

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 27 A 10 43

USE FEC MAILING LABEL

TYPE OR PRINT

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

4. TYPE OF REPORT

GENERAL

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

This report contains activity for: Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period <u>OCT. 1, 2000</u> through <u>OCT. 18, 2000</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	20,100.00	510,885.00
(b) Total Contribution Refunds (from Line 20(d))	-0-	1,000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	20,100.00	509,885.00
7. Net Operating Expenditures	114,654.66	386,639.16
(a) Total Operating Expenditures (from Line 17)		1,000.00
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	114,654.66	385,639.16
8. Cash on Hand at Close of Reporting Period (from Line 27)	221,206.67	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll-Free 800-424-9530 Local 202-694-1100
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	6,822.42	

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		Date
Signature of Treasurer 		10-19-00

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:	
MURTHA FOR CONGRESS COMMITTEE	From: OCT. 1, 2000	To: OCT. 18, 2000
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	12,600.00	
(ii) Unitemized		
(iii) Total of contributions from individuals	12,600.00	250,185.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)	7,500.00	260,700.00
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	20,100.00	510,885.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		1,000.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		1,445.69
16. TOTAL RECEIPTS (add 11(a), 12, 13(c), 14 and 15)	20,100.00	513,330.69
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	114,654.66	386,639.16
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		1,000.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		1,000.00
21. OTHER DISBURSEMENTS	2,895.36	84,460.36
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	117,550.02	472,099.52
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	318,656.69
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	20,100.00
25. SUBTOTAL (add Line 23 and Line 24)	\$	338,756.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	117,550.02
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	221,206.67

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

SUPPLEMENT

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

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

AS OF THIS REPORT FILING WE HAVEN'T RECEIVED A REPLY FROM EACH CONTRIBUTOR

THAT IS INCOMPLETE.

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (in Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Matthew Burns 24 Crescent Surf Kennebunk, ME 04043	Boston University 108 Bay State Road Boston, MA 02215 Occupation: Managing Dir./Computer Tech	10/11/00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Burstein 28111 Anzar Mission Viejo, CA 92692	Burstein Laboratories Inc. 15375 Banzanca Hwy. Irvine, CA 92618-2217 Occupation: President/CEO	10/11/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Aram Chobanian 5 Rathbun Road Natick, MA 01760	Boston Univ.-School of Medicine 715 Albany Street L103 Boston, MA 02118 Occupation: University Prof./Dean of Medicine	10/11/00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Curtis Colburn 7618 Glenville Ct. Springfield, VA 22153	General Dynamics 3190 Fairview Park Drive Falls Church, VA 22042 Occupation: Gov't Relations	10/11/00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raymond Daddazio 771 West End Avenue #11C New York, NY 10025-5539	Weidinger Associates Inc. 375 Hudson Street Fl 12 New York, NY 10014-3656 Occupation: Engineer	10/11/00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Frankenhach 51 Bradford Lane Oakbrook, IL 60523	Rush-Presbyterian Med. Ctr. 1653 West Congress Parkway Chicago, IL 60612-3824 Occupation: Senior VP	10/11/00	\$ 200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200		

\$3,200

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 4
FOR LINE NUMBER 11a(f)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Merton Friedman 300 Grand Avenue Oakland, CA 94610 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	See Supplement Occupation Realtor Aggregate Year-to-Date > \$ 1,000	10/11/00	\$1,000
Beulah Friedman 2 E. Mill Drive Great Neck, NY 11021 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$ 500	10/11/00	\$ 500
Carl Godfrey, Jr. 9386 Mt. Vernon Cir. Alexandria, VA 22309 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Cassidy & Associates 700-13th Street NW #400 Washington, DC 20005-5917 Occupation Consultant Aggregate Year-to-Date > \$ 500	10/11/00	\$ 500
Larry Gordon 1102 N. Grove Avenue Oak Park, IL 60302-1239 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rush-Presbyterian Med. Cntr. 1653 West Congress Pkwy. Chicago, IL 60612-3824 Occupation Senior VP Aggregate Year-to-Date > \$ 200	10/11/00	\$ 200
Leo Herikoff, MD 601 S. Loomis Chicago, IL 60607 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rush-Presbyterian Med. Cntr. 1653 West Congress Parkway Chicago, IL 60612-3824 Occupation President/CEO Aggregate Year-to-Date > \$ 200	10/11/00	\$ 200
Carole Herikoff 601 S. Loomis Chicago, IL 60607 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$ 200	10/11/00	\$ 200
Gail Kaplan 671 Rosedale Road Princeton, NJ 08840 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$ 500	10/11/00	\$ 500

SUBTOTAL of Receipts This Page (optional) \$3,100

TOTAL This Period (Text page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4
FOR LINE NUMBER 11a(i)

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NAME OF COMMITTEE (in Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mike Kopetski 517 Colecroft Ct. Alexandria, VA 22314	Self-Employed 517 Colecroft Ct. Alexandria, VA 22314	10/11/00	\$ 100
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Int'l Trade Consultant Aggregate Year-to-Date > \$ 100		
B. Full Name, Mailing Address and ZIP Code Joy Levin 1447 Cedar Row Lakewood, NJ 08701	Name of Employer Occupation Homemaker	Date (month, day, year) 10/11/00	Amount of Each Receipt this Period \$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
C. Full Name, Mailing Address and ZIP Code Bernice Manocherian 135 Central Park West Apt. 9C New York, NY 10023	Name of Employer See Supplement Occupation See Supplement	Date (month, day, year) 10/11/00	Amount of Each Receipt this Period \$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code Avery Miller 12518 Pawnee Road Palos Park, IL 60464	Name of Employer Rush-Presbyterian Med. Cntr. 1653 West Congress Pkwy. Chicago, IL 60612-3824 Occupation Senior VP	Date (month, day, year) 10/11/00	Amount of Each Receipt this Period \$ 200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200		
E. Full Name, Mailing Address and ZIP Code Terry Paul 1473 S. 28th Street #8 Arlington, VA 22206	Name of Employer Cassidy & Associates 700-13th Street, NW #400 Washington, DC 20005 Occupation Consultant/Lobbyist	Date (month, day, year) 10/11/00	Amount of Each Receipt this Period \$ 250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
F. Full Name, Mailing Address and ZIP Code R. Leman Spitzer 710 Bending Oak Lane Pittsburgh, PA 15238	Name of Employer Soffer Organization Penn Center West II #110 Pittsburgh, PA 15276 Occupation President/CEO	Date (month, day, year) 10/11/00	Amount of Each Receipt this Period \$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000		
G. Full Name, Mailing Address and ZIP Code William Strickland, Jr. 3021 Mt. Alister Road Pittsburgh, PA 15214	Name of Employer Bicknell Training Center Inc. 1815 Metropolitan Street Pittsburgh, PA 15233 Occupation Vocational School Director	Date (month, day, year) 10/11/00	Amount of Each Receipt this Period \$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		

SUBTOTAL of Receipts This Page (optional) \$3,050

TOTAL This Period (list only this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Part)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sandra Stuart See Supplement	Clark & Weinstock, Inc. 1775 Eye Street #700 Washington, DC 20006 Occupation See Supplement	10/11/00 10/11/00	\$ 500 G & \$ 500 G
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Victor Sulkowski 156 Adlin Avenue Houston, PA 15342-1059	Market Central Inc. 500 Business Center Drive Pittsburgh, PA 15205 Occupation CEO	10/11/00	\$ 250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vincent Vessage 211 Duke Street Alexandria, VA 22314-3800	Cassidy & Associates 700-13th Street, NW #400 Washington, DC 20005-5917 Occupation Dir. & Sr. VP	10/11/00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jon Westling 135 Ivy Street Brookline, MA 02146	Boston University 145 Bay State Road Boston, MA 02215 Occupation President	10/11/00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sandra Wiliger 20 Basswood Lane Moreland Hills, OH 44022	 Occupation Homemaker	10/11/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID	 Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID	 Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) \$ 3,250

\$12,600

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Americans for Good Government ID # 00138701 PO Box 3128 Jasper, AL 35502		10/11/00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
B. Full Name, Mailing Address and ZIP Code American Optometric Assoc. PAC (AOA-PAC) ID # 00024668 1505 Prince Street #300 Alexandria, VA 22314		10/11/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000	
C. Full Name, Mailing Address and ZIP Code Bi-County PAC ID # 00204388 190 Willis Avenue Mineola, NY 11501		10/11/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000	
D. Full Name, Mailing Address and ZIP Code Electronic Data Systems Employees PAC ID # 00111658 1331 PA Avenue, NW #1300 North Washington, DC 20004		10/11/00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,500	
E. Full Name, Mailing Address and ZIP Code National Telephone Cooperative Assn. ID # 00004473 4121 Wilson Blvd. 10th Floor Arlington, VA 22203		10/11/00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
F. Full Name, Mailing Address and ZIP Code Northern Californians for Good Government ID # 00141747 55 Francisco Street 8th Floor San Francisco, CA 94133-2172		10/11/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000	
G. Full Name, Mailing Address and ZIP Code Prostate Cancer Research PAC ID # 00329979 212 N. Sangamon Street No. 1A Chicago, IL 60607-1711		10/11/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000	

\$5,500

SUBTOTAL of Receipts This Page (optional)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (to Paid)
MURTEA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raytheon Company PAC ID # 00097568 141 Spring Street Lexington, MA 02421		10/11/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
The Hinken Company GGP ID # 000311308 1835 Dueser Avenue, SW Canton, OH 44706		10/11/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3,500	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	\$ 2,000
TOTAL This Period (last page this line number only)	\$ 7,500

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 7
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
THERESA VOYTKO 920 FRONHEISER STREET JOHNSTOWN, PA 15902	WAGES	10/05/00	634.98
	WAGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	634.98
MARK CRITZ 825 HIGHLAND AVE. JOHNSTOWN, PA 15902	WAGES	10/05/00	828.77
	WAGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	645.31
MARY CATHERINE VOYTKO 920 FRONHEISER STREET JOHNSTOWN, PA 15902	WAGES	10/05/00	63.28
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
JOSEPR SCHATZDORFER APT. 504 VINE STREET TOWERS 525 VINE STREET JOHNSTOWN, PA 15902	WAGES	10/05/00	36.38
	WAGES	10/12/00	37.22
	WAGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	39.81
KNIGHTS OF COLUMBUS ALL SAINTS ASSEMBLY P. O. BOX 1026 JOHNSTOWN, PA 15907-1026	AD	10/05/00	100.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
BIRTHRIGHT 345 MAIN ST. JOHNSTOWN, PA 15901	TICKETS	10/05/00	30.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
POSTMASTER JOHNSTOWN, PA	POSTAGE	10/05/00	165.00
	BOX RENT FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	22.00
AT&T WIRELESS P. O. BOX 8220 AURORA, IL 60572-8220	TELEPHONE	10/05/00	72.10
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
BITTNER-LONG GREENHOUSE 339 STOYSTOWN ROAD SOMERSET, PA 15501	FLORAL ARRANGEMENTS	10/05/00	46.43
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

3,352.26

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 7
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MBNA AMERICA BUSINESS CARD FOR THE FOLLOWING: P. O. BOX 15469 WILMINGTON, DE 19806-5469	CHECK DATED 10/05/00 \$3,910.16 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code EAT N PARK RESTAURANT JOHNSTOWN, PA THE BOULEVARD GRILL JOHNSTOWN, PA	Purpose of Disbursement MEALS MEALS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/22/00 8/23/00	Amount of Each Disbursement This Period 13.78 16.85
C. Full Name, Mailing Address and ZIP Code EAT N PARK RESTAURANT JOHNSTOWN, PA LOMBARDO'S JOHNSTOWN, PA	Purpose of Disbursement MEALS MEALS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/26/00 9/03/00	Amount of Each Disbursement This Period 17.54 49.37
D. Full Name, Mailing Address and ZIP Code THE BEVERLY HILLS HOTEL BEVERLY HILLS, CA EXXON POS 91 ARLINGTON, VA	Purpose of Disbursement TRAVEL-LODGING TRAVEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/19/00 9/06/00	Amount of Each Disbursement This Period 3,759.20 11.54
E. Full Name, Mailing Address and ZIP Code EXXON POS 91 ARLINGTON, VA EXXON POS 75 JOHNSTOWN, PA	Purpose of Disbursement TRAVEL TRAVEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/12/00 8/22/00	Amount of Each Disbursement This Period 10.38 19.50
F. Full Name, Mailing Address and ZIP Code EASYGRADE AUTO JOHNSTOWN, PA	Purpose of Disbursement TRAVEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/23/00	Amount of Each Disbursement This Period 13.00
G. Full Name, Mailing Address and ZIP Code VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

3,910.16

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DARRYL'S DESIGNS 2552 WM. PENN AVE. JOHNSTOWN, PA 15909	FLORAL ARRANGE. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/00	46.11
B. Full Name, Mailing Address and ZIP Code UPS P. O. BOX 4980 HAGERSTOWN, MD 21747-4980	Purpose of Disbursement FREIGHT FREIGHT FREIGHT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/00 10/12/00 10/18/00	Amount of Each Disbursement This Period 50.67 57.61 67.28
C. Full Name, Mailing Address and ZIP Code GPU ENERGY P. O. BOX 601 ALLENHURST, NJ 07709-0601	Purpose of Disbursement UTILITIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/00	Amount of Each Disbursement This Period 135.44
D. Full Name, Mailing Address and ZIP Code PENN NATIONAL INSURANCE P. O. BOX 13746 PHILADELPHIA, PA 19101-3746	Purpose of Disbursement VEHICLE INSURANCE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/00	Amount of Each Disbursement This Period 606.00
E. Full Name, Mailing Address and ZIP Code JOHNSTOWN REDEVELOPMENT AUTH. 4TH FLOOR - PUBLIC SAFETY BUILDING JOHNSTOWN, PA 15901	Purpose of Disbursement RENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/00	Amount of Each Disbursement This Period 660.00
F. Full Name, Mailing Address and ZIP Code JAMES OSWALD 949 CARNEGIE AVE. JOHNSTOWN, PA 15905	Purpose of Disbursement CAMPAIGN OFFICE SUPPLIES & MEALS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/00	Amount of Each Disbursement This Period 116.57
G. Full Name, Mailing Address and ZIP Code CASH JOHNSTOWN, PA	Purpose of Disbursement TRAVEL, MEETING EXP., CAMPAIGN OFFICE SUPP., VOL. EXP. & TICKETS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/00	Amount of Each Disbursement This Period 63.61
H. Full Name, Mailing Address and ZIP Code CASH JOHNSTOWN, PA	Purpose of Disbursement TRAVEL, MEALS & TICKETS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	Amount of Each Disbursement This Period 51.41
I. Full Name, Mailing Address and ZIP Code LAUREL BANK 534 MAIN STREET JOHNSTOWN, PA 15901	Purpose of Disbursement PAYROLL TAXES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/00	Amount of Each Disbursement This Period 831.90

SUBTOTAL of Disbursements This Page (optional)	2,686.60
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CONEMAUGH JUNIOR AUXILIARY 1086 FRANKLIN ST. JOHNSTOWN, PA 15905-4398	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/00	50.00
B. Full Name, Mailing Address and ZIP Code WESTMONT VOL. FIRE CO. 1000 LUZERNE ST. JOHNSTOWN, PA 15905	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	1,000.00
C. Full Name, Mailing Address and ZIP Code CONEMAUGH VALLEY MARINE CORP. LEAGUE c/o JOHN E. CSIKOS 134 FREIDROFF LANE JOHNSTOWN, PA 15902	TICKETS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	40.00
D. Full Name, Mailing Address and ZIP Code PRESIDENTIAL CLASSROOM c/o HEATHER BURNHEIMER 25 WORTH STREET JOHNSTOWN, PA 15905	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	50.00
E. Full Name, Mailing Address and ZIP Code EDWARD MITCHELL COMMUNICATIONS P. O. BOX 2237 WILKES BARRE, PA 18703	ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	5,000.00
F. Full Name, Mailing Address and ZIP Code ROBERT C. ONDICK, CPA, P.C. BT FINANCIAL PLAZA - SUITE 220 551 MAIN STREET JOHNSTOWN, PA 15901	ACCOUNTING SERVICES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	1,500.00
G. Full Name, Mailing Address and ZIP Code ROSE OF SHARON FLORAL 480 FRANKLIN ST. CLYMER, PA 15728	FLORAL ARRANGE. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	53.00
H. Full Name, Mailing Address and ZIP Code JOHNSTOWN SYMPHONY 227 FRANKLIN STREET, SUITE 302 JOHNSTOWN, PA 15901	AD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	500.00
I. Full Name, Mailing Address and ZIP Code THOMAS TANNER 12 NORTH OAK STREET FAIRCHANCE, PA 15436	POLL WORKERS & WATCHERS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	250.00

SUBTOTAL of Disbursements This Page (optional)

8,443.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PATRICIA BASINGER P. O. BOX 115 CONNELLSVILLE, PA 15425	POLL WORKERS & WATCHERS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	250.00
ELWOOD COLE 30 EAST CHURCH STREET FAIRCHANCE, PA 15436	POLL WORKERS & WATCHERS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	250.00
PETER CASINI 2020 FOURTH STREET SOUTH CONNELLSVILLE, PA 15425	POLL WORKERS & WATCHERS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	250.00
JOAN MILLER 1228 CHESTNUT STREET CONNELLSVILLE, PA 15425	POLL WORKERS & WATCHERS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	250.00
BETTY J. CONNORS 5 POTTSTOWN STREET DUNBAR, PA 15431	POLL WORKERS & WATCHERS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	250.00
MICHAEL MERKOSKY, JR. P.O. BOX 261 OLIVER, PA 15472	POLL WORKERS & WATCHERS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	250.00
RONALD LANDMAN R. D. #1, BOX 102 B LEMONT FURNACE, PA 15456	POLL WORKERS & WATCHERS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	250.00
TRACIE KLINK R. D. #2, BOX 451A LEMONT FURNACE, PA 15456	POLL WORKERS & WATCHERS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	250.00
LANCE WINTERHALTER P. O. BOX 562 VANDERBILT, PA 15486	POLL WORKERS & WATCHERS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	250.00

SUBTOTAL of Disbursements This Page (optional)

2,250.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT&T P. O. BOX 9001309 LOUISVILLE, KY 40290-1309	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	240.91
B. Full Name, Mailing Address and ZIP Code GREATER JOHNSTOWN WATER AUTH. P. O. BOX 1287 JOHNSTOWN, PA 15907-1287	UTILITIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	2.75
C. Full Name, Mailing Address and ZIP Code WESTMONT MOBIL 1735 GODCHER ST. JOHNSTOWN, PA 15905	TRAVEL-GASOLINE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	108.60
D. Full Name, Mailing Address and ZIP Code ST. VINCENT DEPAUL SOCIETY 927 FRANKLIN ST. JOHNSTOWN, PA 15905	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	3,000.00
E. Full Name, Mailing Address and ZIP Code EDWARD MITCHELL COMM. P. O. BOX 2237 WILKES-BARRE, PA 19703	ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/00	88,319.00
F. Full Name, Mailing Address and ZIP Code LAUREL BANK 534 MAIN STREET JOHNSTOWN, PA 15901	WIRE CHARGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/00	20.00
G. Full Name, Mailing Address and ZIP Code PA UC FUND LABOR AND INDUSTRY BUILDING SEVENTH & FORSTER STREETS P. O. BOX 6B568 HARRISBURG, PA 17106-8568	PAYROLL TAXES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	12.62
H. Full Name, Mailing Address and ZIP Code PA DEPT. OF REVENUE DEPT. 280415 HARRISBURG, PA 17128-0415	STATE I/T W/H Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	271.79
I. Full Name, Mailing Address and ZIP Code CENTRAL TAX BUREAU OF PA., INC. 1610 BEDFORD STREET JOHNSTOWN, PA 15902	LOCAL TAX W/H Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	123.30

SUBTOTAL of Disbursements This Page (optional)

92,098.97

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

MURTRA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WWII COMMEMORATIVE COMM. c/o THOMAS GEIGER 413-5TH ST. WINDBER, PA 15963	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	250.00
GMAC GMAC PAYMENT PROCESSING CENTER P. O. BOX 70309 CHARLOTTE, NC 28272-0309	VEHICLE RENTAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	629.18
BOISE CASCADE P. O. BOX 360755 PITTSBURGH, PA 15250-6755	CAMPAIGN OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	411.76
JOHNNY CAL'S FLOWERS 338 FIRST STREET (CONEMAUGH) JOHNSTOWN, PA 15909	FLORAL ARRANGE. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	42.40
FLOWER BARN MILLCREEK ROAD AT BUCKNELL AVENUE JOHNSTOWN, PA 15905	FLORAL ARRANGE. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	50.88
CITY OF JOHNSTOWN-BUREAU OF SEWAGE P. O. BOX 610 JOHNSTOWN, PA 15907-0610	UTILITIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	8.16
CHARTER COMMUNICATIONS P. O. BOX 371464 PITTSBURGH, PA 15250-7464	UTILITIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	36.45
NORTHERN EXPRESS P. O. BOX 5478 JOHNSTOWN, PA 15904	TRAVEL-GASOLINE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	259.84
VOID	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

1,688.67

TOTAL This Period (last page this line number only)

114,429.66

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ARMSTRONG COUNTY DEMOCRAT COMM. COLLEEN MILIE, TREASURER 307 PENNSYLVANIA ST. APOLLO, PA 15613	TICKETS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/00	200.00
B. Full Name, Mailing Address and ZIP Code McCOLLUM FOR CONGRESS 2564 BURKE AVE. (EAST) NORTH ST. PAUL, MINNESOTA 55109	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	1,000.00
C. Full Name, Mailing Address and ZIP Code MINGE FOR CONGRESS 115 1/2 E. 2ND STREET CHASKA, MN 55318	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	1,000.00
D. Full Name, Mailing Address and ZIP Code VALLEY PRINTING CO. 667 MAIN ST. JOHNSTOWN, PA 15901	Purpose of Disbursement: I.K.-K.L.N.D CONTRI. FOR STATE CARDS CAMBRIA CO. DEM. COMM. P.O. BOX 92 EBENSBURG, PA 15931 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	695.36
E. Full Name, Mailing Address and ZIP Code VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2,895.36
TOTAL This Period (last page this line number only)	2,895.36

SCHEDULE C

(Revised 3/80)

LOANS

Page 1 of 1 for
 LINE NUMBER 13a
 (Use separate schedules
 for each numbered line)

Name of Committee (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code of Loan Source MBNA AMERICA 1000 SAMOSET DRIVE WILMINGTON, DE 19884-0404 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan \$ 5,000.00 \$20,000.00 MASTER CARD ACCOUNT	Cumulative Payment To Date	Balance Outstanding at Close of This Period \$4,688.57 SEE ATTACHED SCH. C-1
--	---	----------------------------	--

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (APR) Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code JOHN P. MURTHA 109 COLGATE AVENUE JOHNSTOWN, PA 15905	Name of Employer U. S. HOUSE OF REP. Occupation CONGRESSMAN Amount Guaranteed Outstanding: \$ SEE SCH. C-1		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		

B. Full Name, Mailing Address and ZIP Code of Loan Source Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
--	-------------------------	----------------------------	---

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (APR) Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		

UBYTOTALS This Period This Page (optional) \$4,688.57

TOTALS This Period (last page in this line only) \$4,688.57

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

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) MURTHA FOR CONGRESS		REG IDENTIFICATION NUMBER 041343 C00019075	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) MBNA AMERICA 1000 SAMOSET DRIVE WILMINGTON DE 19884		AMOUNT OF LOAN \$40,000.	INTEREST RATE (APR) 18.99%
		DATE INCURRED OR ESTABLISHED 2-27-98	DATE DUE REVOLVING

A. Has loan been restructured? No Yes If yes, date originally incurred: _____

B. If line of credit, amount of this draw: Up to \$40,000.; total outstanding balance: \$46,88.57 AS OF 10/18/00

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?

No Yes If yes, specify: _____
What is the value of this collateral? N/A

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?

No Yes If yes, specify: _____ What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(f)(B) and 100.8(b)(12)(f)(B). Date account established: _____ Location of account: _____

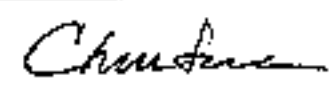
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

PERSONAL GUARANTEE OF JOHN MURTHA

G. COMMITTEE TREASURER
TYPED NAME **ROBERT C. ONDICK** SIGNATURE  DATE **10/19/00**

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
I. To the best of this Institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
III. This Institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE CHRIS LARSON 	TITLE ASSISTANT VICE PRESIDENT	DATE 10-19-00
TYPED NAME	SIGNATURE	

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
MURTHA FOR CONGRESS COMMITTEE				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor PENN NATIONAL INSURANCE P. O. BOX 13746 PHILADELPHIA, PA 19101	1,218.00	-0-	606.00	612.00
Nature of Debt (Purpose): VEHICLE INSURANCE				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor VERIZON NORTH P. O. BOX 31122 TAMPA, FL 33631-3122	-0-	1,521.85	-0-	1,521.85
Nature of Debt (Purpose): TELEPHONE				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor VOID				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor VOID				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor VOID				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor VOID				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				2,133.85
2) TOTALS This Period (last page in this line only)				2,133.85
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				4,688.57
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				6,822.42

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 10-23-00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<hr/>	
<u>JG</u> PREPARER	<u>10-27-00</u> DATE PREPARED