69 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 7</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Volunteer Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>21.67</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34347.70 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 1 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>28.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Symon's Auto Wash Mailing Address Menoher Blvd City Johnstown State PA Zip Code 15905 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34347.71 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>19.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Giant Eagle</p> <p>Mailing Address Scalp Avenue</p> <p>City Johnstown State PA Zip Code 15904</p> <p>Purpose of Disbursement Campaign Office Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34347.72</p> <p>Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>191.85</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Giant Eagle</p> <p>Mailing Address Scalp Avenue</p> <p>City Johnstown State PA Zip Code 15904</p> <p>Purpose of Disbursement Campaign Office Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34347.73</p> <p>Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>18.20</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) EM's Sub Shop</p> <p>Mailing Address 1111 Scalp Avenue</p> <p>City Johnstown State PA Zip Code 15904-3036</p> <p>Purpose of Disbursement Volunteer Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34347.74</p> <p>Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>27.14</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional) ► <div>0.00</div></p>	
<p>TOTAL This Period (last page this line number only) ► <div></div></p>	

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

A T&T

Mailing Address P.O. Box 9001309

City State Zip Code
Louisville KY 40290-1309

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34347.75

Date of Disbursement

/ /

Amount of Each Disbursement this Period

63.58

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code
Altoona PA 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34347.77

Date of Disbursement

/ /

Amount of Each Disbursement this Period

35.25

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code
Altoona PA 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34347.78

Date of Disbursement

/ /

Amount of Each Disbursement this Period

46.09

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code
Altoona PA 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34347.79
Date of Disbursement

/ /

Amount of Each Disbursement this Period

19.73

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code
Altoona PA 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34347.80
Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.67

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address Locust & Franklin Streets

City State Zip Code
Johnstown PA 15901

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34347.81
Date of Disbursement

/ /

Amount of Each Disbursement this Period

205.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Symon's Auto Wash	Transaction ID: SB17.34347.82 Date of Disbursement
Mailing Address Menoher Blvd	<div> <div>12</div> <div>19</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15905	Amount of Each Disbursement this Period <div>19.00</div>
Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Giant Eagle	Transaction ID: SB17.34347.83 Date of Disbursement
Mailing Address Scalp Avenue	<div> <div>12</div> <div>19</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15904	Amount of Each Disbursement this Period <div>34.02</div>
Purpose of Disbursement Campaign Office Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) First Commonweath Bank	Transaction ID: SB17.33692 Date of Disbursement
Mailing Address 1047 Franklin Street 8th Ward Office	<div> <div>10</div> <div>03</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15905	Amount of Each Disbursement this Period <div>1348.53</div>
Purpose of Disbursement Payroll Taxes	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

SUBTOTAL of Disbursements This Page (optional)

1348.53

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) First Commonwealth Bank</p> <hr/> <p>Mailing Address 1047 Franklin Street 8th Ward Office</p> <hr/> <p>City Johnstown State PA Zip Code 15905</p> <hr/> <p>Purpose of Disbursement Bank Charges</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.33860 Date of Disbursement <div>10 / 11 / 2007</div></p> <hr/> <p>Amount of Each Disbursement this Period <div>35.00</div></p> <hr/> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) First Commonwealth Bank</p> <hr/> <p>Mailing Address 1047 Franklin Street 8th Ward Office</p> <hr/> <p>City Johnstown State PA Zip Code 15905</p> <hr/> <p>Purpose of Disbursement Payroll Taxes</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.33854 Date of Disbursement <div>11 / 07 / 2007</div></p> <hr/> <p>Amount of Each Disbursement this Period <div>7091.21</div></p> <hr/> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) First Commonwealth Bank</p> <hr/> <p>Mailing Address 1047 Franklin Street 8th Ward Office</p> <hr/> <p>City Johnstown State PA Zip Code 15905</p> <hr/> <p>Purpose of Disbursement Payroll Taxes</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34301 Date of Disbursement <div>12 / 05 / 2007</div></p> <hr/> <p>Amount of Each Disbursement this Period <div>1037.35</div></p> <hr/> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

8163.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) First Commonwealth Bank</p> <hr/> <p>Mailing Address 1047 Franklin Street 8th Ward Office</p> <hr/> <p>City Johnstown State PA Zip Code 15905</p> <hr/> <p>Purpose of Disbursement Bank Charges</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34373</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 1 / 2 0 0 7</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div> <div></div> <div>35.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Flower Barn</p> <hr/> <p>Mailing Address Millcreek at Bucknell</p> <hr/> <p>City Johnstown State PA Zip Code 15905</p> <hr/> <p>Purpose of Disbursement Floral Arrangements</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.33835</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 7</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div> <div></div> <div>64.66</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) GMAC</p> <hr/> <p>Mailing Address GMAC Payment Processing Center P.O. Box 70309</p> <hr/> <p>City Charlotte State NC Zip Code 28272-0309</p> <hr/> <p>Purpose of Disbursement Vehicle Rental</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.33697</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 3 / 2 0 0 7</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div> <div></div> <div>632.45</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

732.11

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
GMAC

Mailing Address GMAC Payment Processing Center
P.O. Box 70309

City Charlotte State NC Zip Code 28272-0309

Purpose of Disbursement
Vehicle Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.33865

Date of Disbursement

/ /

Amount of Each Disbursement this Period

511.65

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
GMAC

Mailing Address GMAC Payment Processing Center
P.O. Box 70309

City Charlotte State NC Zip Code 28272-0309

Purpose of Disbursement
Vehicle Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34320

Date of Disbursement

/ /

Amount of Each Disbursement this Period

632.45

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Gtr Johnstown Chamber of Commerce

Mailing Address 111 Market St

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.33907

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1164.10

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Highmark Blue Cross - Blue Shield

Mailing Address P.O. Box 371477

City Pittsburgh State PA Zip Code 15250-7477

Purpose of Disbursement
Employee Benefits

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33810

Date of Disbursement

/ /

Amount of Each Disbursement this Period

305.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Highmark Blue Cross - Blue Shield

Mailing Address P.O. Box 371477

City Pittsburgh State PA Zip Code 15250-7477

Purpose of Disbursement
Employee Benefits

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34329

Date of Disbursement

/ /

Amount of Each Disbursement this Period

152.75

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
David Howard

Mailing Address 399 Liberty Avenue

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33707

Date of Disbursement

/ /

Amount of Each Disbursement this Period

23.05

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

481.30

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

David Howard

Mailing Address 399 Liberty Avenue

City Johnstown State PA Zip Code 15905

Purpose of Disbursement

Tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33739

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

95.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

David Howard

Mailing Address 399 Liberty Avenue

City Johnstown State PA Zip Code 15905

Purpose of Disbursement

Wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33842

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

3000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

David Howard

Mailing Address 399 Liberty Avenue

City Johnstown State PA Zip Code 15905

Purpose of Disbursement

Fund Raiser Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33920

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

75.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3170.00

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

David Howard

Mailing Address 399 Liberty Avenue

City State Zip Code
Johnstown PA 15905

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34341

Date of Disbursement

/ /

Amount of Each Disbursement this Period

239.36

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

John Hugya

Mailing Address 473 Pheasant Road

City State Zip Code
Hollsopple PA 15935

Purpose of Disbursement

Consulting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.33849

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

John Hugya

Mailing Address 473 Pheasant Road

City State Zip Code
Hollsopple PA 15935

Purpose of Disbursement

Consulting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.33850

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1836.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

7075.36

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Indiana Co Chamber of Commerce Mailing Address 1019 Philadelphia Street	Transaction ID: SB17.34361 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 7</div> </div>
City Indiana State PA Zip Code 15701-1689 Purpose of Disbursement Dues Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>199.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) James Oswald Mailing Address 445 Orchard Street	Transaction ID: SB17.33816 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 4 / 2 0 0 7</div> </div>
City Johnstown State PA Zip Code 15905 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) ▼	Amount of Each Disbursement this Period <div>34.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) James Oswald Mailing Address 445 Orchard Street	Transaction ID: SB17.33843 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 7</div> </div>
City Johnstown State PA Zip Code 15905 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) ▼	Amount of Each Disbursement this Period <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1233.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Janway Mailing Address 11 Academy Road	Transaction ID: SB17.33736 Date of Disbursement <div> <div>10</div> <div>10</div> <div>2007</div> </div>
City Cogen Station State PA Zip Code 17728-9300 Purpose of Disbursement Gifts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>258.61</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Johnstown Magazine Mailing Address P O Box 340 City Johnstown State PA Zip Code 15907-0340 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33734 Date of Disbursement <div> <div>10</div> <div>10</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>399.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Johnstown Symphony Mailing Address 227 Franklin Street Suite 302 City Johnstown State PA Zip Code 15901 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33714 Date of Disbursement <div> <div>10</div> <div>03</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>750.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1407.61

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Joyce Murtha Breast Cancer Center	Transaction ID: SB17.33748 Date of Disbursement
Mailing Address 600 Somerset Avenue	<div> <div>10</div> <div>10</div> <div>2007</div> </div>
City Windber State PA Zip Code 15963	Amount of Each Disbursement this Period
Purpose of Disbursement Tickets	<div>120.00</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Joyce Murtha Breast Cancer Center	Transaction ID: SB17.33772 Date of Disbursement
Mailing Address 600 Somerset Avenue	<div> <div>10</div> <div>17</div> <div>2007</div> </div>
City Windber State PA Zip Code 15963	Amount of Each Disbursement this Period
Purpose of Disbursement Tickets	<div>60.00</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Latrobe Bulletin	Transaction ID: SB17.33906 Date of Disbursement
Mailing Address P.O. Box 111 Circulation Department	<div> <div>11</div> <div>14</div> <div>2007</div> </div>
City Latrobe State PA Zip Code 15650	Amount of Each Disbursement this Period
Purpose of Disbursement Subscription	<div>137.00</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

317.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Theresa Lehman	Transaction ID: SB17.33726 Date of Disbursement
Mailing Address 1258 Frances Street	<div> <div>10</div> <div>10</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15904	Amount of Each Disbursement this Period
Purpose of Disbursement Wages	<div>206.93</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Theresa Lehman	Transaction ID: SB17.33805 Date of Disbursement
Mailing Address 1258 Frances Street	<div> <div>10</div> <div>24</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15904	Amount of Each Disbursement this Period
Purpose of Disbursement Wages	<div>512.87</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Theresa Lehman	Transaction ID: SB17.33839 Date of Disbursement
Mailing Address 1258 Frances Street	<div> <div>10</div> <div>31</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15904	Amount of Each Disbursement this Period
Purpose of Disbursement Wages	<div>5000.00</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5719.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Theresa Lehman	Transaction ID: SB17.33861 Date of Disbursement
Mailing Address 1258 Frances Street	<div> <div>^M1</div> <div>^M</div> <div>/</div> <div>^D0</div> <div>^D7</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
City Johnstown State PA Zip Code 15904	Amount of Each Disbursement this Period
Purpose of Disbursement Wages	<div>365.31</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Theresa Lehman	Transaction ID: SB17.33910 Date of Disbursement
Mailing Address 1258 Frances Street	<div> <div>^M1</div> <div>^M</div> <div>/</div> <div>^D2</div> <div>^D1</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
City Johnstown State PA Zip Code 15904	Amount of Each Disbursement this Period
Purpose of Disbursement Wages	<div>639.97</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Theresa Lehman	Transaction ID: SB17.34303 Date of Disbursement
Mailing Address 1258 Frances Street	<div> <div>^M1</div> <div>^M2</div> <div>/</div> <div>^D0</div> <div>^D5</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
City Johnstown State PA Zip Code 15904	Amount of Each Disbursement this Period
Purpose of Disbursement Wages	<div>302.76</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1308.04

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Theresa Lehman <hr/> Mailing Address 1258 Frances Street	Transaction ID: SB17.34345 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 7</div> </div>
City Johnstown State PA Zip Code 15904 Purpose of Disbursement Wages Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>136.38</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Mary Catherine Voytko <hr/> Mailing Address 920 Fronheiser Street	Transaction ID: SB17.33693 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 3 / 2 0 0 7</div> </div>
City Johnstown State PA Zip Code 15902 Purpose of Disbursement Wages Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>62.99</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Mary Catherine Voytko <hr/> Mailing Address 920 Fronheiser Street	Transaction ID: SB17.33844 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 7</div> </div>
City Johnstown State PA Zip Code 15902 Purpose of Disbursement Wages Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>3000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

3199.37

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Mary Catherine Voytko	Transaction ID: SB17.33863 Date of Disbursement
Mailing Address 920 Fronheiser Street	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D0</div> <div>^D7</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
City Johnstown State PA Zip Code 15902	Amount of Each Disbursement this Period
Purpose of Disbursement Wages	<div>62.99</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mary Catherine Voytko	Transaction ID: SB17.34302 Date of Disbursement
Mailing Address 920 Fronheiser Street	<div> <div>^M1</div> <div>^M2</div> <div>/</div> <div>^D0</div> <div>^D5</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
City Johnstown State PA Zip Code 15902	Amount of Each Disbursement this Period
Purpose of Disbursement Wages	<div>62.99</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Nunzio Medile	Transaction ID: SB17.34403 Date of Disbursement
Mailing Address P.O. Box 12	<div> <div>^M1</div> <div>^M2</div> <div>/</div> <div>^D2</div> <div>^D7</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
City Johnstown State PA Zip Code 15907	Amount of Each Disbursement this Period
Purpose of Disbursement Wages	<div>1000.00</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1125.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Erin Moffat Mailing Address 1156 Bedford Street	Transaction ID: SB17.33706 Date of Disbursement <div> <div>10</div> <div>03</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15902 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) ▼	Amount of Each Disbursement this Period <div>35.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Erin Moffat Mailing Address 1156 Bedford Street City Johnstown State PA Zip Code 15902 Purpose of Disbursement Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33862 Date of Disbursement <div> <div>10</div> <div>07</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>947.96</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Erin Moffat Mailing Address 1156 Bedford Street City Johnstown State PA Zip Code 15902 Purpose of Disbursement Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33727 Date of Disbursement <div> <div>10</div> <div>10</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>947.96</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1930.92

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Erin Moffat Mailing Address 1156 Bedford Street	Transaction ID: SB17.33806 Date of Disbursement <div> <div>10</div> <div>24</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15902 Purpose of Disbursement Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>947.96</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Erin Moffat Mailing Address 1156 Bedford Street City Johnstown State PA Zip Code 15902 Purpose of Disbursement Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33840 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>3000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Erin Moffat Mailing Address 1156 Bedford Street City Johnstown State PA Zip Code 15902 Purpose of Disbursement Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33911 Date of Disbursement <div> <div>11</div> <div>21</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>947.96</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

4895.92

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Erin Moffat Mailing Address 1156 Bedford Street	Transaction ID: SB17.34304 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 4 / 2 0 0 7</div> </div>
City Johnstown State PA Zip Code 15902 Purpose of Disbursement Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>947.96</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Erin Moffat Mailing Address 1156 Bedford Street City Johnstown State PA Zip Code 15902 Purpose of Disbursement Reimb. Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34336 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 2 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>178.34</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Erin Moffat Mailing Address 1156 Bedford Street City Johnstown State PA Zip Code 15902 Purpose of Disbursement Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34346 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>947.96</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2074.26

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Nancie's Floral Fantasies	Transaction ID: SB17.34354 Date of Disbursement
Mailing Address 606 Ferndale Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 7</div> </div>
City Johnstown State PA Zip Code 15905 Purpose of Disbursement Floral Arrangements Candidate Name Category/Type	Amount of Each Disbursement this Period <div>66.60</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) National First Ladies Library	Transaction ID: SB17.33874 Date of Disbursement
Mailing Address 331 Market Avenue South	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 7 / 2 0 0 7</div> </div>
City Canton State OH Zip Code 44702 Purpose of Disbursement Gifts Candidate Name Category/Type	Amount of Each Disbursement this Period <div>3021.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Neubauer's Flower Inc.	Transaction ID: SB17.33733 Date of Disbursement
Mailing Address 308 Jefferson Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 0 7</div> </div>
City Moundsville State WV Zip Code 26041 Purpose of Disbursement Floral Arrangements Candidate Name Category/Type	Amount of Each Disbursement this Period <div>74.19</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

3162.04

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) NGP Software Inc</p> <p>Mailing Address 1101 Vermont Ave NW Suite 710</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Campaign Office Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.33771 Date of Disbursement <div>10 / 17 / 2007</div></p> <p>Amount of Each Disbursement this Period <div>3450.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Susan O'Neill</p> <p>Mailing Address 5910 Gloster Road</p> <p>City Bethesda State MD Zip Code 20816</p> <p>Purpose of Disbursement Consulting Services</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>Transaction ID: SB17.34344 Date of Disbursement <div>12 / 17 / 2007</div></p> <p>Amount of Each Disbursement this Period <div>10000.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) PA Dept. of Revenue</p> <p>Mailing Address Dept. 280401</p> <p>City Harrisburg State PA Zip Code 17128-0401</p> <p>Purpose of Disbursement PA SIT W/H</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>Transaction ID: SB17.33774 Date of Disbursement <div>10 / 03 / 2007</div></p> <p>Amount of Each Disbursement this Period <div>155.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

13605.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
PA Dept. of Revenue

Mailing Address Dept. 280401

City Harrisburg State PA Zip Code 17128-0401

Purpose of Disbursement
PA SIT W/H

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33855

Date of Disbursement

/ /

Amount of Each Disbursement this Period

870.35

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
PA Dept. of Revenue

Mailing Address Dept. 280401

City Harrisburg State PA Zip Code 17128-0401

Purpose of Disbursement
PA SIT W/H

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34300

Date of Disbursement

/ /

Amount of Each Disbursement this Period

118.85

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
PA UC Fund

Mailing Address Seventh & Forster Streets
P.O. Box 68568

City Harrisburg State PA Zip Code 17106-8568

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33760

Date of Disbursement

/ /

Amount of Each Disbursement this Period

178.04

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1167.24

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Travel & Tickets</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>Transaction ID: SB17.33708</p> <p>Date of Disbursement 10 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 96.24</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement See Detail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.33740</p> <p>Date of Disbursement 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 48.54</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.33740.0</p> <p>Date of Disbursement 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

144.78

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SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Campaign Office Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.33740.1</p> <p>Date of Disbursement <div> <div>10</div> <div>10</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>5.87</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.33740.2</p> <p>Date of Disbursement <div> <div>10</div> <div>10</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>5.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Volunteer Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.33740.3</p> <p>Date of Disbursement <div> <div>10</div> <div>10</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>12.67</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

0.00

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SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Tickets, Meetings, Camp Off 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>Transaction ID: SB17.33817</p> <p>Date of Disbursement <div> <div>10</div> <div>24</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>62.10</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement See Detail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.33853</p> <p>Date of Disbursement <div> <div>10</div> <div>31</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>98.26</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.33853.0</p> <p>Date of Disbursement <div> <div>10</div> <div>31</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>45.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

160.36

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Petty Cash Mailing Address 647 Main Street	Transaction ID: SB17.33853.1 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Volunteer Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>26.62</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Petty Cash Mailing Address 647 Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Meeting Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33853.2 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>25.64</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Petty Cash Mailing Address 647 Main Street City Johnstown State PA Zip Code 15901 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: SB17.33853.3 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>1.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Tickets, Campaign Office Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.33908</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 20.29</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement See Detail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.33917</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 97.87</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.33917.0</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

118.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street	Transaction ID: SB17.33917.1 Date of Disbursement <div> <div>11</div> <div>21</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Volunteer Exp Candidate Name <div>Category/Type</div> 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:	Amount of Each Disbursement this Period <div>56.62</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street	Transaction ID: SB17.33917.2 Date of Disbursement <div> <div>11</div> <div>21</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Campaign Office Exp Candidate Name <div>Category/Type</div> 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:	Amount of Each Disbursement this Period <div>5.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street	Transaction ID: SB17.33917.3 Date of Disbursement <div> <div>11</div> <div>21</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Fund Raiser Expense Candidate Name <div>Category/Type</div> 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:	Amount of Each Disbursement this Period <div>11.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement See Detail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34417 Date of Disbursement <div> <div>11</div> <div>28</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>99.56</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Volunteer Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34417.0 Date of Disbursement <div> <div>11</div> <div>28</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>12.41</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34417.1 Date of Disbursement <div> <div>11</div> <div>28</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>40.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

99.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Petty Cash	Transaction ID: SB17.34417.2 Date of Disbursement
Mailing Address 647 Main Street	<div> <div>11</div> <div>28</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
Purpose of Disbursement Postage	<div>0.41</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Petty Cash	Transaction ID: SB17.34417.3 Date of Disbursement
Mailing Address 647 Main Street	<div> <div>11</div> <div>28</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
Purpose of Disbursement Fund Raiser Recpt Expense	<div>46.74</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Petty Cash	Transaction ID: SB17.34321 Date of Disbursement
Mailing Address 647 Main Street	<div> <div>12</div> <div>05</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
Purpose of Disbursement Postage, Camp Office Exp	<div>39.67</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

SUBTOTAL of Disbursements This Page (optional)

39.67

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street	Transaction ID: SB17.34358 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 7</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement See Detail Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>91.70</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street	Transaction ID: SB17.34358.0 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 7</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Postage Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>12.71</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street	Transaction ID: SB17.34358.1 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 7</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Volunteer Expense Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>48.21</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

91.70

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Petty Cash	Transaction ID: SB17.34358.2 Date of Disbursement
Mailing Address 647 Main Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 7</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Meeting Expense Candidate Name	Amount of Each Disbursement this Period <div>30.78</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Pittsburgh Post Gazette	Transaction ID: SB17.33702 Date of Disbursement
Mailing Address Box 400536	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 3 / 2 0 0 7</div> </div>
City Pittsburgh State PA Zip Code 15268-0536 Purpose of Disbursement Campaign Office Exp Candidate Name	Amount of Each Disbursement this Period <div>368.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Pittsburgh Steelers	Transaction ID: SB17.34308 Date of Disbursement
Mailing Address Heinze Field	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 5 / 2 0 0 7</div> </div>
City Pittsburgh State PA Zip Code 15219 Purpose of Disbursement Tickets for Gifts Candidate Name	Amount of Each Disbursement this Period <div>1103.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

1471.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Regency Transportation Group

Mailing Address 1411 Beaver Avenue

City Pittsburgh State PA Zip Code 15233

Purpose of Disbursement
Fund Raiser Recpt Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34309

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

468.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Reschini Agency Inc

Mailing Address 922 Philadelphia St

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33812

Date of Disbursement

10 / 24 / 2007

Amount of Each Disbursement this Period

5068.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Ritz Carlton

Mailing Address 1250 South Hayes Street

City Arlington State VA Zip Code 22202

Purpose of Disbursement
Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34399

Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

4330.22

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

9866.22

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Robert C. Ondick, CPA, PC

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

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33694

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

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

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33869

Date of Disbursement

11 / 07 / 2007

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Robert C. Ondick, CPA, PC

Mailing Address 551 Main Street, Suite 220

City Johnstown State PA Zip Code 15901

Purpose of Disbursement

Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34338

Date of Disbursement

12 / 12 / 2007

Amount of Each Disbursement this Period

547.16

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

5547.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Robert C. Ondick, CPA, PC

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

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34340

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Dorothy Rudzik

Mailing Address 2126 Connecticut N.W.
Suite 41

City Washington State DC Zip Code 20008-1729

Purpose of Disbursement
Fund Raiser Recpt Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33815

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1550.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Judith Seese

Mailing Address 104 Leffler Drive

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33851

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

4550.00

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Select Printing</p> <p>Mailing Address 1129 20th Street NW</p> <p>City Washington State DC Zip Code 20023</p> <p>Purpose of Disbursement Fund Raiser Recpt 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>Transaction ID: SB17.33814 Date of Disbursement <div>10 / 24 / 2007</div></p> <p>Amount of Each Disbursement this Period <div>164.97</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Somerset Chamber of Comm.</p> <p>Mailing Address 601 North Center Avenue</p> <p>City Somerset State PA Zip Code 15501-1025</p> <p>Purpose of Disbursement Dues</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>Transaction ID: SB17.34335 Date of Disbursement <div>12 / 12 / 2007</div></p> <p>Amount of Each Disbursement this Period <div>180.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Special Tax Collector</p> <p>Mailing Address Bloomfield Street</p> <p>City Johnstown, State PA Zip Code 15904</p> <p>Purpose of Disbursement Local Taxes W/H</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>Transaction ID: SB17.33762 Date of Disbursement <div>10 / 17 / 2007</div></p> <p>Amount of Each Disbursement this Period <div>101.77</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

446.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) State Workers Ins. Fund	Transaction ID: SB17.33728 Date of Disbursement
Mailing Address 100 Lackawanna Avenue P.O. Box 5100	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 0 7</div> </div>
City Scranton State PA Zip Code 18505-5100	Amount of Each Disbursement this Period
Purpose of Disbursement Insurance	<div> <div>270.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Jaynelle Stevens	Transaction ID: SB17.33847 Date of Disbursement
Mailing Address P.O. Box 113	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 7</div> </div>
City Elmora State PA Zip Code 15737	Amount of Each Disbursement this Period
Purpose of Disbursement Wages	<div> <div>1000.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Susan O'Neill & Assoc.	Transaction ID: SB17.33822 Date of Disbursement
Mailing Address 5910 Gloster Road	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 4 / 2 0 0 7</div> </div>
City Bethesda State MD Zip Code 20816	Amount of Each Disbursement this Period
Purpose of Disbursement Fund Raiser Recpt Exp	<div> <div>6482.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

7752.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Susan O'Neill & Assoc. Mailing Address 5910 Gloster Road	Transaction ID: SB17.33838 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2007</div> </div>
City Bethesda State MD Zip Code 20816 Purpose of Disbursement Public Relations Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>4166.67</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Susan O'Neill & Assoc. Mailing Address 5910 Gloster Road	Transaction ID: SB17.34415 Date of Disbursement <div> <div>11</div> <div>28</div> <div>2007</div> </div>
City Bethesda State MD Zip Code 20816 Purpose of Disbursement Public Relations Expense 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:	Amount of Each Disbursement this Period <div>4166.67</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Susan O'Neill & Assoc. Mailing Address 5910 Gloster Road	Transaction ID: SB17.34402 Date of Disbursement <div> <div>12</div> <div>27</div> <div>2007</div> </div>
City Bethesda State MD Zip Code 20816 Purpose of Disbursement Public Relations Expense 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:	Amount of Each Disbursement this Period <div>4166.67</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

12500.01

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) The Art Craft Company	Transaction ID: SB17.34350 Date of Disbursement
Mailing Address 200 John L Dietsch Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 7</div> </div>
City North Attleboro State MA Zip Code 02763	Amount of Each Disbursement this Period
Purpose of Disbursement Gifts	<div> <div>2800.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) The Congressional Club	Transaction ID: SB17.33766 Date of Disbursement
Mailing Address 2001 New Hampshire Ave NW	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 7 / 2 0 0 7</div> </div>
City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period
Purpose of Disbursement Meeting Expense	<div> <div>748.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Thomas Automotive Family	Transaction ID: SB17.33731 Date of Disbursement
Mailing Address 750 Eisenhower Blvd.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 0 7</div> </div>
City Johnstown State PA Zip Code 15904	Amount of Each Disbursement this Period
Purpose of Disbursement Vehicle Repairs	<div> <div>58.35</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3606.35

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Thomas Automotive Family	Transaction ID: SB17.34357 Date of Disbursement
Mailing Address 750 Eisenhower Blvd.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 7</div> </div>
City Johnstown State PA Zip Code 15904 Purpose of Disbursement Vehicle Expense Candidate Name <div>Category/Type</div>	Amount of Each Disbursement this Period <div>42.98</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) U.S. Capitol Historical Society	Transaction ID: SB17.33700 Date of Disbursement
Mailing Address 200 Maryland Ave N.E.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 3 / 2 0 0 7</div> </div>
City Washington State DC Zip Code 20000 Purpose of Disbursement Fund Raiser Reception Exp Candidate Name <div>Category/Type</div>	Amount of Each Disbursement this Period <div>397.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) U.S. Capitol Historical Society	Transaction ID: SB17.33832 Date of Disbursement
Mailing Address 200 Maryland Ave N.E.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 7</div> </div>
City Washington State DC Zip Code 20000 Purpose of Disbursement Gifts Candidate Name <div>Category/Type</div>	Amount of Each Disbursement this Period <div>4985.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

5426.88

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

U.S. Capitol Historical Society

Mailing Address 200 Maryland Ave N.E.

City Washington State DC Zip Code 20000

Purpose of Disbursement

Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33873

Date of Disbursement

11 / 07 / 2007

Amount of Each Disbursement this Period

5202.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

UPJ

Mailing Address 252 Blackington Hall

City Johnstown State PA Zip Code 15904

Purpose of Disbursement

Tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33741

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

74.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

UPS

Mailing Address P.O. Box 7247-0244

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement

Freight

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.33699

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

70.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

5346.50

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB17.33732 Date of Disbursement
Mailing Address P.O. Box 7247-0244	<div> <div>10</div> <div>10</div> <div>2007</div> </div>
City Philadelphia State PA Zip Code 19170-0001	Amount of Each Disbursement this Period
Purpose of Disbursement Freight	<div>37.53</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB17.33765 Date of Disbursement
Mailing Address P.O. Box 7247-0244	<div> <div>10</div> <div>17</div> <div>2007</div> </div>
City Philadelphia State PA Zip Code 19170-0001	Amount of Each Disbursement this Period
Purpose of Disbursement Freight	<div>34.54</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB17.33808 Date of Disbursement
Mailing Address P.O. Box 7247-0244	<div> <div>10</div> <div>24</div> <div>2007</div> </div>
City Philadelphia State PA Zip Code 19170-0001	Amount of Each Disbursement this Period
Purpose of Disbursement Freight	<div>62.10</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

134.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) UPS Mailing Address P.O. Box 7247-0244	Transaction ID: SB17.33831 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2007</div> </div>
City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>37.88</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) UPS Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33870 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>76.52</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) UPS Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33903 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>76.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

191.30

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB17.33915 Date of Disbursement
Mailing Address P.O. Box 7247-0244	<div> <div>^M1</div> <div>^M</div> <div>/</div> <div>^D2</div> <div>^D1</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
City Philadelphia State PA Zip Code 19170-0001	Amount of Each Disbursement this Period
Purpose of Disbursement Freight	<div>45.34</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB17.34316 Date of Disbursement
Mailing Address P.O. Box 7247-0244	<div> <div>^M1</div> <div>^M2</div> <div>/</div> <div>^D0</div> <div>^D5</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
City Philadelphia State PA Zip Code 19170-0001	Amount of Each Disbursement this Period
Purpose of Disbursement Freight	<div>107.83</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB17.34333 Date of Disbursement
Mailing Address P.O. Box 7247-0244	<div> <div>^M1</div> <div>^M2</div> <div>/</div> <div>^D1</div> <div>^D2</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
City Philadelphia State PA Zip Code 19170-0001	Amount of Each Disbursement this Period
Purpose of Disbursement Freight	<div>39.22</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

192.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB17.34349 Date of Disbursement
Mailing Address P.O. Box 7247-0244	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 7</div> </div>
City Philadelphia State PA Zip Code 19170-0001	Amount of Each Disbursement this Period
Purpose of Disbursement Freight	<div> <div>82.61</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB17.34392 Date of Disbursement
Mailing Address P.O. Box 7247-0244	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 7 / 2 0 0 7</div> </div>
City Philadelphia State PA Zip Code 19170-0001	Amount of Each Disbursement this Period
Purpose of Disbursement Freight	<div> <div>84.05</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Valenty Bottled Water	Transaction ID: SB17.33737 Date of Disbursement
Mailing Address P.O. Box 1055	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 0 7</div> </div>
City Northern Cambira State PA Zip Code 15714-3055	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Office Expense	<div> <div>38.18</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

204.84

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Valenty Bottled Water Mailing Address P.O. Box 1055	Transaction ID: SB17.33871 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2007</div> </div>
City Northern Cambira State PA Zip Code 15714-3055 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>32.23</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Valenty Bottled Water Mailing Address P.O. Box 1055 City Northern Cambira State PA Zip Code 15714-3055 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34327 Date of Disbursement <div> <div>12</div> <div>12</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>8.43</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Valley Printing Mailing Address 667 Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33807 Date of Disbursement <div> <div>10</div> <div>24</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>250.16</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

290.82

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Valley Printing Mailing Address 667 Main Street	Transaction ID: SB17.33866 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>39.22</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Valley Printing Mailing Address 667 Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34306 Date of Disbursement <div> <div>12</div> <div>05</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>4232.58</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Valley Printing Mailing Address 667 Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Campaign Office Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34348 Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>622.22</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

4894.02

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) VCI	Transaction ID: SB17.33715 Date of Disbursement
Mailing Address 727 Goucher Street	<div> <div>10</div> <div>03</div> <div>2007</div> </div>
City Johnstown State PA Zip Code 15905	Amount of Each Disbursement this Period
Purpose of Disbursement Tickets	<div>1500.00</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB17.33698 Date of Disbursement
Mailing Address P.O. Box 920041	<div> <div>10</div> <div>03</div> <div>2007</div> </div>
City Dallas State TX Zip Code 75392-0041	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone	<div>469.61</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB17.33867 Date of Disbursement
Mailing Address P.O. Box 920041	<div> <div>11</div> <div>07</div> <div>2007</div> </div>
City Dallas State TX Zip Code 75392-0041	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone	<div>468.22</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2437.83

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Verizon Mailing Address P.O. Box 920041	Transaction ID: SB17.34328 Date of Disbursement <div> <div>12</div> <div>12</div> <div>2007</div> </div>
City Dallas State TX Zip Code 75392-0041 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1045.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Verizon Mailing Address P.O. Box 920041 City Dallas State TX Zip Code 75392-0041 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34397 Date of Disbursement <div> <div>12</div> <div>27</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>525.48</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Ruth Villa Mailing Address 126 Somerset Pike City Jerome State PA Zip Code 15937 Purpose of Disbursement Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.33841 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>3000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional) ▶	<div>4570.98</div> <div>169908.12</div>

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Sprinkler Fitters Local Union #692 PAC Fund

Mailing Address 14002 McNulty Road

City Philadelphia State PA Zip Code 19154-3023

Purpose of Disbursement

Refund Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB20A.34370

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
T. C. PAC

Mailing Address P.O. BOX 98100

City PITTSBURGH State PA Zip Code 15227

Purpose of Disbursement

Refund Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB20A.34371

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Auxiliary of Memorial Medical Center Mailing Address 1086 Franklin Street	Transaction ID: SB21.33824 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 4 / 2 0 0 7</div> </div>
City Johnstown State PA Zip Code 15905-4398 Purpose of Disbursement Contribution Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Bracken Burns Commissioner Comm Mailing Address 55 Eastwood Lane City Washington State PA Zip Code 15301 Purpose of Disbursement Contribution Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	Transaction ID: SB21.33821 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 4 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Cambria County Democratic Comm. Mailing Address 104 S. Center Street P.O. Box 92 City Ebensburg State PA Zip Code 15931 Purpose of Disbursement Contribution Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	Transaction ID: SB21.33746 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>2000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3500.00

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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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Comm. Tom C. Ceraso Mailing Address RD 11, Box 478	Transaction ID: SB21.33837 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2007</div> </div>
City Greensburg State PA Zip Code 15601-9133 Purpose of Disbursement Contribution 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:	Amount of Each Disbursement this Period <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Comm to Elect Vince Zapotosky Mailing Address 45 Derrick Avenue City Uniontown State PA Zip Code 15401 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21.33898 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) D.C.C.C. Mailing Address 430 South Capitol Street SE 2nd Floor City Washington State DC Zip Code 20003 Purpose of Disbursement Excess Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21.33724 Date of Disbursement <div> <div>10</div> <div>03</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>11278.21</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional) ▶	<div>13278.21</div>
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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
D.C.C.C.

Mailing Address 430 South Capitol Street SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Excess Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.33897

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11278.21

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
D.C.C.C.

Mailing Address 430 South Capitol Street SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Excess Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.34325

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11278.21

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Debra Todd for Justice Committee

Mailing Address PO Box 42452

City Pittsburgh State PA Zip Code 15203

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.34394

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

23556.42

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
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Fattah for Mayer Debt Retirement</p> <p>Mailing Address 3900 Ford Road Suite 12-0</p> <p>City Philadelphia State PA Zip Code 19131</p> <p>Purpose of Disbursement Contribution</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>Transaction ID: SB21.34405 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 7 / 2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period <div>5000.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) First Commonwealth Bank</p> <p>Mailing Address Credit Card Dept. P.O. Box 0537</p> <p>City Indiana State PA Zip Code 15701-0537</p> <p>Purpose of Disbursement Contribution, See Detail</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>Transaction ID: SB21.34547 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 4 / 2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period <div>8000.36</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Ritz Carlton</p> <p>Mailing Address 1250 South Hayes Street</p> <p>City Arlington State VA Zip Code 22202</p> <p>Purpose of Disbursement In-kind Contrib, D.C.C.C.</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>Transaction ID: SB21.34547.0 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 4 / 2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period <div>8000.36</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

13000.36

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Friends of Bob Brady	Transaction ID: SB21.34407 Date of Disbursement
Mailing Address 7028 Brentwood Road	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 1 / 2 0 0 7</div> </div>
City Philadelphia State PA Zip Code 19151 Purpose of Disbursement Contribution, Debt Reduction Candidate Name	Amount of Each Disbursement this Period <div>5000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Greene County Democratic Comm.	Transaction ID: SB21.33718 Date of Disbursement
Mailing Address P.O. Box 493	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 3 / 2 0 0 7</div> </div>
City Waynesburg State PA Zip Code 15370 Purpose of Disbursement Tickets & Adv. Candidate Name	Amount of Each Disbursement this Period <div>340.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Indiana Co. Democrat Comm.	Transaction ID: SB21.33750 Date of Disbursement
Mailing Address Box 315	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 0 7</div> </div>
City Indiana State PA Zip Code 15701 Purpose of Disbursement Tickets Candidate Name	Amount of Each Disbursement this Period <div>200.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

5540.00

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

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(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Larry Maggi Election Comm.

Mailing Address 269 East Buffalo Church Road

City Washington State PA Zip Code 15301

Purpose of Disbursement

Tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.33820

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Muscular Dystrophy Assocs

Mailing Address 3474 William Penn Hwy.

City Pittsburgh State PA Zip Code 15235

Purpose of Disbursement

Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.33890

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

NAMI Pennsylvania

Mailing Address 240 Vine Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement

Tickets & Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.33747

Date of Disbursement

/ /

Amount of Each Disbursement this Period

450.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

800.00

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

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Nutter for Mayor Mailing Address PO Box 58550	Transaction ID: SB21.33826 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 5 / 2 0 0 7</div> </div>
City Philadelphia State PA Zip Code 19102 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>5000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Re elect John C Pettit Mailing Address 98 N Main Street City Washington State PA Zip Code 15301 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.33828 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 9 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Salvation Army Mailing Address P.O. Box 446 City Somerset State PA Zip Code 15501 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.33896 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 7 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

6500.00

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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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Valley Printing <hr/> Mailing Address 667 Main Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Contribution, Boy Scouts Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.34393 Date of Disbursement <div> <div>12</div> <div>27</div> <div>2007</div> </div>
<hr/> Amount of Each Disbursement this Period <div>746.24</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
B. Full Name (Last, First, Middle Initial) Westmont Vol. Fire Co. <hr/> Mailing Address 1000 Luzerne Street <hr/> City Johnstown State PA Zip Code 15905 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.34324 Date of Disbursement <div> <div>12</div> <div>05</div> <div>2007</div> </div>
<hr/> Amount of Each Disbursement this Period <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
C. Full Name (Last, First, Middle Initial) Women's Help Center <hr/> Mailing Address 809 Napoleon Street <hr/> City Johnstown State PA Zip Code 15901-2817 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.34343 Date of Disbursement <div> <div>12</div> <div>12</div> <div>2007</div> </div>
<hr/> Amount of Each Disbursement this Period <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

SUBTOTAL of Disbursements This Page (optional)

2746.24

TOTAL This Period (last page this line number only)

68921.23

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
A T&TNature of Debt (Purpose):
Telephone

Mailing Address P.O. Box 9001309

City	State	ZIP Code
Louisville	KY	40290-1309

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.34380

Amount Incurred This Period

574.21

Payment This Period

0.00

Outstanding Balance at Close of This Period

574.21

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Crown AmericanNature of Debt (Purpose):
Entertainment

Mailing Address Pasquerilla Plaza

City	State	ZIP Code
Johnstown	PA	15901

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.34379

Amount Incurred This Period

2368.49

Payment This Period

0.00

Outstanding Balance at Close of This Period

2368.49

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
McAneny Brothers, Inc.Nature of Debt (Purpose):
Gifts

Mailing Address 470 Industrial Park Road

City	State	ZIP Code
Ebensburg	PA	15931-4114

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.34378

Amount Incurred This Period

2239.73

Payment This Period

0.00

Outstanding Balance at Close of This Period

2239.73

1) **SUBTOTALS** This Period This Page (optional).....

5182.43

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** 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)

PAGE 213 / 215

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Universal Printing Company

Nature of Debt (Purpose):
 Fund Raiser Recpt Exp

Mailing Address 12 Olive Street

City	State	ZIP Code
Scranton	PA	18508

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.34375

Amount Incurred This Period

2235.89

Payment This Period

0.00

Outstanding Balance at Close of This Period

2235.89

1) **SUBTOTALS** This Period This Page (optional)..... ▶

2235.89

2) **TOTALS** This Period (last page this line number only)..... ▶

7418.32

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

7418.32

Image# 28991637965

Form/Schedule: **SB21**

Transaction ID: **SB21.33724**

THE AMOUNT REPRESENTS AN UNLIMITED TRANSFER TO A NATIONAL PARTY COMMITTEE

Form/Schedule: **SB21**

Transaction ID: **SB21.33897**

THE AMOUNT REPRESENTS AND UNLIMITED TRANSFER TO A NATIONAL PARTY COMMITTEE

Image# 28991637966

Form/Schedule: **SB21**

Transaction ID: **SB21.34325**

THE AMOUNT REPRESENTS AN UNLIMITED TRANSFER TO A NATIONAL PARTY COMMITTEE.

Form/Schedule: **SB21**

Transaction ID: **SB21.34547**

THIS TRANSACTION WAS A IN KIND CONTRIBUTION TO THE D.C.C.C. THE MURTHA FOR CONGRESS CO
RAISING EVENT FOR THE D.C.C.C. UNDER OUR CREDIT CREDIT AT FIRST COMMONWEALTH BANK
