FEC FORM 3		T OF RE SBURSE	MENTS		Offi	ce Use Only
1. NAME OF COMMITTEE (in	full) USE FEC MAIL		xample:If typing, ty over the lines	rpe		
		E 				
ADDRESS (number a	nd street)	551 Main Street				
Check if diff						
than previou reported. (A		WN				15901
2. FEC IDENTIFIC	ATION NUMBER 🛛 🗑	CITY 🛋		STA	ATE 🛋	ZIP CODE 🔺
C0001907	5	3. IS THIS REPORT	X NEW (N)	OR	AMENDED (A)	STATE V DISTRICT
	- ((b) 12-Day PF	RE-Election Report Primary (12P) Convention (1:		General (12G) Special (12S)	Runoff (12R)
Octobe	r 15 Quarterly Report (Q3)	Election on				in the State of
Januar	y 31 Year-End Report (YE)	(c) 30-Day PC	DST-Election Repo	rt for the:		
Termin	ation Report (TER)	Election on	General (30G)		Runoff (30R)	Special (30S) in the State of
5. Covering Period	0101	2006	through	03	3 1	2006
-	amined this Report and to the	e best of my knowled t C. Ondick, Trea	-	rue, correct and	complete.	
Type or Print Name of	Treasurer <u>nobel</u>	t C. Ondick, Trea	Surei			
Signature of Treasure	r Electronically Filed by	Robert C. Ondic	k, Treasurer	Date	04	12 2006
NOTE : Submission c	f false, erroneous, or incomp	plete information may	subject the perso	n signing this R	eport to the pena	alties of 2 U.S.C 437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

nage	# 26950032781	SUMMARY PAGE of Receipts and Disbursements		
	FEC Form 3 (Revised 02/2003)	•		Page 2
W	rite or Type Committee Name			
N	URTHA FOR CONGRESS COMMITTEE			
R		M M D D Y Y Y Y 0 1 2 0 0 6	То:	M M J D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		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))	112380.00		1733564.07
	(b) Total Contribution Refunds (from Line 20(d))	0.00		0.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	112380.00		1733564.07
7.	Net Operating Expenditures			
	(a) Total Operating Expenditures (from Line 17)	156956.08		877228.71
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00		4793.53
	(c) Net Operating Expenditures(subtract Line 7(b) from Line 7(a))	156956.08		872435.18
8.	Cash on Hand at Close of Reporting Period (from Line 27)	1482383.19		
Э.	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)	3553.62		

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

mage# 26950032782		DETAILED SUMMARY PAGE of Receipts	D 0
	FEC Form 3 (Revised 02/2003) te or Type Committee Name JRTHA FOR CONGRESS COMMIT	TEE	Page 3
Rep	port Covering the Period: From:	M M D D Y	To: 03 D D Y Y Y Y 03 31 2006
	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. (CONTRIBUTIONS (other than loans) FR	OM:	
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) 	79150.00	1217999.00
	(ii) Unitemized	1730.00	18465.07
	(ii) Uniternized (iii) TOTAL of contributions from individuals	▶ 80880.00	1236464.07
(b) Political Party Committees	0.00	0.00
``	c) Other Political Committees (such as PACS)	31500.00	497100.00
	d) The Candidate e) TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	112380.00	1733564.07
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. L	OANS		
(Made or Guaranteed by the Candidate 	0.00	0.00
(0.00	0.00
	 b) All Other Loans c) TOTAL LOANS (add Lines 13(a) and (b)) 	0.00	0.00
14. 0	OFFSETS TO OPERATING		
E	EXPENDITURES Refunds, Rebates, etc.)	0.00	4793.53
	DTHER RECEIPTS Dividends, Interest, etc.)		37805.83
1	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	122930.24	1776163.43

Image# 26950032783

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003) **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 156956.08 877228.71 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of all Other Loans..... (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other 0.00 0.00 Than Political Committees..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 73701.88 340385.22 21. OTHER DISBURSEMENTS..... 22. TOTAL DISBURSEMENTS 230657.96 1217613.93 (add Lines 17, 18, 19(c), 20(d), and 21)

III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	1590110.91
24.	TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)	122930.24
25.	SUBTOTAL (add Line 23 and Line 24)	1713041.15
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	230657.96
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	1482383.19

Page 4

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS)	Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 5 / 170 (check only one)	
			Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15	
An or	y information copied from such Reports and for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persolates of any political committee to	on for the purpose of soliciting contributions	
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMM	1ITTEE			
́А.	Full Name (Last, First, Middle Initial) Jon Alchin			Date of Receipt	
	Mailing Address 241 South 6th Stree #2311	t		M M / D D / Y Y Y Y Y <thy< th=""> Y</thy<>	
	City Philadelphia	State PA	Zip Code 19106	Transaction ID: SA11A1.25301	
	FEC ID number of contributing	C	19100	Amount of Each Receipt this Period	
	federal political committee.				
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's	
	Receipt For: 2006	Election C	ycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)	
	X Primary General Other (specify) ▼	0 0	1500.00]	
В.	Full Name (Last, First, Middle Initial) Robert W. Baldi	I		Date of Receipt	
	Mailing Address 8286-1 Avenida Nav	vidad		M · M / D · D / Y · Y · Y · Y Y Y · Y · Y · Y Y	
	City State		Zip Code	Transaction ID: SA11A1.25208	
	San Diego FEC ID number of contributing	CA	92122	Amount of Each Receipt this Period	
	federal political committee.	C		100.00	
	Name of Employer General Atomics	Occupation		Limit Increased Due to Opponent's	
	Receipt For: 2006		gram Manager ycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)	
	X Primary General			1	
	Other (specify)	0 0	600.00		
C.	Full Name (Last, First, Middle Initial) Carol Berman			Date of Receipt	
	Mailing Address 2801 New Mexico A	venue, N		M M / D D / Y Y Y Y 03 06 2006	
	City	State	Zip Code	Transaction ID: SA11A1.25303	
	Washington	DC	20007	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Saul Ewing LLP	Occupation Retired	1	Limit Increased Due to Opponent's	
	Receipt For: 2006		ycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)	
	XPrimaryGeneralOther (specify)▼	U U 0 0	500.00]	
s	UBTOTAL of Receipts This Page (optional)		2100.00	
	OTAL This Period (last page this line numb	,	•		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		FOR LINE NUMBER: PAGE 6 / 170 (check only one)
11			Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15
Ar	y information copied from such Reports ar	nd Statements may	not be sold or used by any pers	on for the purpose of soliciting contributions
or	for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and add	dress of any political committee to	o solicit contributions from such committee.
$\left \right\rangle$	MURTHA FOR CONGRESS COM	MITTEE		
Α.	Full Name (Last, First, Middle Initial) Daryl Bever			Date of Receipt
	Mailing Address 17439 Lyons Creek	Road		M · M / D · D / Y · Y · Y · Y Y Y · Y · Y Y
	City	State	Zip Code	Transaction ID: SA11A1.25209
	Jamul	CA	91935	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer General Atomics	Occupation		Limit Increased Due to Oppenent's
	Receipt For: 2006		Manager Sycle-to-Date V	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General			
	Other (specify)	0 0	275.00	
в.	Full Name (Last, First, Middle Initial) Gabriel Bevilacqua			Date of Receipt
	Mailing Address 1000 Susan Road			03 / D D / Y Y Y Y 03 / 06 / 2006
	City	State	Zip Code	Transaction ID: SA11A1.25305
	Philadelphia	PA	19115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Saul Eqing LLP	Occupation	n	
	Receipt For: 2006	Attorney	cycle-to-Date	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	Liection		-
	Other (specify)	0 0	1000.00	
с.	Full Name (Last, First, Middle Initial) Anne Prause Blue			Date of Receipt
	Mailing Address 9756 La Jolla Farm	s Road		M M / D D / Y Y Y Y 03 08 2006
	City	State	Zip Code	Transaction ID: SA11A1.25210
	La Jolla	CA	92037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		767.00
	Name of Employer	Occupation		
	Receipt For: 2006	Homema Election C	ker Sycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	Election		
	Other (specify)		4100.00	
s	UBTOTAL of Receipts This Page (optiona	l)		1842.00
	OTAL This Period (last page this line num			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS)	Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 7 / 170 (check only one) I1a X 11a 11b 11c 11d
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
An	y information copied from such Reports ar for commercial purposes, other than using	d Statements may	v not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\geq	MURTHA FOR CONGRESS COM	<i>I</i> ITTEE		
Α.	Full Name (Last, First, Middle Initial) Anne Prause Blue			Date of Receipt
	Mailing Address 9756 La Jolla Farm	s Road		M · M / D · D / Y · Y · Y · Y Y Y · Y · Y Y
	City	State	Zip Code	Transaction ID: SA11A1.25211
	<u>La Jolla</u>	CA	92037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer	Occupation		
	Receipt For: 2006	Homema	ker sycle-to-Date V	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General	Election		-
	Other (specify)	0 0	4200.00	
в.	Full Name (Last, First, Middle Initial) Chollada Blue			Date of Receipt
	Mailing Address 8473 Prestwick Diiv	'e		03 / D D / Y Y Y Y 08 / 2006
	City	State	Zip Code	Transaction ID: SA11A1.25216
	LaJolla	CA	92121	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1699.50
	Name of Employer	Occupation		
	Descipt For: 2000	Homema		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General	Election C	ycle-to-Date ▼	
	Other (specify) ▼	0 0	1699.50	
с.	Full Name (Last, First, Middle Initial) James Neal Blue	l		Date of Receipt
	Mailing Address 9756 La Lolla Farm	s Road		M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11A1.25212
	<u>La Jolla</u>	CA	92037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		767.00
	Name of Employer General Atomics	Occupation		
	Receipt For: 2006	Chairman Election C	n CEO sycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	Liection		-
	Other (specify) ▼		4100.00	
s	JBTOTAL of Receipts This Page (optiona	l)		2566.50
т	OTAL This Period (last page this line num	ber only)		

S	CHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 8/170
IT	EMIZED RECEIPTS	-	or each category of the	(check only one)
			Detailed Summary Page	12 13a 13b 14 15
Ar	y information copied from such Reports and for commercial purposes, other than using the second s	d Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
$\overline{\nabla}$	NAME OF COMMITTEE (In Full)			
\rangle	MURTHA FOR CONGRESS COMM	IITTEE		
Α.	Full Name (Last, First, Middle Initial) James Neal Blue			Date of Receipt
	Mailing Address 9756 La Lolla Farms	s Road		03 / D D / Y Y Y Y 03 / 08 2006
	City	State	Zip Code	Transaction ID: SA11A1.25213
	La Jolla	CA	92037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer General Atomics	Occupation Chairma		Limit Increased Due to Opponent's
	Receipt For: 2006		Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼	0 0	4200.00]
<u> </u>	Full Name (Last, First, Middle Initial) Linden P. Blue			Date of Receipt
	Mailing Address 8473 Prestwick Driv	е		03 08 2006
	City	State	Zip Code	Transaction ID: SA11A1.25214
	La Jolla	CA	82037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1100.00
	Name of Employer Reconnaissance Aero Syste-	Occupation		
	ms Receipt For: 2006	Presiden Election C	t Svcle-to-Date V	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General			1
	Other (specify) v	0 0	2100.00	
C.	Full Name (Last, First, Middle Initial) Linden P. Blue			Date of Receipt
	Mailing Address 8473 Prestwick Driv	e		03 08 2006
	City	State	Zip Code	Transaction ID: SA11A1.25215
	La Jolla	CA	82037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		599.50
	Name of Employer Reconnaissance Aero Syste-	Occupation		Limit Increased Due to Opponent's
	ms Receipt For: 2006	Presiden Election C	t Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼	1 U	2699.50]
s	UBTOTAL of Receipts This Page (optional))	·····	1799.50
11	OTAL This Period (last page this line numb	ei Ofily)	J	

S	CHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 170 (check only one)			
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page				
Δr	w information conied from such Reports or	nd Statements may		12 13a 13b 14 15 on for the purpose of soliciting contributions			
or	for commercial purposes, other than using	the name and add	dress of any political committee to	on for the purpose of soliciting contributions			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMM	MITTEE					
L	Full Name (Least First Middle Initial)						
Α.	Full Name (Last, First, Middle Initial) Linden S. Blue			Date of Receipt			
	Mailing Address 3550 General Atom	ics Court		M M / D D / Y Y Y Y 03 08 2006			
	City	State	Zip Code	Transaction ID: SA11A1.25218			
	San Diego	CA	92121	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		867.00			
	Name of Employer General Atomics	Occupation					
	Receipt For: 2006	Vice Cha Election C	Gycle-to-Date V	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
	Primary X General		3200.00	1			
	Other (specify)	0 0	3200.00				
в.	Full Name (Last, First, Middle Initial) Mr. James Brown			Date of Receipt			
	Mailing Address 1602 Sorrell Road			03 / P D / Y Y Y Y 03 06 2006			
	City	State	Zip Code	Transaction ID: SA11A1.25307			
	Malvern	PA	19355	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer SCP Private Equity Partne-	Occupation	n				
	rs Receipt For: 2006	Partner Election C	Cycle-to-Date V	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
	X Primary General		· · · · · · · · · · ·	1			
	Other (specify)		1500.00				
с.	Full Name (Last, First, Middle Initial) Mr. Louis Brown, Jr.			Date of Receipt			
	Mailing Address 4801 Maury Lane			03 20 2006			
	City	State	Zip Code	Transaction ID: SA11A1.25247			
	Alexandria	VA	22304	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Autometric, Inc.	Occupation					
	Receipt For: 2006	Chairman Election C	n Cycle-to-Date 🔻	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
	Primary X General Other (specify) v	0 0	3000.00]			
		D.		2867.00			
	UBTOTAL of Receipts This Page (optiona	I)					
т	TOTAL This Period (last page this line number only)						

	CHEDULE A (FEC Form 3 EMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 170 (check only one) X X 11a 12 13a 13b 14
Ar	y information copied from such Reports an for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any personners of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMM			
<u>́</u> А.	Full Name (Last, First, Middle Initial) Wendy Brown			Date of Receipt
	Mailing Address			03 20 Y Y Y Y 03 20 06
	City	State	Zip Code	Transaction ID: SA11A1.25248
	FEC ID number of contributing federal political committee.	C	· · · · · · · ·	Amount of Each Receipt this Period 1000.00
	Name of Employer	Occupation		_
				Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial)			
В.	Jay Carson Mailing Address 1237 Buttonwood C	ourt		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11A1.25250
	El Cajon	CA 92019		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer General Dynamics - Nassaw	Occupation		Limit Increased Due to Opponent's
	Receipt For: 2006	VP Engin Election C	sycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		350.00]
 c.	Full Name (Last, First, Middle Initial) Cristina Cavalieri			Date of Receipt
	Mailing Address 1709 Rittenhouse S	quare		M M / D D / Y Y Y Y 03 06 2006
	City	State	Zip Code	Transaction ID: SA11A1.25308
	Philadelphia	PA	19103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify)	0 0	1000.00]
s	UBTOTAL of Receipts This Page (optional)		2350.00
т	OTAL This Period (last page this line numb	per only)		

 $\mathsf{FEC}\mathsf{Schedule}\,\mathsf{A}\,(\mathsf{Form}\,\mathsf{3}$) $\mathsf{Rev}.\,02/2003$

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS)	Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 11 / 170 (check only one)
••			Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15
Ar or	y information copied from such Reports ar for commercial purposes, other than using	nd Statements may the name and add	/ not be sold or used by any persolated by any persolated by any political committee to	on for the purpose of soliciting contributions
$\left \right $	NAME OF COMMITTEE (In Full)			
	MURTHA FOR CONGRESS COM	MITTEE		
Á.	Full Name (Last, First, Middle Initial) Aaron Cohen			Date of Receipt
	Mailing Address 15615 Royal Wood	s Court		03 08 2006
	City	State	Zip Code	Transaction ID: SA11A1.25219
	San Diego	CA	92121	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer General Atomics	Occupation		
	Receipt For: 2006	Vice Cha	irman sycle-to-Date V	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		- 	1
	Other (specify)	0 0	1500.00	
В.	Full Name (Last, First, Middle Initial) David Cohen			Date of Receipt
	Mailing Address 7309 Huron Lane			03 06 YYYYY 03 06
	City	State	Zip Code	Transaction ID: SA11A1.25310
	Philadelphia	PA	19119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Comcast Corp	Occupation		
	Receipt For: 2006	Executive Election C	e VP sycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		- 	1
	Other (specify)		1000.00	
С.	Full Name (Last, First, Middle Initial) Mr. Cordis Colburn	•		Date of Receipt
	Mailing Address 7618 Glenville Ct.			M M / D D / Y Y Y Y 03 20 2006
	City	State	Zip Code	Transaction ID: SA11A1.25255
	Springfield	VA	22153	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer General Dynamics	Occupation		
	Receipt For: 2006		ent Relations	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General			1
	Other (specify)	0 0	2000.00	
s	UBTOTAL of Receipts This Page (optiona	l)		3500.00
т	OTAL This Period (last page this line num	ber only)		

	CHEDULE A (FEC Form 3 EMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 170 (check only one) (check only one) X 11a 11b 11c 11d 12 13a 13b 14 15
Ar	y information copied from such Reports an for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persol dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMM	1ITTEE		
Α.	Full Name (Last, First, Middle Initial) A. Steven Crown			Date of Receipt
	Mailing Address 222 North LaSalle S	Street		03 / D D / Y Y Y Y 08 2006
	City Chicago	State IL	Zip Code 60601	Transaction ID: SA11A1.25221 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer	Occupation	1	
	Receipt For: 2006 X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 2000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
в.	Full Name (Last, First, Middle Initial) Rebecca Crown			Date of Receipt
	Mailing Address 17 Woodley Road			03 / D D / Y Y Y Y 03 08 2006
	City	State	Zip Code	Transaction ID: SA11A1.25223
	Winnet FEC ID number of contributing		60093	Amount of Each Receipt this Period
	federal political committee.	C		2000.00
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) $rightarrow$	0 0	2000.00]
с.	Full Name (Last, First, Middle Initial) Beverly Daly	•		Date of Receipt
	Mailing Address 12741 Gold Cup Tra	ail		M M / D D / Y Y Y Y 03 20 2006
	City Manassas	State VA	Zip Code 20112-3684	Transaction ID: SA11A1.25256 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer MTS Technologies	Occupation	1	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) $rightarrow$	0 0	1500.00]
s	UBTOTAL of Receipts This Page (optional)		5500.00
т	OTAL This Period (last page this line numb	per only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS)	Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 13 / 170 (check only one)			
			Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15			
Ar	ny information copied from such Reports ar for commercial purposes, other than using	nd Statements may	not be sold or used by any persoletical committee to	on for the purpose of soliciting contributions			
$\overline{\nabla}$	NAME OF COMMITTEE (In Full)						
\mathbb{Z}	MURTHA FOR CONGRESS COM	MITTEE					
Α.	Full Name (Last, First, Middle Initial) Donald Dame			Date of Receipt			
	Mailing Address 6501 Stonehaven F	Ridge		03 20 Y Y Y Y Y 206			
	City	State	Zip Code	Transaction ID: SA11A1.25258			
	Springfield	IL	62707	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's			
	Receipt For: 2006	Election C	ycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)			
	X Primary General Other (specify)	0 0	250.00]			
в.	Full Name (Last, First, Middle Initial) Mrs. Diana Diamond			Date of Receipt			
	Mailing Address 4700 Brandywine S	treet, NW		M M / D D / Y Y Y Y 03 06 2006			
	City	State	Zip Code	Transaction ID: SA11A1.25312			
	Washington	DC	20016-4450	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer	Occupation		Limit Ingrased Due to Opponentia			
	Receipt For: 2006	Homema Election C	ker ycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
	X Primary General			1			
	Other (specify)		2000.00				
с.	Full Name (Last, First, Middle Initial) Thomas Dickens			Date of Receipt			
	Mailing Address PO Box 1957			03 20 2006			
	City	State	Zip Code	Transaction ID: SA11A1.25260			
	Lauguna Beach	CA	92652	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1500.00			
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's			
	Receipt For: 2006	Election C	ycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)			
	X Primary General Other (specify) ▼	0 0	1500.00]			
s	UBTOTAL of Receipts This Page (optiona	l)		2750.00			
		,					
Т	TOTAL This Period (last page this line number only)						

 $\mathsf{FEC}\mathsf{Schedule}\,\mathsf{A}\,(\mathsf{Form}\,\mathsf{3}$) $\mathsf{Rev}.\,02/2003$

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 170
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
MURTHA FOR CONGRESS COM	MITTEE		
Full Name (Last, First, Middle Initial) A. David H. Fine			Date of Receipt
Mailing Address 109 Lexington Rd.			01 25 2006
City	State	Zip Code	Transaction ID: SA11A1.24841
Lincoln	MA	01773	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Cyterra Corp.	Occupatio	n	Limit Increased Due to Opponent's
Receipt For: 2006	CEO Election C	Cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General		1000.00	1
Other (specify)	0 0	1000.00	
Full Name (Last, First, Middle Initial) B. S. David Fineman			Date of Receipt
Mailing Address 335 Woodley Rd.			03 06 YYYYY 03 06
City	State	Zip Code	Transaction ID: SA11A1.25313
Merion Station	PA	19066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Fineman & Bach, P.C.	Occupatio	n	
Receipt For: 2006	Attorney	Cycle-to-Date V	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General	Liection		1
Other (specify)	0 0	1500.00	
Full Name (Last, First, Middle Initial) C. Daniel Gonzalez	·		Date of Receipt
Mailing Address 3760 A. Calle Taca	te		M M / D D / Y Y Y Y 03 20 2006
City	State	Zip Code	Transaction ID: SA11A1.25262
<u>Camarillo</u>	CA	91935	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1500.00
Name of Employer NASSCO	Occupatio		
Receipt For: 2006	VP of Op Election (oerations Cycle-to-Date V	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General	Election		1
Other (specify)	0 0	1500.00	
SUBTOTAL of Receipts This Page (optional	ι)		3500.00
TOTAL This Period (last page this line num	ber only)	· · · · · ·	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS)	Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 15 / 170 (check only one)
			Detailed Summary Page	12 13a 13b 14 15
Ar or	y information copied from such Reports an for commercial purposes, other than using	d Statements may the name and add	r not be sold or used by any persol lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMM	NITTEE		
<u>к</u>	Full Name (Last, First, Middle Initial) Ms Janice Grace			Date of Receipt
	Mailing Address PO Box 1111			M M / D D / Y Y Y Y 03 20 2006
	City	State	Zip Code	Transaction ID: SA11A1.25264
	Jamul	CA	91935	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer NASSCO	Occupation Vice Pres	n sident of Operations	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify)	0 0	250.00]
в.	Full Name (Last, First, Middle Initial) Anthony Green	I		Date of Receipt
	Mailing Address 611 Hazelwood Ave	nue		03 / D D / Y Y Y Y 020 / D D / 2006
	City	State	Zip Code	Transaction ID: SA11A1.25314
	Ardmore	PA	19003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	250.00]
с.	Full Name (Last, First, Middle Initial) Sam Gurol	•		Date of Receipt
	Mailing Address 7075 Rockrose Terr	ace		M · M / D · D / Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·
	City	State	Zip Code	Transaction ID: SA11A1.25225
	Carlsbad	CA	92009-3955	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer General Atomics	Occupation Program		Limit Increased Due to Opponent's
Receipt For: 2006			ycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	600.00]
s	UBTOTAL of Receipts This Page (optiona)		600.00
т	OTAL This Period (last page this line num	per only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 16 / 170 (check only one)
			Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15
Ar or	y information copied from such Reports and for commercial purposes, other than using the	Statements may	not be sold or used by any persolverse of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMI	TTEE		
<u>А.</u>	Full Name (Last, First, Middle Initial) Frederick Harris			Date of Receipt
	Mailing Address 232 Rosemont Street			M M / D D / Y
	City LaJolla	State CA	Zip Code 92037	Transaction ID: SA11A1.25265 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer NASSCO	Occupation President		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 1000.00	Spending (2 0.5.0. 44 ra(1)/44 ra-1)
в.	Full Name (Last, First, Middle Initial) Mr. Peter Hearn, Esq.			Date of Receipt
	Mailing Address 519 Pine Street			03 / 06 / Y Y Y Y Y 2006
	City Philadelphia	State PA	Zip Code 19109-1097	Transaction ID: SA11A1.25316 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Peter Hearn, P.C.	Occupation Attorney	1	Limit Increased Due to Opponent's
	Receipt For: 2006 X Primary General	· · · · · ·	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Other (specify)	0 0	1750.00	
с.	Full Name (Last, First, Middle Initial) Philip Jeter			Date of Receipt
	Mailing Address 14326 Dalhousie Roa	ad		03 08 2006
	City Com Diana	State	Zip Code	Transaction ID: SA11A1.25227
	San Diego FEC ID number of contributing	CA	92129-4334	Amount of Each Receipt this Period
	federal political committee.			75.00
	Name of Employer General Atomics	Occupation Lead Eng	ו jineer-MAGLEV	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 250.00	Spending (2 0.3.0. 44 ra(i)/44 ra-1)
s	UBTOTAL of Receipts This Page (optional)			2075.00
т	OTAL This Period (last page this line numbe	er only)		

S	CHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 170
	EMIZED RECEIPTS	,	or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15
An	v information copied from such Reports an	d Statements may	/ not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using	the name and add	dress of any political committee to	solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)			
\backslash	MURTHA FOR CONGRESS COM	<i>I</i> ITTEE		
Α.	Full Name (Last, First, Middle Initial) Jackson Kemper, III			Date of Receipt
	Mailing Address 325 Nickels Dr. SW			M M M / D D / Y Y Y Y Y 03 20 2006
	City	State	Zip Code	Transaction ID: SA11A1.25267
	Leesburg	VA	20175-4300	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer Cryptek	Occupation VP Govt		Limit Increased Due to Opponent's
	Receipt For: 2006		Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		1000.00	1
	Other (specify)	0 0	1800.00	
В.	Full Name (Last, First, Middle Initial) Mr. John Kimball			Date of Receipt
	Mailing Address 201 N. Julian Street	t		M M M / D D / Y Y Y Y Y Y 03 06 2006
	City State		Zip Code	Transaction ID: SA11A1.25317
	Ebensburg	PA	15931	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2100.00
	Name of Employer L. Robert Kimball & Assoc.	Occupation Sr. VP B	n usiness Development	Limit Increased Due to Opponent's
	Receipt For: 2006	Election Cycle-to-Date 2100.00		Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General			
		0 0		
C.	Full Name (Last, First, Middle Initial) Mr. John Kimball			Date of Receipt
	Mailing Address 201 N. Julian Street	t		03 / D D / Y Y Y Y 066 / 2006
	City	State	Zip Code	Transaction ID: SA11A1.25318
	Ebensburg	PA	15931	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer L. Robert Kimball & Assoc.			Limit Increased Due to Opponent's
	Receipt For: 2006		usiness Development	Spending (2 U.S.C. 441a(i)/441a-1)
Primary X General				1
	Other (specify)	0 0	2500.00	1
s	UBTOTAL of Receipts This Page (optiona	l)		4000.00
Т	OTAL This Period (last page this line num	ber only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 170 (check only one)
Ar	y information copied from such Reports and for commercial purposes, other than using t	I Statements may	v not be sold or used by any pers	12 13a 13b 14 15 on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMM			Solicit contributions from such committee.
<u>к</u>	Full Name (Last, First, Middle Initial) Leonard Klehr			Date of Receipt
	Mailing Address 260 S. Broad St. 4th		7.0.1	03 / 06 / Y Y Y Y 2006
	City Philadelphia	State PA	Zip Code 19102	Transaction ID: SA11A1.25319 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Klehr & Harrison Law Firm	Occupation Partner		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General Other (specify) ▼		ycle-to-Date ▼ 2000.00]
в.	Full Name (Last, First, Middle Initial) Susan Klehr			Date of Receipt
	Mailing Address 237 S. 18th Street #20B			03 / 06 / Y Y Y Y 2006
	City Philadelphia	State PA	Zip Code 19103	Transaction ID: SA11A1.25320 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer	Occupation Homema		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0.0	2000.00	
с.	Full Name (Last, First, Middle Initial) Mr. Bernard Kohn, III			Date of Receipt
	Mailing Address 668 Greenwich Stree	et #1031		M M / D D / Y Y Y Y 03 06 2006
	City	State	Zip Code	Transaction ID: SA11A1.25322
	New York	NY	10014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Angelo Gordon & Co.	Occupation VP Finan	ce	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)		······	5000.00
т	OTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS)	Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 19 / 170 (check only one)
••			Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15
Ar	y information copied from such Reports ar	nd Statements may	/ not be sold or used by any perso	on for the purpose of soliciting contributions
$\overline{\mathbf{n}}$	NAME OF COMMITTEE (In Full)	the name and add		
\geq	MURTHA FOR CONGRESS COM	MITTEE		
Α.	Full Name (Last, First, Middle Initial) Nancy Kolb			Date of Receipt
	Mailing Address 4003 Mechanicsville	e Road		M M / D D / Y Y Y Y 03 06 2006
	City	State	Zip Code	Transaction ID: SA11A1.25323
	Doylestown	PA	18901-1619	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Please Touch Museum	Occupation	n	
	Receipt For: 2006	CEO Election C	Sycle-to-Date	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General			1
	Other (specify)		1000.00	
в.	Full Name (Last, First, Middle Initial) Roger Krone			Date of Receipt
	Mailing Address 2125 Inverness Lar	ie		03 / D D / Y Y Y Y 03 / 06 2006
	City	State	Zip Code	Transaction ID: SA11A1.25325
	Berwyn	PA	19312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Boeing	Occupation		
	Receipt For: 2006	Manager Election C	cycle-to-Date	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General			1
	Other (specify) v		2000.00	
с.	Full Name (Last, First, Middle Initial) Mr. Robert Leathers			Date of Receipt
	Mailing Address 655 W. Valencia Dr	ive		M M / D D / Y Y Y Y 03 08 2006
	City	State	Zip Code	Transaction ID: SA11A1.25229
	Fullerton	CA	92832	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer Cartwright Electronics	Occupation		Limit Increased Due to Opponent's
	Receipt For: 2006	President Election C	t Sycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General			1
	Other (specify)		1500.00	
s	UBTOTAL of Receipts This Page (optiona	(ال		3500.00
т	OTAL This Period (last page this line num	ber only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 170 (check only one) X X 11a
Ar or	ny information copied from such Reports and for commercial purposes, other than using t	d Statements may the name and add	r not be sold or used by any pers tress of any political committee to	12 13a 13b 14 15 on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMM	IITTEE		
Α.	Full Name (Last, First, Middle Initial) Robert Lieberman			Date of Receipt
	Mailing Address 1309 Florwood Aver	lue		03 / D D / Y Y Y Y 2006
	City Fullerton	State CA	Zip Code	Transaction ID: SA11A1.25230
	FEC ID number of contributing federal political committee.	C	90503	Amount of Each Receipt this Period 1500.00
	Name of Employer Intelligent Optical Syste- ms	Occupation		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 1500.00	
в.	Full Name (Last, First, Middle Initial) Joseph, Jr. Mahoney			Date of Receipt
	Mailing Address 733 Waverly Road			03 / D D / Y Y Y Y 02006
	City	State	Zip Code	Transaction ID: SA11A1.25326
	Bryn Mawr	PA	19010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Philadelphia Chamber of Comm.	Occupation		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General	Election C	ycle-to-Date 🔻	
	Other (specify)	0 0	2000.00	
C.	Full Name (Last, First, Middle Initial) Patricia Mahoney			Date of Receipt
	Mailing Address 733 Waverly Road			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11A1.25327
	Bryn Mawr	PA	19010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Brooks Gift Gallery	Occupation Owner	1	Limit Increased Due to Opponent's
	Receipt For: 2006		ycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	2000.00]
s	UBTOTAL of Receipts This Page (optional))		3500.00
т	OTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 170 (check only one) X X 11a
Ar	y information copied from such Reports and for commercial purposes, other than using	d Statements may	not be sold or used by any pers	12 13a 13b 14 15 on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMM			
Α.	Full Name (Last, First, Middle Initial) Alan R. Mauk			Date of Receipt
	Mailing Address 2121 Jamieson Ave Unit 1405			M M / D D / Y
	City Alexandria	State VA	Zip Code 22314	Transaction ID: SA11A1.25232 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Alan Mauk, Ltd. Receipt For: 2006	Occupation Lobbyist Election C	n ycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	500.00	
в.	Full Name (Last, First, Middle Initial) A. Melissa Maxfield			Date of Receipt
	Mailing Address 8947 Donna Lou Dri	ve		03 / D D / Y Y Y Y 06 2006
	City	State	Zip Code	Transaction ID: SA11A1.25328
	Odessa	FL	33556-1908	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Comcast Corp	Occupation Sr Direct	n or Govt Affairs	Limit Increased Due to Opponent's
	Receipt For: 2006		ycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	250.00	
с.	Full Name (Last, First, Middle Initial) Joseph McCormick			Date of Receipt
•	Mailing Address 328 Echo Valley Lar	ne		0 3 0 6 Y Y Y Y Y 0 3 0 6 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.25330
	Newtown Square	PA	19073	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Public Financial Mgmt.	Occupation Attorney	1	Limit Increased Due to Opponent's
	Receipt For: 2006		ycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	2000.00	
s	UBTOTAL of Receipts This Page (optional)		1750.00
т	OTAL This Period (last page this line numb	per only)		

50	CHEDULE A (FEC Form 3)		FOR LINE NUMBER: PAGE 22 / 170
	•)	Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d
				12 13a 13b 14 15
An	y information copied from such Reports an	d Statements may	y not be sold or used by any pers	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			Solicit contributions from such committee.
	MURTHA FOR CONGRESS COM			
	MURTHA FOR CONGRESS COM			
<u> </u>	Full Name (Last, First, Middle Initial)			
Α.	Vanda McMurtry			Date of Receipt
	Mailing Address 2125 Gren Street			M M / D D / Y Y Y Y 03 06 2006
	City	State	Zip Code	
	City Philadelphia	PA	19130-3110	Transaction ID: SA11A1.25331
			19130-3110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Univ of Pennsylvania	Occupation	n	
	;			Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General	Election C	Cycle-to-Date ▼	
	Other (specify)		1000.00	
		0 0		-
	Full Name (Last, First, Middle Initial)			
В.	Scott Mirkin			Date of Receipt
	Mailing Address 1 Windsor Ct.			M M / D D / Y Y Y Y
	0.1	01-11-	7	03 06 2006
	City	State	Zip Code	Transaction ID: SA11A1.25333
	Sewell	NJ	08080	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer ESM Productions	Occupation		
		Presiden	•	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General	Election Cycle-to-Date		
	Other (specify)		1000.00	
		0 0		
	Full Name (Last, First, Middle Initial)	•		
C.	Mrs. Susan L. Oakley			Date of Receipt
	Mailing Address 6511 Gretna Green	Way		03 / D D / Y Y Y Y 020 2006
	City	State	Zip Code	Transaction ID: SA11A1.25268
	Alexandria	VA	22312	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		1500.00
	Name of Employer Metropolitan Travel Servi-	Occupation Travel Ag		Limit Increased Due to Opponent's
	ce Receipt For: 2006	` !	Gent Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General			
	Other (specify) ▼		4000.00	
_				-
		·		
s	UBTOTAL of Receipts This Page (optiona	I)		3500.00
Т (OTAL This Period (last page this line num	ber only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 170 (check only one) X 11a 11b 11c 11d
			Detailed Summary Page	12 13a 13b 14 15
Ar	y information copied from such Reports and for commercial purposes, other than using th	Statements may	not be sold or used by any pers	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
\geq	MURTHA FOR CONGRESS COMM	ITTEE		
Α.				Date of Receipt
	Mailing Address 6511 Gretna Green V	Way		03 / 20 / Y Y Y Y 2006
	City	State	Zip Code	Transaction ID: SA11A1.25269
	Alexandria	VA	22312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer MTS Technologies	Occupation Director	n	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼	0 0	4000.00]
В.	Full Name (Last, First, Middle Initial) Susan Ohnesorgen			Date of Receipt
	Mailing Address 5954 Wilton Road			M M / D D / Y Y Y Y 03 20 2006
	City	State	Zip Code	Transaction ID: SA11A1.25270
	Alexandria	VA	22310	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer MTS Tech	Occupation		
	Receipt For: 2006	Dir of Op	erations Cycle-to-Date V	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General			1
	Other (specify) v	0 0	4000.00	
с.	Full Name (Last, First, Middle Initial) Charles Pizzi			Date of Receipt
5.	Mailing Address 8601 Thomas Mill Dr	ive		M M / D D / Y Y Y Y
	City	State	Zip Code	0 3 0 6 2 0 0 6 Transaction ID: SA11A1.25336
	Philadelphia	PA	19128	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Tasty Baking Co	Occupation Pres. & C		Limit Increased Due to Opponent's
	Receipt For: 2006		Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify)		1500.00]
s	UBTOTAL of Receipts This Page (optional)			3500.00
Т	OTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3)		FOR LINE NUMBER: PAGE 24 / 170				
ITEMIZED RECEIPTS	,	Use separate schedule(s) or each category of the	(check only one)				
II EMIZED RECEIPIS		Detailed Summary Page					
			12 13a 13b 14 15				
Any information copied from such Reports ar or for commercial purposes, other than using	the name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
MURTHA FOR CONGRESS COM	MITTEE						
Full Name (Last, First, Middle Initial) A. Sue Pontus			Date of Receipt				
Mailing Address			M · M / D · D / Y · Y · Y · Y Y Y · Y · Y Y				
City	State	Zip Code	Transaction ID: SA11A1.25275 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		1500.00				
Name of Employer	Occupatio	n	Limit Increased Due to Opponent's				
Receipt For: 2006	Election (Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)				
X Primary General		-	-				
Other (specify)	0 0	1500.00					
Full Name (Last, First, Middle Initial) B. Michael R. Reed			Date of Receipt				
Mailing Address 12332 Caminito Es	mero		M · M / D · D / Y · Y · Y · Y Y				
City	State	Zip Code	Transaction ID: SA11A1.25233				
San Diego	CA	92130	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		350.00				
Name of Employer General Atomics	Occupatio VP-EMS		Limit Increased Due to Opponent's				
Receipt For: 2006	I	Cycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)				
X Primary General		1100.00					
Other (specify)	0 0						
Full Name (Last, First, Middle Initial) David I. Roberts			Date of Receipt				
Mailing Address 647 Dell Street			M M / D D / Y				
City	State	Zip Code	Transaction ID: SA11A1.25234				
Solana Beach	CA	92075	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		500.00				
Name of Employer General Atomics	Occupatio Senior V	ⁿ P-ATG Group	Limit Increased Due to Opponent's				
Receipt For: 2006	Election C	Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)				
Primary X General Other (specify) ▼		3500.00]				
SUBTOTAL of Receipts This Page (optional	SUBTOTAL of Receipts This Page (optional)						
TOTAL This Period (last page this line num	ber only)						

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS)	Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 25 / 170 (check only one)
			Detailed Summary Page	12 13a 13b 14 15
Ar	y information copied from such Reports and for commercial purposes, other than using t	d Statements may	not be sold or used by any pers	on for the purpose of soliciting contributions
$\overline{\nabla}$	NAME OF COMMITTEE (In Full)			
\geq	MURTHA FOR CONGRESS COMM	IITTEE		
Α.	Full Name (Last, First, Middle Initial) Lisa Roper			Date of Receipt
	Mailing Address 1714 Wichham Way	1		M M / D D / Y
	City	State MD	Zip Code	Transaction ID: SA11A1.25277
	Crofton		21114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer ISPA Technology	Occupation		
	Receipt For: 2006	Managing	g Partner sycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	Election	-	-
	Other (specify)	0 0	1600.00	
в.	Full Name (Last, First, Middle Initial) Mr. Ronald Rubin			Date of Receipt
	Mailing Address 243 Conshohocken	State Road		03 06 Y Y Y Y Y 03 06
	City	State	Zip Code	Transaction ID: SA11A1.25337
	Narberth	PA	19072	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer PA Real Estate Investment	Occupation		
	Trust			Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General	Election C	ycle-to-Date ▼	
	Other (specify) ▼	0 0	2000.00	
с.	Full Name (Last, First, Middle Initial) Susan Samueli			Date of Receipt
	Mailing Address 537 Newport Center	Dr. PMB 372		03 / D D / Y Y Y Y 03 08 2006
	City	State	Zip Code	Transaction ID: SA11A1.25235
	Newport Beach	CA	92660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		2100.00
	Name of Employer H & S Ventures, LLC	Occupation	1	
		Owner	avela ta Data	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General		ycle-to-Date ▼	
	Other (specify)	0 0	2100.00	
s	UBTOTAL of Receipts This Page (optional)			3200.00
т	OTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 170 (check only one) (check only one) X 11a 11b 11c 11d 12 13a 13b 14 15
Ar or	y information copied from such Reports and for commercial purposes, other than using t	I Statements may he name and add	r not be sold or used by any persolites of any political committee to	on for the purpose of soliciting contributions
$\left \right>$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMM	ITTEE		
Α.				Date of Receipt
	Mailing Address 537 Newport Center			03 / 08 / Y Y Y Y 2006
	City Newport Beach	State CA	Zip Code 92660	Transaction ID: SA11A1.25236 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		900.00
	Name of Employer H & S Ventures, LLC	Occupation Owner		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary X General Other (specify) ▼	Election C	ycle-to-Date ▼ 3000.00]
в.	Full Name (Last, First, Middle Initial) Shelley Schimkus			Date of Receipt
	Mailing Address 8497 Silverview Driv	-		03 / 20 / Y Y Y Y 2006
	City Lorton	State VA	Zip Code 22079	Transaction ID: SA11A1.25278 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer	Occupation		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary X Other (specify)	Election C	ycle-to-Date ▼ 4000.00	
с.	Full Name (Last, First, Middle Initial) Timothy Schimkus	•		Date of Receipt
	Mailing Address 8497 Silverview Driv	e		M M / D D / Y Y Y Y 03 20 2006
	City	State	Zip Code	Transaction ID: SA11A1.25279
	Lorton	VA	22079	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer MTS Technologies Inc Receipt For: 2006		n ancial Officer ycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼		4000.00]
s	UBTOTAL of Receipts This Page (optional)		······	3900.00
т	OTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS) Use separate schedule(s) or each category of the		FOR LINE NUMBER: PAGE 27 / 170 (check only one)
			Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15
Ar or	y information copied from such Reports and for commercial purposes, other than using t	d Statements may the name and add	v not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMM	IITTEE		
<u>۸</u> .	Full Name (Last, First, Middle Initial) James Scrivener			Date of Receipt
	Mailing Address 8497 Silverview Drive			M M / D D / Y Y Y Y 0 3 2 0 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.25280
	Lorton	VA	22182-3357	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer ITAC	Occupation	1	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	1500.00	
в.	Full Name (Last, First, Middle Initial) Arthur Serpa			Date of Receipt
	Mailing Address 74 Cowesett Avenue)		M M / D D / Y Y Y Y 02 20 20 20 6
	City	State	Zip Code	Transaction ID: SA11A1.25282
	West Warwick	RI	02893	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	250.00	
с.	Full Name (Last, First, Middle Initial) Joan Stern, Esq.			Date of Receipt
	Mailing Address 135 South 19th Stree	et		M · M / D · D / Y · Y · Y · Y Y Y · Y · Y Y
	City	State	Zip Code	Transaction ID: SA11A1.25338
	Philadelphia	PA	19103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Blank Rome LLP	Occupation Partner	1	Limit Increased Due to Opponent's
	Receipt For: 2006		ycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼	0 0	3000.00	
s	UBTOTAL of Receipts This Page (optional))		2750.00
т	OTAL This Period (last page this line numb	er only)		

S	CHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 170			
	EMIZED RECEIPTS	•	or each category of the	(check only one) X 11a 11b 11c 11d			
			Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15			
Ar	y information copied from such Reports and	Statements may	not be sold or used by any perso	on for the purpose of soliciting contributions			
or	for commercial purposes, other than using the	he name and add	dress of any political committee to	o solicit contributions from such committee.			
$ \rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMM	ITTEE					
\square		··· ·					
Α.	Full Name (Last, First, Middle Initial) Martin Stoops			Date of Receipt			
	Mailing Address 10068 Riverhead Dri	ve		M M / D D / Y Y Y Y 03 20 2006			
	City	State	Zip Code	Transaction ID: SA11A1.25284			
	San Diego	CA	92129	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer	Occupation	n	-			
				Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
	Receipt For: 2006 X Primary General	Election C	Cycle-to-Date ▼				
	Other (specify) ▼		250.00				
	Full Name (Last, First, Middle Initial)						
В.	Bayard Storey			Date of Receipt			
	Mailing Address 1919 Brandywine Str	reet		03 06 Y Y Y Y 03 06			
	City	State	Zip Code	Transaction ID: SA11A1.25339			
	Philadelphia	PA	19118	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		1000.00			
	· · · · · · · · · · · · · · · · · · ·						
	Name of Employer Univ. of Pennsylvania	Occupation	n r Emeritus	Limit Increased Due to Opponent's			
	Receipt For: 2006	Election Cycle-to-Date V 1000.00		Spending (2 U.S.C. 441a(i)/441a-1)			
	X Primary General			1			
	Other (specify)	0 0	1000.00				
<u>с.</u>	Full Name (Last, First, Middle Initial) Michael Toner			Date of Receipt			
	Mailing Address 23 Niles Road			M M / D D / Y Y Y Y			
	City	State	Zip Code	0 3 2 0 2 0 0 6 Transaction ID: SA11A1.25286			
	Nystic	CT	03655	Amount of Each Receipt this Period			
	FEC ID number of contributing	C		1000.00			
	federal political committee.	C					
	Name of Employer General Dynamics	Occupation					
	Receipt For: 2006	Exec. V F	o Sycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
	X Primary General			1			
	Other (specify)		2000.00	1			
s	UBTOTAL of Receipts This Page (optional)		······	2250.00			
				-			
Т	TOTAL This Period (last page this line number only)						

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS		or each category of the		FOR LINE NUMBER: PAGE 29 / 170 (check only one)
			Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15
Ar	y information copied from such Reports an	d Statements may	not be sold or used by any persolution of any political committee to	on for the purpose of soliciting contributions
$\overline{\sum}$	NAME OF COMMITTEE (In Full)			
\geq	MURTHA FOR CONGRESS COMM	NITTEE		_
Α.	Full Name (Last, First, Middle Initial) James Walti			Date of Receipt
	Mailing Address 7863 Entrada Ange	lica		M M / D D / Y Y Y Y 03 / 08 / 2006
	City	State	Zip Code	Transaction ID: SA11A1.25237
	San Diego	CA	92127	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer General Atomics	Occupation		
	Receipt For: 2006	Senior VI	ycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General			1
	Other (specify)	0 0	500.00	
в.	Full Name (Last, First, Middle Initial) Joseph Waz			Date of Receipt
	Mailing Address 46 Summit Street			03 06 Y Y Y Y 03 06
	City	State	Zip Code	Transaction ID: SA11A1.25341
	Philadelphia	PA	19118	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Comcast Corp	Occupation		
	Receipt For: 2006		nal Affais ycle-to-Date 🔻	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General			1
	Other (specify)	0 0	1000.00	
с.	Full Name (Last, First, Middle Initial) Atty. Stephen R. Wojdak			Date of Receipt
-	Mailing Address 200 S. Broad St. #8	50		M M / D D / Y Y Y Y 03 06 2006
	City	State	Zip Code	Transaction ID: SA11A1.25343
	Philadelphia	PA	19102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer S.R. Wojdak and Associates	Occupation	1	
	Receipt For: 2006	Attorney	ycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General			1
	Other (specify)	0 0	2000.00	
s	UBTOTAL of Receipts This Page (optiona)		3500.00
т	OTAL This Period (last page this line num	ber only)	I	

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 170
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	12 13a 13b 14 15
Ar	ly information copied from such Reports ar	nd Statements may	y not be sold or used by any pers	on for the purpose of soliciting contributions osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	The name and du		
$\left \right\rangle$	MURTHA FOR CONGRESS COM	MITTEE		
Α.	Full Name (Last, First, Middle Initial) Harold Yoh			Date of Receipt
	Mailing Address 410 Orchard Way			03 / D D / Y Y Y Y 03 / 06 / 2006
	City	State	Zip Code	Transaction ID: SA11A1.25344
	Saint Davids	PA	19087	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			1000.00
	Name of Employer Day & Zimmerman, Inc.	Occupation Chairman		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	1000.00	
в.	Full Name (Last, First, Middle Initial) Michael Yoh			Date of Receipt
	Mailing Address 1818 Market St. 22 Fl			03 / 06 / Y Y Y Y 03 / 06
	City	State	Zip Code	Transaction ID: SA11A1.25345
	Philadelphia	PA	19103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Day & Zimmerman	Occupation		
	Receipt For: 2006		t Munitions/Logistics	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	Election Cycle-to-Date V		-
	Other (specify) v	0 0	1000.00	
с.	Full Name (Last, First, Middle Initial) Walter Zable	•		Date of Receipt
	Mailing Address 9333 Balboa Ave			M · M / D · D / Y
	City	State	Zip Code	Transaction ID: SA11A1.25287
	San Diego	CA	92123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Cubic Corp	Occupation COB & C		Limit Increased Due to Opponent's
	Receipt For: 2006		Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	2000.00	
s	UBTOTAL of Receipts This Page (optiona	ـــــــــــــــــــــــــــــــــــــ		4000.00
	OTAL This Period (last page this line num	,		
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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 170 (check only one) X X 11a 11b 11c 11d 12 13a 13b 14 15		
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any persor name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMIT	ſEE			
Full Name (Last, First, Middle Initial) A. Walter Zable		Date of Receipt		
Mailing Address 9333 Balboa Ave		M M / D D / Y Y Y Y 03 20 2006		
City	State Zip Code	Transaction ID: SA11A1.25288		
San Diego	CA 92123	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer Cubic Corp	Occupation COB & CEO	Limit Increased Due to Opponent's		
Receipt For: 2006 Primary X Other (specify)	Election Cycle-to-Date 3000.00	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)	►	79150.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS)	Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 32/170 (check only one)		
			Detailed Summary Page	11a 11b X 11c 11d 12 13a 13b 14 15		
Ar or	y information copied from such Reports and for commercial purposes, other than using t	d Statements may he name and add	r not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
$\left[\right]$	NAME OF COMMITTEE (In Full)					
	MURTHA FOR CONGRESS COMM	ITTEE				
Α.	Full Name (Last, First, Middle Initial) AM GENERAL LLC PAC			Date of Receipt		
	Mailing Address 105 NORTH NILES	AVENUE		M M / D D / Y Y Y Y 03 / 08 / 2006		
	City	State	Zip Code	Transaction ID: SA11C.25660		
	SOUTH BEND	IN	46617	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C COC	0282210	3000.00		
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's		
	Receipt For: 2006	Election C	ycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)		
	X Primary General		3000.00	1		
	Other (specify)	0 0	3000.00			
в.	Full Name (Last, First, Middle Initial) ARAMARK POLITICAL ACTION COMMITTEE	(ARAMARK PAC)) (FKA ARA PAC)	Date of Receipt		
	Mailing Address 1101 Market St. Aramark Tower 31st	Floor		M M / D D / Y Y Y Y 03 / 06 / 2006		
	City	State	Zip Code	Transaction ID: SA11C.25669		
	Philadelphia	PA	19107	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C COO	0157677	1000.00		
	Name of Employer	Occupatior	1	Limit Increased Due to Opponent's		
	Receipt For: 2006	Election C	ycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)		
	X Primary General Other (specify) ▼		1000.00	1		
	Full Name (Last, First, Middle Initial)			-		
C.	BLUE PAC			Date of Receipt		
	Mailing Address P.O. BOX 60710			M M / D D / Y Y Y Y 03 / 06 / 2006		
	City	State	Zip Code	Transaction ID: SA11C.25657		
	HARRISBURG	PA	17106-0710	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer	Occupatior	1	Limit Increased Due to Opponent's		
	Receipt For: 2006	Election C	ycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)		
	X Primary General Other (specify) ▼	0 0	500.00]		
s	SUBTOTAL of Receipts This Page (optional)					
				-		
Т	OTAL This Period (last page this line numb	er only)				

SCHEDULE A (FEC Form 3				FOR LINE NUMBER: PAGE 33 / 170 (check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	11a 11b 🛛 11c 🗌 11d
Ar	y information copied from such Reports an	d Statements may	not be sold or used by any perso	12 13a 13b 14 15 on for the purpose of soliciting contributions
or	for commercial purposes, other than using	the name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMM	NITTEE		
Α.	Full Name (Last, First, Middle Initial) COMCAST CORP. POLITICAL ACTION COM	MMITTEE		Date of Receipt
	Mailing Address 1500 Market Street 35th Floor			03 / D D / Y Y Y Y 02006
	City Philadelphia	State PA	Zip Code 19102	Transaction ID: SA11C.25661
	FEC ID number of contributing federal political committee.		0248716	Amount of Each Receipt this Period 2500.00
	Name of Employer	Occupation	<u>ו</u>	
	Receipt For: 2006	Election C	ycle-to-Date 🔻	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify)		5000.00]
в.	Full Name (Last, First, Middle Initial) COMCAST CORP. POLITICAL ACTION COM	I MMITTEE		Date of Receipt
	Mailing Address 1500 Market Street 35th Floor			M M / D D / Y Y Y Y 03 / 06 / 2006
	City Philadelphia	State PA	Zip Code 19102	Transaction ID: SA11C.25662 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		0248716	2500.00
	Name of Employer	Occupation	1	
	Receipt For:2006	Election C	ycle-to-Date V	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼	0 0	7500.00]
	Full Name (Last, First, Middle Initial) COMPUTER SCIENCES CORPORATION P.			Date of Receipt
•	Mailing Address 2100 East Grand			03 08 2006
	City	State	Zip Code	Transaction ID: SA11C.25659
	El Segundo FEC ID number of contributing	CA	90245	Amount of Each Receipt this Period
	federal political committee.	C C00	0101410	1000.00
	Name of Employer	Occupation	<u></u>	Limit Increased Due to Opponent's
	Receipt For: 2006 X Primary General	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Other (specify) ▼	0.0	1000.00	
s	UBTOTAL of Receipts This Page (optional)		6000.00
т	OTAL This Period (last page this line num	per only)		

SCHEDULE A (FEC Form 3		Use separate schedule(s)		FOR LINE NUMBER: PAGE 34 / 170 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	11a 11b X 11c 11d
		<u></u>		12 13a 13b 14 15
Ar or	y information copied from such Reports and for commercial purposes, other than using th	Statements may the name and add	r not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\left[\right]$	NAME OF COMMITTEE (In Full)			
	MURTHA FOR CONGRESS COMMITTEE			
́А.	Full Name (Last, First, Middle Initial) CUBIC CORPORATION EMPLOYEES' PAC			Date of Receipt
	Mailing Address 9333 BALBOA AVEN	UE		M M / D D / Y Y Y Y 03 20 2006
	City	State	Zip Code	Transaction ID: SA11C.25655
	SAN DIEGO	CA	92123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C COC	0151787	3000.00
	Name of Employer	Occupation	1	
	Receipt For: 2006	Election C	ycle-to-Date V	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	Election o		1
	Other (specify)	0 0	5000.00	
в.	Full Name (Last, First, Middle Initial) FLIR SYSTEMS INC EMPLOYEES POLITICAL	ACTION COMM	ITTEE (FLIRPAC)	Date of Receipt
	Mailing Address 251 18TH STREET S	OUTH SUITE	1101	M M / D D / Y Y Y Y 03 20 2006
	City	State	Zip Code	Transaction ID: SA11C.25664
	ARLINGTON	VA	22202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C COC)411454	1500.00
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	2500.00		1
		0 0	0 0 0 0 0 0 0 0	1
C.	Full Name (Last, First, Middle Initial) OCEAN SYSTEMS ENGINEERING CORPORA			Date of Receipt
•••	Mailing Address 2141 PALOMAR AIR			M M / D D / Y Y Y Y
	City	State	Zip Code	0 3 2 0 2 0 0 6 Transaction ID: SA11C.25665
	CARLSBAD	CA	92009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C COO	9409151	1500.00
	Name of Employer	Occupation	1	
	Receipt For: 2006	Election C	ycle-to-Date V	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General			1
	Other (specify)		1500.00	
s	UBTOTAL of Receipts This Page (optional)			6000.00
т	OTAL This Period (last page this line numbe	er only)		-

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS)	Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 35 / 170 (check only one)
			Detailed Summary Page	11a 11b X 11c 11d 12 13a 13b 14 15
Ar or	y information copied from such Reports and for commercial purposes, other than using t	I Statements may he name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\left[\right]$	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	MURTHA FOR CONGRESS COMM	ITTEE		
Α.	Full Name (Last, First, Middle Initial) PH&S FEDERAL PAC			Date of Receipt
	Mailing Address 3000 TWO LOGAN SQUARE 18TH & ARCH STREETS			03 / D D / Y Y Y Y 03 06 2006
	City	State	Zip Code	Transaction ID: SA11C.25663
	PHILADELPHIA	PA	19103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C COO	0279927	1000.00
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		2000.00	1
	Other (specify)	0 0		1
в.	Full Name (Last, First, Middle Initial) PSC H20 PAC	·		Date of Receipt
	Mailing Address 762 W. LANCASTER	R AVENUE		M M / D D / Y Y Y Y 03 / 06 / 2006
	City	State	Zip Code	Transaction ID: SA11C.25656
	BRYN MAWR	PA	19010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C COO	0340455	1000.00
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	2000.00]
	Full Name (Last, First, Middle Initial)			Date of Descipt
υ.	RADIX TECHNOLOGIES POLITICAL ACTION Mailing Address 329 N BERNARDO			Date of Receipt
				03 20 2006
		State CA	Zip Code	Transaction ID: SA11C.25666
	MOUNTAIN VIEW FEC ID number of contributing		94043	Amount of Each Receipt this Period
	federal political committee.	C C00	0395988	1500.00
Name of Employer		Occupation	1	Limit Increased Due to Opponent's
	Receipt For: 2006		ycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	1500.00]
	UBTOTAL of Receipts This Page (optional)			3500.00
F	UDIVIAL OF RECEIPTS THIS Page (optional)		······	
Т	OTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 170 (check only one) 11a 11b X 11c 11d 12 13a 13b 14 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				
Α.				Date of Receipt
	Mailing Address P.O. Box 50193			03 / 20 / Y Y Y Y 2006
	City Sparks	State NV	Zip Code 89434	Transaction ID: SA11C.25667 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		0367995	5000.00
	Name of Employer Occupation		1	Limit Increased Due to Opponent's
	ceipt For: 2006 K Primary General Other (specify) ▼		ycle-to-Date ▼ 5000.00	Spending (2 U.S.C. 441a(i)/441a-1)
в.	Full Name (Last, First, Middle Initial) SIERRA NEVADA PAC			Date of Receipt
	Mailing Address P.O. Box 50193		M · M / D · D / Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·	
	City Sparks	State NV	Zip Code	Transaction ID: SA11C.25668
	FEC ID number of contributing federal political committee.		89434 0367995	Amount of Each Receipt this Period 5000.00
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼	0 0	10000.00]
с.	Full Name (Last, First, Middle Initial) C. TELEDYNE TECHNOLOGIES INCORPORATED PAC/TELEDYNE TECHNOLOGIES INCORPORATED FDate of Receipt			
	Mailing Address 2049 CENTURY PARK E			M M / D D / Y Y Y Y 03 20 2006
	City	State	Zip Code	Transaction ID: SA11C.25658
	LOS ANGELES FEC ID number of contributing	CA	90067	Amount of Each Receipt this Period
	federal political committee.		0357285	1500.00
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	1500.00	1
SUBTOTAL of Receipts This Page (optional)				
TOTAL This Period (last page this line number only)				

	CHEDULE A (FEC Form 3 EMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 170 (check only one)
Ar	ny information copied from such Reports ar for commercial purposes, other than using	d Statements may the name and add	v not be sold or used by any perso dress of any political committee to	12 13a 13b 14 15 on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMM	MITTEE		
A.	Full Name (Last, First, Middle Initial) First Commonweath Financial			Date of Receipt
	Mailing Address 217 Franklin Street	State	Zip Code	M M / D D / Y
	Johnstown	PA	15901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		3833.15
	Name of Employer	Occupation	1	Interest Income Limit Increased Due to Opponent's Description (2014)
	Receipt For: Primary General Other (specify) ▼	Election C	vycle-to-Date ▼ 29957.59	
в.	Full Name (Last, First, Middle Initial) First Commonweath Financial Mailing Address 217 Franklin Street			Date of Receipt
	City	State	Zip Code	0 2 2 8 2 0 0 6 Transaction ID: SA15.25636
	Johnstown	PA	15901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		3297.85
	Name of Employer	Occupation		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 33255.44	
C.	Full Name (Last, First, Middle Initial) First Commonweath Financial Mailing Address 217 Franklin Street	I		Date of Receipt
	City	State	Zip Code	Transaction ID: SA15.25706
	Johnstown	PA	15901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		3419.24
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's
	Receipt For:	Election C	ycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary General Other (specify) ▼	0 0	36674.68]
s	UBTOTAL of Receipts This Page (optiona	l)		10550.24
Т	OTAL This Period (last page this line num	ber only)		10550.24

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	rone) 17 18 19a 19b 20a 20b 20c 21		
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE					
	Road State Zip Code PA 15401		Transaction ID: SB17.25128Date of Disbursement $M \ge M$ / $D \ge D$ /YY		
		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
Full Name (Last, First, Middle Initial) American Heart Assoc. Mailing Address 400 Luray Avenue			Transaction ID: SB17.25370Date of Disbursement $M 3 M$ / $D 0 8$ /YY 0 0 6 $V 2 0 0 6$		
	State Zip Code PA 15904	Category/ Type	Amount of Each Disbursement this Period 1500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	nent For: Primary General Other (specify) V	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Full Name (Last, First, Middle Initial) C. American Red Cross			Transaction ID: SB17.24926 Date of Disbursement		
Mailing Address Keystone Chapter 110 Sunray Drive			$ \begin{array}{c} \stackrel{\text{M}}{0}1 \stackrel{\text{M}}{} & \stackrel{\text{I}}{2} \stackrel{\text{D}}{5} \\ \end{array} \begin{array}{c} \stackrel{\text{D}}{2} \stackrel{\text{D}}{5} \\ \end{array} \begin{array}{c} \stackrel{\text{V}}{2} \stackrel{\text{V}}{2} \stackrel{\text{V}}{0} \stackrel{\text{V}}{0} \stackrel{\text{V}}{6} \\ \end{array} $		
Johnstown F	State Zip Code PA 15905-3049		Amount of Each Disbursement this Period		
Purpose of Disbursement Campaign Office Exp Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	nent For: Primary General Other (specify) V				
SUBTOTAL of Disbursements This Page (optional)		····· Þ	2050.00		
TOTAL This Period (last page this line number only)					

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 39 / 170
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	x 17 18 19a 19b
				20a 20b 20c 21
	Information copied from such Reports and Statem or commercial purposes, other than using the name			
K	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Arcadia Theater			Transaction ID: SB17.25143 Date of Disbursement
	Mailing Address 1418 Graham Avenue			$ \begin{array}{c} \begin{array}{c} M \\ 0 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} D \\ 1 \\ 5 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 5 \end{array} \begin{array}{c} V \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $
	,	State Zip Code PA 15965		Amount of Each Disbursement this Period
	Purpose of Disbursement Tickets		· · ·	Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		
	State: District: Full Name (Last, First, Middle Initial)			
В.	Army Navy Country Club			Transaction ID: SB17.25384 Date of Disbursement
	Mailing Address 2400 18th Street S			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} $
	,	State Zip Code VA 22204		Amount of Each Disbursement this Period
	Purpose of Disbursement Meeting Expense			358.61 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Army Navy Country Club			Transaction ID: SB17.25412 Date of Disbursement
	Mailing Address 2400 18th Street S			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} $
		State Zip Code VA 22204		Amount of Each Disbursement this Period
	Purpose of Disbursement Meeting Exp			163.61 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
				714.00
S	JBTOTAL of Disbursements This Page (optional)		►	714.22
т	DTAL This Period (last page this line number only)		►	

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b
_				20a 20b 20c 21
	y Information copied from such Reports and Stateme for commercial purposes, other than using the name			
K	NAME OF COMMITTEE (In Full)	·····		
\mathbb{Z}	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) A T&T			Transaction ID: SB17.24875 Date of Disbursement
	Mailing Address P.O. Box 9001309			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 4 \end{bmatrix} \begin{pmatrix} Y & Y \\ 2 & 0 & 0 \\ 6 \end{bmatrix} $
	,	StateZip CodeKY40290-1309		Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	President	ment For: Primary General Other (specify) ▼		
	State: District:			
В.	Full Name (Last, First, Middle Initial) A T&T			Transaction ID: SB17.24937 Date of Disbursement
	Mailing Address P.O. Box 9001309			$ \begin{array}{c} M \\ 0 \\ 1 \\ \end{array} \begin{array}{c} M \\ \end{array} \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \end{array} \end{array} \begin{array}{c} M \\ \end{array} \end{array} \end{array} \end{array} \begin{array}{c} M \\ \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} M \\ \end{array} \end{array}$
	Louisville	State Zip Code KY 40290-1309		Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone			Refund or Disposal of Excess
			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) A T&T			Transaction ID: SB17.25170 Date of Disbursement
	Mailing Address P.O. Box 9001309			$ \begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} T \\ 2 \\ \end{array} \begin{array}{c} D \\ 2 \\ \end{array} \begin{array}{c} T \\ 2 \\ \end{array} \begin{array}{c} T \\ T \\ \end{array} \begin{array}{c} T \\ T \\ T \\ \end{array} \begin{array}{c} T \\ T \\ T \\ T \\ \end{array} \begin{array}{c} T \\ T $
		StateZip CodeKY40290-1309		Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone			181.56 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		
				527.97
	UBTOTAL of Disbursements This Page (optional)			
Ľ				

SCHEDULE B (FEC Form 3)				NE NUMBER: PAGE 41 / 170	
ITEMIZED DISBURSEMENTS		for each category of the	(check only	yone) X 17	
		Detailed Summary Page	-	20a 20b 20c 21	
	y Information copied from such Reports and Stateme				
or	or commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee	
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE				
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.24895	
Α.	Atlantic Broadband			Date of Disbursement	
	Mailing Address 120 Southmont Blvd			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 1 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $	
	,	State Zip Code		Amount of Each Disbursement this Period	
		PA 15905		67.87	
	Purpose of Disbursement Utilities			Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser	nent For:	1 ypc		
	Senate	Primary General			
	State: District:	Other (specify)			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25147	
В.	Atlantic Broadband			Date of Disbursement	
	Mailing Address 120 Southmont Blvd			$ \begin{array}{c} M \\ 0 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 1 \\ 5 \end{array} \begin{array}{c} D \\ 1 \\ 5 \end{array} \begin{array}{c} T \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y $	
		State Zip Code PA 15905		Amount of Each Disbursement this Period	
	Purpose of Disbursement			67.78	
	Utilities			Refund or Disposal of Excess Contributions Required Under	
	Candidate Name		Category/ Type	11 C.F.R. 400.53	
	Office Sought: House Disburser				
	Senate President	Primary General Other (specify) ▼			
	State: District:				
C.	Full Name (Last, First, Middle Initial) Atlantic Broadband			Transaction ID: SB17.25398	
				Date of Disbursement	
	Mailing Address 120 Southmont Blvd			$\begin{array}{c} \begin{array}{c} M & M \\ 0 & 3 \end{array} \begin{array}{c} \end{array} \begin{array}{c} \end{array} \begin{array}{c} D & D \\ 1 & 5 \end{array} \end{array} \begin{array}{c} \end{array} \begin{array}{c} Y \\ 2 & 2 & 0 & 0 \\ \end{array} \begin{array}{c} Y \\ 2 & 0 & 0 \\ \end{array} \begin{array}{c} Y \\ Y $	
		Otate Zip Code PA 15905		Amount of Each Disbursement this Period	
	Purpose of Disbursement Utilities			67.78	
	Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser	nont For:	Туре	11 0.1.11. 400.55	
	Office Sought: House Disburser Senate	Primary General			
	President	Other (specify)			
_	State: District:				
s	JBTOTAL of Disbursements This Page (optional)		►	203.43	
Т	DTAL This Period (last page this line number only).		····· •		

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check on	ENUMBER: PAGE 42 / 170
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
۹.	Full Name (Last, First, Middle Initial) B & B Floral			Transaction ID: SB17.24913 Date of Disbursement
	Mailing Address 1199 Scalp Avenue			$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ 1 \end{array} \\ 1 \end{array} \\ 8 \end{array} \\ 7 \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ 2 \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ Y $
		State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Floral Arrangements Candidate Name		Category/	93.81 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) V	Туре	
3.	Full Name (Last, First, Middle Initial) B & B Floral			Transaction ID: SB17.24922 Date of Disbursement
	Mailing Address 1199 Scalp Avenue			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 1 \end{array} \right) \left(\begin{array}{c} D \\ 2 \\ 5 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y $
		State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Floral Arrangements			160.06 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
).	Full Name (Last, First, Middle Initial) B & B Floral			Transaction ID: SB17.25391 Date of Disbursement
	Mailing Address 1199 Scalp Avenue			$\begin{array}{c} \begin{array}{c} M & M \\ 0 & 3 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 1 & 5 \end{array} \begin{array}{c} D \\ 1 & 5 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y $
		State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Floral Arrangements			119.78 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
S	JBTOTAL of Disbursements This Page (optional) .		····· •	373.65
Т	DTAL This Period (last page this line number only)		►	

SCHEDULE B (FEC Form 3)				FOR LINE NUMBER: PAGE 43 / 170		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) X 17 18 19a 19b		
		Detailed Summary Page	-	20a 20b 20c 21		
	y Information copied from such Reports and Statem or commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full)					
\rangle	MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) B & B Floral			Transaction ID: SB17.25416 Date of Disbursement		
	Mailing Address 1199 Scalp Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	,	State Zip Code PA 15904		Amount of Each Disbursement this Period		
	Purpose of Disbursement Floral Arrangements			66.78 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse Senate President	Primary General Other (specify)				
	State: District: Full Name (Last, First, Middle Initial)					
В.	B & B Floral			Transaction ID: SB17.25690 Date of Disbursement		
	Mailing Address 1199 Scalp Avenue			$ \begin{array}{c} \stackrel{M}{\overset{M}{}}} \stackrel{M}{\overset{M}{}}} \\ \begin{array}{c} 0 \\ \end{array} \begin{array}{c} 2 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} 2 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} 2 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \end{array} \end{array} \end{array} \begin{array}{c} 0 \\ \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} 0 \\ \end{array} \end{array}$		
		State Zip Code PA 15904		Amount of Each Disbursement this Period		
	Purpose of Disbursement Floral Arrangements			59.36 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) V				
	State: District:					
C.	Full Name (Last, First, Middle Initial) Babcor Packaging Corp			Transaction ID: SB17.25688 Date of Disbursement		
	Mailing Address 855 South Canal Street			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 9 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$		
		State Zip Code PA 15212		Amount of Each Disbursement this Period		
	Purpose of Disbursement Campaign Office Exp			303.95 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Senate President	ment For: Primary General Other (specify) ▼				
	State: District:					
s	JBTOTAL of Disbursements This Page (optional)			430.09		
Т	DTAL This Period (last page this line number only)		►			

SCHEDULE B (FEC Form 3)		Use seperate schedule(s)		NUMBER: PAGE 44/170
ITEMIZED DISBURSEMENTS		for each category of the	(check onl	
		Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
An	y Information copied from such Reports and Statem	ents may not be sold or used	d by any person	
or f	or commercial purposes, other than using the name	and address of any political	committee to so	plicit contributions from such committee
Ν	NAME OF COMMITTEE (In Full)			
/	MURTHA FOR CONGRESS COMMITTEE			
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25196
Α.	Barclay Electric Service Inc			Date of Disbursement
	Mailing Address 88 Fairfield Avenue			$ \begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} M \\ 0 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 2 \\ \end{array} \begin{array}{c} V \\ 2 \\ \end{array} \begin{array}{c} V \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ 0 \\ \end{array} \begin{array}{c} V \\ V \\ \end{array} \begin{array}{c} V \\ V \\ 2 \\ \end{array} \begin{array}{c} V \\ V \\ V \\ \end{array} \begin{array}{c} V \\ V \\ V \\ \end{array} $
		State Zip Code		Amount of Each Disbursement this Period
	Johnstown	PA 15906		10770.04
	Purpose of Disbursement Campaign Office Exp			16776.64
	Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
	Candidate Name		Type	11 C.F.R. 400.53
	Office Sought: House Disburse	ment For:		
	Senate	Primary General		
	State: District:	Other (specify)		
	State: District: Full Name (Last, First, Middle Initial)			
в.	Barclay Electric Service Inc			Transaction ID: SB17.25389 Date of Disbursement
	Mailing Address 88 Fairfield Avenue			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 3 \end{array} \\ \end{array} \\ \begin{array}{c} \prime \\ \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 1 \\ 5 \end{array} \\ \begin{array}{c} D \\ 1 \\ 5 \end{array} \\ \begin{array}{c} 0 \\ 1 \\ 5 \end{array} \\ \begin{array}{c} \gamma \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \\ \begin{array}{c} \gamma \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \\ \begin{array}{c} \gamma \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \\ \begin{array}{c} \gamma \\ \gamma \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \\ \begin{array}{c} \gamma \\ \gamma $
		State Zip Code		Amount of Each Disbursement this Period
	Johnstown PA 15906 Purpose of Disbursement			1507.76
	Campaign Office Exp			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse			
	Senate	Primary General		
	State: District:	Other (specify)		
	Full Name (Last, First, Middle Initial)			
C.	Bishop McCort High School			Transaction ID: SB17.24904 Date of Disbursement
				0 ^M 1 ^M / ^D 1 ^D / ^Y 2 ^V 0 ^Y 6 ^Y
	Mailing Address 25 Osborne Street			
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement			80.00
	Tickets			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		ment For:		
	Senate	Primary General		
	State: District:	Other (specify)		
s	JBTOTAL of Disbursements This Page (optional)			18364.40
T	DTAL This Period (last page this line number only)		····· •	

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 45/170		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Check only	y one) X 17 18 19a 19b 20a 20b 20c 21		
	Information copied from such Reports and Stateme or commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full)					
\rangle	MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) Bishop McCort High School			Transaction ID: SB17.24945 Date of Disbursement		
	Mailing Address 25 Osborne Street			0 1 ^M / ^D 3 1 ^J ^Y ^Y ^Y ^Y ^Y ^Y		
	,	State Zip Code PA 15901		Amount of Each Disbursement this Period		
	Purpose of Disbursement Advertising Candidate Name			100.00 Refund or Disposal of Excess Contributions Required Under		
	Office Sought: House Disburser	ment For:	Category/ Type	11 C.F.R. 400.53		
		Primary General Other (specify)				
	Full Name (Last, First, Middle Initial)					
В.	Patrick Brier			Transaction ID: SB17.25423 Date of Disbursement		
	Mailing Address 242 Vassar Avenue			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$		
	Clarks Green	State Zip Code PA 18411		Amount of Each Disbursement this Period		
	Purpose of Disbursement Reimb. Campaign Office Exp			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼				
	State: District: Full Name (Last, First, Middle Initial)					
C.	Cam Co Dept of Emer Services			Transaction ID: SB17.25361 Date of Disbursement		
	Mailing Address 401 Candlelight Drive Suite 100			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 8 \end{bmatrix} \begin{pmatrix} Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$		
	Ebensburg	State Zip Code PA 15931-1959		Amount of Each Disbursement this Period 75.00		
	Purpose of Disbursement Campaign Office Exp			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) V				
5	JBTOTAL of Disbursements This Page (optional)		····· •	294.00		
	DTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3)				DR LINE NUMBER: PAGE 46 / 170		
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	y one) X 17 18 19a 19b		
		Detailed Summary Page		$\begin{array}{c c c c c c c c c c c c c c c c c c c $		
	y Information copied from such Reports and Statem					
or	or commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee		
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) Cash			Transaction ID: SB17.25167 Date of Disbursement		
	Mailing Address P.O. Box 1091			$\begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y \\ 2 \end{bmatrix} \begin{bmatrix} $		
	,	State Zip Code PA 15907		Amount of Each Disbursement this Period		
	Purpose of Disbursement Campaign Office Exp			150.00 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disbursed Senate President State: District:	ment For: Primary General Other (specify) ▼				
В.	Full Name (Last, First, Middle Initial) Christian Book Store			Transaction ID: SB17.24924 Date of Disbursement		
	Mailing Address 1238 Scalp Avenue			$ \begin{array}{c} M \\ 0 \\ 1 \end{array} \begin{array}{c} ' \\ 2 \\ 5 \end{array} \begin{array}{c} D \\ 2 \\ 5 \end{array} \begin{array}{c} ' \\ 2 \\ 5 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) $		
	Johnstown	State Zip Code PA 15904		Amount of Each Disbursement this Period		
	Purpose of Disbursement Campaign Office Exp			120.43 Refund or Disposal of Excess Contributions Required Under		
	Candidate Name		Category/ Type	11 C.F.R. 400.53		
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼				
	State: District:					
C.	Full Name (Last, First, Middle Initial) Christian Book Store			Transaction ID: SB17.25169 Date of Disbursement		
	Mailing Address 1238 Scalp Avenue			$ \begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} \prime \\ \prime \end{array} \begin{array}{c} P \\ 2 \\ 8 \\ \end{array} \begin{array}{c} \prime \\ \prime \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \\ \end{array} \right) $		
		State Zip Code PA 15904		Amount of Each Disbursement this Period		
	Purpose of Disbursement Campaign Office Exp			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Senate President	ment For: Primary General Other (specify) ▼				
_	State: District:					
s	SUBTOTAL of Disbursements This Page (optional)					
Т	TOTAL This Period (last page this line number only) •					

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 47 / 170		
IT	EMIZED DISBURSEMENTS	for each category of the	(check only			
		Detailed Summary Page	-	X 17 18 19a 19b 20a 20b 20c 21		
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam					
^U	NAME OF COMMITTEE (In Full)					
\rangle	MURTHA FOR CONGRESS COMMITTEE	1				
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.24886		
Α.	Chuck Mamula Photography			Date of Disbursement 0 1 / D D / Y Y Y Y 0 1 1 1 / 2 0 0 6		
	Mailing Address 186 Fairfield Avenue					
	City Johnstown	State Zip Code PA 15906		Amount of Each Disbursement this Period		
	Purpose of Disbursement Photo Expense		U U	265.00		
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)				
	Full Name (Last, First, Middle Initial)					
В.	Cingular			Transaction ID: SB17.24885 Date of Disbursement		
	Mailing Address P.O. Box 129			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 1 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $		
	City Newark	State Zip Code NJ 07101-0129		Amount of Each Disbursement this Period		
	Purpose of Disbursement Telephone			168.08 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Senate President	ement For: Primary General Other (specify) ▼				
	State: District:					
C.	Full Name (Last, First, Middle Initial) Cingular			Transaction ID: SB17.25123 Date of Disbursement		
	Mailing Address P.O. Box 129			$ \begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} T \\ 0 \\ \end{array} \begin{array}{c} T \\ 0 \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} T \\ 0 \\ \end{array} \begin{array}{c} T \\ 0 \\ \end{array} \begin{array}{c} T \\ T \\ \end{array} \begin{array}{c} T \\ T \\ T \\ \end{array} \begin{array}{c} T \\ T \\ T \\ T \\ \end{array} \begin{array}{c} T \\ T $		
	City Newark	StateZip CodeNJ07101-0129		Amount of Each Disbursement this Period		
	Purpose of Disbursement Telephone		· · · ·]	165.71 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼				
Г						
s	UBTOTAL of Disbursements This Page (optional)		····· ►	598.79		
т	TOTAL This Period (last page this line number only) •					

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 48 / 170		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b		
		Detailed Summary Page		20a 20b 20c 21		
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full)					
\rangle	MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) Cingular			Transaction ID: SB17.25400 Date of Disbursement		
	Mailing Address P.O. Box 129			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D \\ 1 & 5 \end{bmatrix} \begin{pmatrix} Y \\ 2 & 0 & 0 \\ 6 \end{bmatrix}$		
	,	State Zip Code NJ 07101-0129		Amount of Each Disbursement this Period		
	Purpose of Disbursement Telephone			165.57 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	President	ment For: Primary				
	State: District:					
В.	Full Name (Last, First, Middle Initial) Colony Cleaning Company			Transaction ID: SB17.24871 Date of Disbursement		
	Mailing Address 160 Engbert Road			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} (\begin{bmatrix} D & D \\ 0 & 4 \end{bmatrix} (\begin{bmatrix} Y & Y \\ 2 & 0 & 0 \end{bmatrix}) $		
	Johnstown	State Zip Code PA 15902		Amount of Each Disbursement this Period		
	Purpose of Disbursement Cleaning Service			151.05 Refund or Disposal of Excess Contributions Required Under		
	Candidate Name Office Sought: House Disburser	mont For	Category/ Type	11 C.F.R. 400.53		
		Primary General Other (specify)				
	State: District:					
C.	Full Name (Last, First, Middle Initial) Colony Cleaning Company			Transaction ID: SB17.25122 Date of Disbursement		
	Mailing Address 160 Engbert Road			$ \begin{bmatrix} M & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 0 & 8 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $		
		State Zip Code PA 15902		Amount of Each Disbursement this Period		
	Purpose of Disbursement Cleaning Service			120.84 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	President	ment For: Primary General Other (specify) ▼				
	State: District:					
s	JBTOTAL of Disbursements This Page (optional))	437.46		
Т	TOTAL This Period (last page this line number only) •					

30	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE	
ITI	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	vone) X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Statem or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
/	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25355
Α.	Colony Cleaning Company			Date of Disbursement
	Mailing Address 160 Engbert Road			03 08 2006
		State Zip Code PA 15902		Amount of Each Disbursement this Period
	Purpose of Disbursement Cleaning Service Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
	Office Sought: House Disburse Senate President State: District:		Туре	11 C.F.R. 400.53
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.24947
В.	Congressional Club			Date of Disbursement
	Mailing Address 2001 N. H. Avenue			$ \begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 0 \\ 3 \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} T \\ T \\ \end{array} \begin{array}{c} Y \\ T \\ T \\ \end{array} \begin{array}{c} Y \\ T \\ T \\ T \\ \end{array} \begin{array}{c} Y \\ T \\$
		State Zip Code DC 20009		Amount of Each Disbursement this Period
	Purpose of Disbursement Meals	Г		300.00 Refund or Disposal of Excess
	Candidate Name	(Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	nent For: Primary General Other (specify) V		
	State: District:			
	Full Name (Last, First, Middle Initial) Creative Framing			Transaction ID: SB17.24941 Date of Disbursement
	Mailing Address 117 Metzler Street			$\begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} D & D \\ 3 & 1 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
		State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Office Exp	Γ		394.93 Refund or Disposal of Excess
	Candidate Name	(Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	nent For: Primary General Other (specify) ▼		
	JBTOTAL of Disbursements This Page (optional) .		►	822.13

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 50 / 170
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b
r—		, ,		20a 20b 20c 21
	Information copied from such Reports and Stateme or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)			
$\langle \rangle$	MURTHA FOR CONGRESS COMMITTEE			
~	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.24872
Α.	Darra Group Inc			Date of Disbursement
	Mailing Address PO Box 48			$ \begin{array}{c} \begin{array}{c} M & M \\ 0 & 1 \end{array} \right) \left(\begin{array}{c} D & D \\ 0 & 4 \end{array} \right) \left(\begin{array}{c} Y & Y \\ 2 & 0 & 0 \end{array} \right) \left(\begin{array}{c} Y \\ 2 & 0 & 0 \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \end{array} \right) \left(\left(\begin{array}{c} Y \end{array} \right)$
	,	State Zip Code PA 15062		Amount of Each Disbursement this Period
	Purpose of Disbursement	FA 15062		106.00
	Gifts			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser			
	Senate President	Primary General Other (specify)		
	State: District:			
в.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25363
D.	Darra Group Inc			Date of Disbursement
	Mailing Address PO Box 48			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 8 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
		State Zip Code PA 15062		Amount of Each Disbursement this Period
	Purpose of Disbursement	170 10002		135.00
	Gifts			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Darra Group Inc			Transaction ID: SB17.25420 Date of Disbursement
	Mailing Address PO Box 48			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 2 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 6 \end{bmatrix}$
		State Zip Code PA 15062		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Office Exp			1833.80 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate	ment For: Primary General		
	State: District:	Other (specify)		
6				2074.80
\vdash	JBTOTAL of Disbursements This Page (optional)		►	
	DTAL This Period (last page this line number only)		►	
FEC	Schedule B (Form 3) Rev. 02/2003			

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 51 / 170				
ITEMIZED DISBURSEMENTS	for each category of the	(check only one)				
	Detailed Summary Page	X 17 18 19a 19b 20a 20b 20c 21				
Any Information copied from such Reports and Stateme	ents may not be sold or used by					
or for commercial purposes, other than using the name	and address of any political cor	mmittee to solicit contributions from such committee				
NAME OF COMMITTEE (In Full)						
MURTHA FOR CONGRESS COMMITTEE						
Full Name (Last, First, Middle Initial)						
A. Digital Razor		Transaction ID: SB17.24914 Date of Disbursement				
Mailing Address 430 Main Street						
	State Zip Code	Amount of Each Disbursement this Period	ł			
	PA 15901	40.05				
Purpose of Disbursement Campaign Office Exp		49.95				
Candidate Name		Category/ Refund or Disposal of Excess Contributions Required Under				
		Type 11 C.F.R. 400.53				
Office Sought: House Disburser	nent For:					
	Primary General					
State: District:	Other (specify)					
Full Name (Last, First, Middle Initial)						
B. Digital Razor		Transaction ID: SB17.25140 Date of Disbursement				
		M M / D D / Y Y Y Y				
Mailing Address 430 Main Street						
	State Zip Code	Amount of Each Disbursement this Period	ł			
	PA 15901	469.95	٦.			
Purpose of Disbursement Campaign Office Exp		Refund or Disposal of Excess				
Candidate Name	C	Category/ Type				
	nent For: Primary General Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial) C. Digital Razor		Transaction ID: SB17.25390 Date of Disbursement				
		M M / D D / Y Y Y Y				
Mailing Address 430 Main Street		03 15 2006				
	State Zip Code PA 15901	Amount of Each Disbursement this Period	ł			
Purpose of Disbursement		49.95				
Campaign Office Exp		Refund or Disposal of Excess				
Candidate Name	C	Category/ Contributions Required Under Type 11 C.F.R. 400.53				
Office Sought: House Disburser						
	Primary General					
State: District:	Other (specify)					
SUBTOTAL of Disbursements This Page (optional)		569.85	_			
TOTAL This Period (last page this line number only) .		······ • · · · · · · · · · · · · · · ·				

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 52 / 170
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
	Full Name (Last, First, Middle Initial) Edward Mitchell Communications			Transaction ID: SB17.24891 Date of Disbursement
	Mailing Address P.O. Box 2237			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 1 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
	Wilkes-Barre	State Zip Code PA 18703		Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting Candidate Name		Category/ Type	9500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	. , , , , , , , , , , , , , , , , , , ,	
	Full Name (Last, First, Middle Initial) Feeder Canal Assoc.			Transaction ID: SB17.24940 Date of Disbursement
	Mailing Address 647 Main Street 4th Floor			$\begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} D & D \\ 3 & 1 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
	,	State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Rent Candidate Name		Category/ Type	1054.17 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
•	Full Name (Last, First, Middle Initial) Feeder Canal Assoc.			Transaction ID: SB17.25172 Date of Disbursement
	Mailing Address 647 Main Street 4th Floor			$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 8 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Rent			1054.17 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
s	JBTOTAL of Disbursements This Page (optional) .		►	11608.34

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 53 / 170		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b 20a 20b 20c 21		
	y Information copied from such Reports and Statem for commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full)					
\mathbb{Z}	MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) Feeder Canal Assoc.			Transaction ID: SB17.25686 Date of Disbursement		
	Mailing Address 647 Main Street 4th Floor			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
		State Zip Code PA 15901		Amount of Each Disbursement this Period		
	Purpose of Disbursement Rent			1054.17 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼				
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.24920		
В.	First Commonwealth Bank			Date of Disbursement		
	Mailing Address Credit Card Dept. P.O. Box 0537					
		State Zip Code PA 15701-0537		Amount of Each Disbursement this Period		
	Purpose of Disbursement See Detail			18761.14 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼				
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.24920.0		
C.	Exxonmobile			Date of Disbursement		
	Mailing Address Service Station			$ \begin{array}{c} M \\ 0 \\ 1 \end{array} \right) \left(\begin{array}{c} D \\ 2 \\ 5 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y $		
		State Zip Code VA 22210		Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel			22.15 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]		
s	SUBTOTAL of Disbursements This Page (optional)					
	OTAL This Period (last page this line number only)					
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 54 / 170			
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b 20a 20b 20c 21			
	y Information copied from such Reports and Stateme for commercial purposes, other than using the name						
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) AMTRAK Mailing Address 60 Massachusetts Avenue	e		Transaction ID: SB17.24920.2 Date of Disbursement			
		State Zip Code DC 20002		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel Candidate Name		Category/	315.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) V	Туре	[MEMO ITEM]			
В.	Full Name (Last, First, Middle Initial) AMTRAK			Transaction ID: SB17.24920.4 Date of Disbursement			
	Mailing Address 60 Massachusetts Avenue	9		01 ^M /25 ^D /2006 ^Y			
		State Zip Code DC 20002		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel Candidate Name		Category/	327.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	[MEMO ITEM]			
C.	State: District: Full Name (Last, First, Middle Initial) Exxonmobile			Transaction ID: SB17.24920.5 Date of Disbursement			
	Mailing Address Service Station			0 1 ^M / 2 5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
		State Zip Code VA 22210		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel			16.76 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼					
s	SUBTOTAL of Disbursements This Page (optional)						
	TOTAL This Period (last page this line number only)						

TenkicED DISBORSEMENTS Tore acto category or may preserve the time process of actor acting by or may preserve the time process of actor actin buttons from such committee to solid contributions from such committee to solid contrelations from such committee to solid contrelating s			Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 55 / 170 / one)
r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initia) Ritz Carlton Mailing Address 1250 South Hayes Street City Amount of Each Disbursement Meeting Expense Candidate Name Category Type Citice Sought: House City AMTFAK Mailing Address 60 Massachusetts Avenue City AMTERAK Mailing Address 60 Massachusetts Avenue City AMTERAK Mailing Address 60 Massachusetts Avenue City Full Name (Last, First, Middle Initia) City AMTERAK Mailing Address 60 Massachusetts Avenue City Washington Distursement City City City City City City City Cit			Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
NAME OF COMMITTEE (In Full) MURTHA FOR CONCRESS COMMITTEE Full Name (Last, First, Middle Initial) Ritz Carlton Maling Address 1250 South Hayes Street City State Amount of Each Disbursement Meeting Expense Candidate Name Citics Sought: House Disbursement Maling Address 60 Massachusetts Avenue City State Zategory/ Type Transaction ID: SB17.24920.10 Office Sought: House District: President District: Other (specify) Full Name (Last, First, Middle Initial) Amount of Each Disbursement AMTRAK Transaction ID: SB17.24920.10 Date of Disbursement 0 Transaction ID: SB17.24920.10 Date of Disbursement City State Zip Code Washington Dc Purpose of Disbursement Disbursement For: Propeident Disbursement For: Propeident Disbursement For: Propeident Disbursement For:					
• Ritz Carlton Mailing Address 1250 South Hayes Street City State Zip Code Arlington VA 22202 Purpose of Disbursement Category Meling Exponse Category Category Transaction ID: SB17.24920.10 Office Sought: House Disbursement Disbursement For: President Disbursement For: Purpose of Disbursement Other (specify) ▼ State: Disbursement For: President Other (specify) ▼ State: Disbursement For: Purpose of Disbursement Other (specify) ▼ City State Office Sought: House Office Sought: House City State Disbursement Category: Travel Category: Category: Transaction ID: SB17.24920.10 Purpose of Disbursement Disbursement For: Purpose of Disbursement Travel Category: Transaction ID: SB17.24920.11 Mailing Address 60 Massachusetts Avenue Office Sought:<	<u>۱</u>				
City State Zip Code Arrington VA 22202 Purpose of Disbursement Gategory Maeting Expenses Category Controbutions Required Under 11 C. F. 400.53 Office Sought: House Disbursement Disbursement For: State: District: VA State Office Sought: House Hame (Last, First, Middle Initial) AMTRAK Mailing Address 60 Massachusetts Avenue City State City State City State Candidate Name Disbursement For: District: Disbursement For: Candidate Name Disbursement For: Candidate Name Disbursement For: <					Date of Disbursement
Arlington VA 2202 Purpose of Disbursement	N	Mailing Address 1250 South Hayes Street			01 25 2006
Image: Contributions Required Under 1 Category/ Category/ Office Sought: House President State: District: Putpose of Disbursement For: President Office Sought: House President Other (specify) ▼ Full Name (Last, First, Middle Initial) AMTRAK Mailing Address 60 Massachusetts Avenue City State Quice Constructions Required Under 1 Travel Category/ Category/ Office Sought: House Disbursement Travel Category/ Category/ Travel Candidate Name Office Sought: House Disbursement Travel Category/ City Washington DC 20002 President District: Paul Name (Last, First, Middle Initial) AMTRAK Mailing Address 60 Massachusetts Avenue City <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
Office Sought: House Senate President Disbursement For: Other (specify) ▼ Image: Construct to the specify of	Ν	Meeting Expense			Refund or Disposal of Excess Contributions Required Under
AMTRAK Mailing Address 60 Massachusetts Avenue Date of Disbursement City State Zip Code Washington DC 20002 Purpose of Disbursement 506.00 Travel Category/ Candidate Name Disbursement For: Office Sought: House District: Disbursement For: President Other (specify) Full Name (Last, First, Middle Initial) AMTRAK Mailing Address 60 Massachusetts Avenue City State District: Primary Full Name (Last, First, Middle Initial) AMTRAK Mailing Address 60 Massachusetts Avenue City State Vashington DC DC 20002 Purpose of Disbursement Transaction ID: SB17.24920.11 Date of Disbursement Mailing Address Mailing Address 60 Massachusetts Avenue City State Zip Code Washington DC 20002 Purpose of Disbursement Category/ Trav		Senate President	Primary General	Турс	[MEMO ITEM]
City State Zip Code Washington DC 20002 Purpose of Disbursement					Date of Disbursement
Washington DC 20002 Purpose of Disbursement Travel Category/ Type State Category/ Type Senate Senate Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: General Category/ Type Image: Category/ Type <td>N</td> <td colspan="3">Mailing Address 60 Massachusetts Avenue</td> <td></td>	N	Mailing Address 60 Massachusetts Avenue			
Induction of Disbursement for: Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Image: Category/ Type Image:					
Office Sought: House Disbursement For: [MEMO ITEM] State: District: Other (specify) Image: Construction of the system of the s]	Travel			Refund or Disposal of Excess Contributions Required Under
Full Name (Last, First, Middle Initial) Transaction ID: SB17.24920.11 AMTRAK Date of Disbursement Mailing Address 60 Massachusetts Avenue City State Zip Code Washington DC 20002 Purpose of Disbursement 506.00 Travel Category/ Type Candidate Name Disbursement For: Senate Primary President Other (specify) State: District:		Senate President	Primary General	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[MEMO ITEM]
Mailing Address 60 Massachusetts Avenue City State Zip Code Washington DC 20002 Purpose of Disbursement 506.00 Travel Category/ Candidate Name Disbursement For: Office Sought: House President Other (specify) State: District:	F	Full Name (Last, First, Middle Initial)			
Washington DC 20002 Purpose of Disbursement 506.00 Travel Category/ Type Senate Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼	1	Mailing Address 60 Massachusetts Avenu	e		$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{pmatrix} D & D \\ 3 & 1 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 5 \end{bmatrix} $
Purpose of Disbursement 506.00 Travel Category/ Type Candidate Name Category/ Type Office Sought: House Disbursement For: Disbursement For: President Other (specify) State: District:					Amount of Each Disbursement this Period
Candidate Name Category/ Type Category/ 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼	F	Purpose of Disbursement		· · ·	
Office Sought: House Disbursement For: [MEMO ITEM] Senate Primary General Other (specify) President Other (specify) ▼ Other (specify) State: District: Other (specify) ▼	Ċ	Candidate Name			Contributions Required Under 11 C.F.R. 400.53
0.00		Senate President	Primary General		[MEMO ITEM]
				►	0.00

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 56 / 170			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Check only	X 17 18 19a 19b			
—				20a 20b 20c 21			
	y Information copied from such Reports and Statem or commercial purposes, other than using the name						
	NAME OF COMMITTEE (In Full)						
$\langle \rangle$	MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) AMTRAK			Transaction ID: SB17.24920.12 Date of Disbursement			
	Mailing Address 60 Massachusetts Avenue	e		$ \begin{array}{c} M \\ 0 \\ 1 \end{array} \right) \left(\begin{array}{c} D \\ 2 \\ 5 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 5 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 5 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 5 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 5 \end{array} \right) \left(\begin{array}{c} Y \\ Y $			
	,	State Zip Code DC 20002		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel			506.00 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		[
	State: District:						
В.	Full Name (Last, First, Middle Initial) Exxonmobile			Transaction ID: SB17.24920.15 Date of Disbursement			
	Mailing Address Service Station			$ \begin{array}{c} M \\ 0 \\ 1 \end{array} \right) \left(\begin{array}{c} D \\ 2 \\ 5 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y $			
		State Zip Code VA 22210		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel			30.50 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		[=			
	State: District:						
C.	Full Name (Last, First, Middle Initial) Hotel Del Coronado			Transaction ID: SB17.24920.16 Date of Disbursement			
	Mailing Address 1500 Orange Avenue			$ \begin{array}{c} M \\ 0 \\ 1 \end{array} \right) \left(\begin{array}{c} D \\ 2 \\ 5 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y $			
		State Zip Code CA 92118		Amount of Each Disbursement this Period			
	Purpose of Disbursement Fund Raiser Recpt Exp			1000.00 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disbursed Senate President State: District:	ment For: Primary General Other (specify) ▼					
State: District:							
s	SUBTOTAL of Disbursements This Page (optional)						
Т	TOTAL This Period (last page this line number only)						

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 57 / 170			
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21			
	y Information copied from such Reports and Stateme for commercial purposes, other than using the name						
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) BP Oil			Transaction ID: SB17.24920.20 Date of Disbursement M M / P 2 5 / Y 2 0 0 6			
	Mailing Address Bedford Street						
	, , , , , , , , , , , , , , , , , , ,	State Zip Code PA 15901		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel Candidate Name		Category/ Type	33.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	[MEMO ITEM]			
В.	Full Name (Last, First, Middle Initial) Ritz Carlton 1			Transaction ID: SB17.24920.22 Date of Disbursement			
	Mailing Address 10 Avenue of the Arts			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} I \\ I \end{bmatrix} \begin{bmatrix} D \\ 2 & 5 \end{bmatrix} \begin{bmatrix} I \\ Y \end{bmatrix} \begin{bmatrix} Y \\ 2 & 0 \\ 0 & 6 \end{bmatrix} $			
		State Zip Code PA 19182		Amount of Each Disbursement this Period			
	Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name		Category/ Type	5250.38 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[MEMO ITEM]			
C.	State: District: Full Name (Last, First, Middle Initial) City View Bar & Grill			Transaction ID: SB17.24920.23 Date of Disbursement			
	Mailing Address Edgehill Drive			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} I \\ 2 & 5 \end{bmatrix} \begin{bmatrix} I \\ Y \end{bmatrix} \begin{bmatrix} Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix} $			
		State Zip Code PA 15905		Amount of Each Disbursement this Period			
	Purpose of Disbursement Meals			39.80 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
s	SUBTOTAL of Disbursements This Page (optional)						
TOTAL This Period (last page this line number only)							

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 58 / 170
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) X 17 18 19a 19b
		, ,		20a 20b 20c 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)			
\langle	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Sunoco			Transaction ID: SB17.24920.24 Date of Disbursement
	Mailing Address Walnut Street			$ \begin{array}{c} \stackrel{\text{M}}{0} \stackrel{\text{M}}{1} \stackrel{\text{M}}{} \end{array} \begin{array}{c} \begin{array}{c} \\ \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \end{array} \end{array}$
	,	State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			32.75 Refund or Disposal of Excess
	Candidate Name Office Sought: House Disburse	ment Fey	Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disbursed Senate President State: District:	Primary General Other (specify)		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.24920.26
В.	BP Oil			Date of Disbursement
	Mailing Address Bedford Street			$ \begin{array}{c} M \\ 0 \\ 1 \end{array} \right) \left(\begin{array}{c} D \\ 2 \\ 5 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y $
	,	State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			22.75 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
	State: District:			
C.	Full Name (Last, First, Middle Initial) Easy Grade Car Wash			Transaction ID: SB17.24920.27 Date of Disbursement
	Mailing Address 925 Menoher Boulevard			01 ^M /25 ^D /2006 ^Y
		State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
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s	UBTOTAL of Disbursements This Page (optional)		····· Þ	0.00
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Use separate schedule(s) Detailed Summary Page Chick and models of the purpose of solidating contributions of commend purposes, diret than using the name and address of any policial committee to solid contributions from such contributions of commend purposes, diret than using the name and address of any policial committee to solid contributions from such contributions of commend purposes, diret than using the name and address of any policial committee to solid contributions from such committee NAME OF COMMITTEE (in Full) Transaction ID: SB17,24920.28 Date of Disbursement I Transaction ID: SB17,24920.29 Date of Disbursement I State: B: Office Sought: House District: Disbursement For: District: Transaction ID: SB17,24920.29 Date of Disbursement I C F.R. 400.33 IMEMO ITEM] B: Office Sought: House District: Disbursement For: District: Transaction ID: SB17,24920.29 Date of Disbursement I C F.R. 400.33 IMEMO ITEM] Child name District: Disbursement For: District: Transaction ID: SB17,24920.30 Date of Disbursement I C F.R. 400.33 IMEMO ITEM] Full Name (Last, First, Middle Initial) Child Name (Last, First, Middle Initial)	Any I or for	MIZED DISBURSEMENTS	for each category of the		
ar 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) Transaction ID: SB17.24920.28 All Name (Last, First, Middle Initial) State Zip Code Aread Of N 2 0 0 6 Y Disbursement Of N 2 0 0 6 Y Office Sought: House Disbursement For: Office Sought: House Disbursement For: Purpose of Disbursement Disbursement For: Category/ Office Sought: House Disbursement For: Purpose of Disbursement Disbursement For: Office Sought: President Disbursement For: Office Sought: Propose of Disbursement Category/ Zip Code Amaing Address P.O. Box 278 Amount of Each Disbursement this Period Office Sought: House Disbursement For: Category/ Purpose of Disbursement Category/ Zip 0 0 6 Y Contributions Required Under 11 0 - EAR 40.033 Office Sought: House Disbursement For: Category/ Zip 0 0 6 Y Category/ Transaction ID: SB17.24920.30 Date of Disbursement this Period Gategory/	or for		Detailed Summary 1 age		
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) A. Easy Grade Car Wash Mailing Address 925 Menoher Boulevard Oily State Johnstown PA Travel Category Candidate Name Category Office Sought: House Disbursement Disbursement For: Prepose of Disbursement Category Travel Other (specify) ▼ State: Disbursement For: President Disbursement For: Office Sought: House Disbursement Other (specify) ▼ State: Disbursement For: On Star Other (specify) ▼ Mailing Address P.O. Box 278 Category/ Category/ Transaction ID: SB17.24920.29 Date of Disbursement Other (specify) ▼ Bidlo n IA State: Disbursement For: Order (specify) ▼ Category/ Cardidate Name Other (specify) ▼ Office Sought: House	∕ N				
A. Easy Grade Car Wash Date of Disbursement it Mailing Address 925 Menoher Boulevard Date of Disbursement it City State Zip Code Johnstown PA 15905 Purpose of Disbursement Travel Candidate Name Disbursement For: Office Sought: House State: Disbursement For: Office Sought: Senate President Other (specify) ▼ Mailing Address P.O. Box 278 City State City State State: Disbursement For: General Other (specify) ▼ Mailing Address P.O. Box 278 City State City State Category: Transaction ID: SB17.24920.29 Date of Disbursement Transaction ID: SB17.24920.29 Date of Disbursement Transaction ID: SB17.24920.29 Category: Transaction ID: SB17.24920.29 District: Disbursement For: Office Sought: House District: Disbursement For: Disbursem	/	IAME OF COMMITTEE (In Full)			
City State Zip Code Johnstown PA 15905 Purpose of Disbursement Category Travel Category Office Sought: House District: Disbursement For: President District: B. Ull Name (Last, First, Middle Initial) Other (specify) ▼ B. On Star Maling Address Maling Address P.O. Box 278 City State Candidate Name Category/ Purpose of Disbursement Transaction ID: SB17.24920.29 Date of Disbursement this Period Maling Address P.O. Box 278 City State Zip Code Sheldon IA 51201 Purpose of Disbursement Category/ Tic F.R. 400.33 MeMol TEM) Office Sought: House Disbursement For: State: Disbursement For: Category/ Tic F.R. 400.33 MeMol TEM) Maling Address 1461 Scalp Avenue City State Zip Code Purpose of Disbursement Category/					
Johnstown PA 15905 Purpose of Disbursement Travel Category/ Disbursement For: Period or Disposal of Excess Category/ Type Refund or Disposal of Excess Category/ Type Office Sought: House Disbursement For: President President District: Other (specify) Image: Category/ Type Image: Category/ Type B. House District: District: Image: Category/ Type Image: Category/ Ty	N	Aailing Address 925 Menoher Boulevard			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 5 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
Travel Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Category/ Primary General Office Sought: House Disbursement For: Category/ Primary General State: District: Disbursement For: Category/ Type Transaction ID: SB17.24920.29 Brull Name (Last, First, Middle Initial) State Zip Code Amount of Each Disbursement Mailing Address P.O. Box 278 Category/ Telephone Y 2 0 0 6 Y Category/ Telephone State Zip Code Amount of Each Disbursement this Period Office Sought: House Disbursement For: Category/ Type MetMo TEM) Office Sought: House Disbursement For: Category/ Type Transaction ID: SB17.24920.30 Cate Contributions Required Under 11 C.F.R. 400.53 IMEMO ITEM] Transaction ID: SB17.24920.30 Category/ Topes of Disbursement Disbursement For: Category/ Type Transaction ID: SB17.24920.30 Category/ Type State Disbursement For: Category/ Type Transaction ID: SB17.24920.30 Cate Disbursement Other (specify) ♥					
Office Sought: House President Primary Disbursement For: Other (specify) ▼ [MEMO ITEM] B. Full Name (Last, First, Middle Initial) On Star Transaction ID: SB17.24920.29 Date of Disbursement Mailing Address P.O. Box 278 Transaction ID: SB17.24920.29 Date of Disbursement City State Zip Code IA Amount of Each Disbursement this Period Purpose of Disbursement Telephone IA 51201 Office Sought: House Primary General Category/ Type Amount of Each Disbursement this Period Office Sought: House Primary Disbursement For: Other (specify) ▼ Refund or Disposal of Excess Contributions Required Under 1 C. FR. 400.53 State: Disbursement For: Other (specify) ▼ General Other (specify) ▼ Transaction ID: SB17.24920.30 Date of Disbursement Ctip State: Disbursement Other (specify) ▼ Transaction ID: SB17.24920.30 Category/ Type Transaction ID: SB17.24920.30 Date of Disbursement Mis Period Office Sought: Hoak Transaction ID: SB17.24920.30 Category/ Type City State Zip Code Johnstown PA Type Amount of Each Disbursement this Period Office Sought: House	T	ravel			Refund or Disposal of Excess Contributions Required Under
Full Name (Last, First, Middle Initial) Transaction ID: SB17.24920.29 Date of Disbursement Date of Disbursement Mailing Address P.O. Box 278 City State Zip Code Sheldon IA 51201 Purpose of Disbursement Gategory/ Type Amount of Each Disbursement this Period Cardidate Name Disbursement For: Category/ Type Office Sought: House Disbursement For: President Other (specify) ▼ Transaction ID: SB17.24920.30 Date of Disbursement Disbursement For: MEMO ITEM] Full Name (Last, First, Middle Initial) Transaction ID: SB17.24920.30 Cate of Disbursement Disbursement For: Disbursement Office Sought: House State Zip Code Office Sought: House Disbursement For: Gategory/ Type Office Sought: House Disbursement For: G		Senate President	Primary General	Туре	
City State Zip Code Sheldon IA 51201 Purpose of Disbursement	F	full Name (Last, First, Middle Initial)			Date of Disbursement
Sheldon IA 51201 Purpose of Disbursement Telephone 34.95 Candidate Name Category/ Type Candidate Name Disbursement For: Senate Category/ President State: District: Full Name (Last, First, Middle Initial) Category/ Category/ C. Full Name (Last, First, Middle Initial) C. Eat N Park Mailing Address 1461 Scalp Avenue City State Candidate Name Category/ Type Office Sought: House State Zip Code Johnstown PA PA 15904 Purpose of Disbursement Category/ Type Office Sought: House Senate Disbursement For: Candidate Name Category/ Type Office Sought: House Senate Primary President Other (specify) ▼ State: District:	N	Aailing Address P.O. Box 278			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 5 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
Telephone Category' Candidate Name Disbursement For: Office Sought: House President Disbursement For: President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) C. Eat N Park Mailing Address 1461 Scalp Avenue City State Johnstown PA Purpose of Disbursement Category' Meals Category' Category: Transaction ID: SB17.24920.30 Date of Disbursement Disbursement For: Senate Code Johnstown PA Purpose of Disbursement Category' Mails Category' Office Sought: House Disbursement For: Category' President Disbursement For: President Disbursement For: President Other (specify) ▼ State: District:					
Office Sought: House Disbursement For: Type I1 C.F.R. 400.53' Office Sought: House Disbursement For: Image: Carlot of the specify of the specific of the specifi	Т	elephone			Refund or Disposal of Excess
Office Sought: House Disbursement Por: General President Other (specify) Image: Control of the system of the syst	_				11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) Transaction ID: SB17.24920.30 Eat N Park Date of Disbursement Mailing Address 1461 Scalp Avenue City State Zip Code Johnstown PA 15904 Purpose of Disbursement 30.17 Meals Cardidate Name Office Sought: House President Disbursement For: Senate Primary President Other (specify) State: District:	С	Senate	Primary General		
C: Eat N Park Mailing Address 1461 Scalp Avenue City State Zip Code Johnstown PA 15904 Purpose of Disbursement Gandidate Name Category/ Office Sought: House Disbursement For: State: Disbursement For: General Office Sought: House Disbursement For: State: District: Other (specify) ▼					
City State Zip Code Johnstown PA 15904 Purpose of Disbursement 30.17 Meals Category/ Candidate Name Category/ Office Sought: House Disbursement For: Senate President Other (specify) State: District:	-				Date of Disbursement
Johnstown PA 15904 Purpose of Disbursement 30.17 Meals Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate Category/ Type Office Sought: House Disbursement For: Other (specify) General State: District: Other (specify) Total	N	Aailing Address 1461 Scalp Avenue			
Meals Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate Primary General President Other (specify) Image: Category (State) State: District: Other (specify)					
Office Sought: House Disbursement For: I1 C.F.R. 400.53 Office Sought: Senate Primary General President Other (specify) ▼	N	leals			Refund or Disposal of Excess
Office Sought: House Disbursement For: Image: Constraint of the second	C				11 C.F.R. 400.53
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S	CHEDULE B (FEC Form 3)		NUMBER: PAGE 60 / 170				
IT	EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	(check only	x 17 18 19a 19b 20a 20b 20c 21			
	y Information copied from such Reports and Statem for commercial purposes, other than using the name						
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) Eat N Park Mailing Address 1461 Scalp Avenue			Transaction ID: SB17.24920.31Date of Disbursement 01 01 25 2006			
		State Zip Code PA 15904		Amount of Each Disbursement this Period			
	Purpose of Disbursement Meals Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
В.	Full Name (Last, First, Middle Initial) Ryan's			Transaction ID: SB17.24920.32 Date of Disbursement			
		State Zip Code PA 15904		0 1 2 5 2 0 0 6 Amount of Each Disbursement this Period			
	Purpose of Disbursement Meals Candidate Name		Category/ Type	24.22 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[
C.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.24920.37 Date of Disbursement			
	Mailing Address 5700 Sixth Avenue			$\begin{array}{c} M \\ 0 \\ 1 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} T \\ 2 \\ 5 \\ \end{array} \begin{array}{c} D \\ 2 \\ 5 \\ \end{array} \begin{array}{c} D \\ 2 \\ 5 \\ \end{array} \begin{array}{c} T \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} T \\ 0 \\ 0 \\ \end{array} \begin{array}{c} T \\ T $			
		State Zip Code PA 16602		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel			28.00 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼					
SUBTOTAL of Disbursements This Page (optional)							
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SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 61 / 170
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Full Name (Last, First, Middle Initial) A. Fish Market			Transaction ID: SB17.24920.38 Date of Disbursement M M / P 2 5 / Y Y Y Y
Mailing Address San Polo Sq			
Alexandria	State Zip Code VA 22202		Amount of Each Disbursement this Period 257.63
Purpose of Disbursement Meeting Expense Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼	Туре	[MEMO ITEM]
Full Name (Last, First, Middle Initial) B. Homewood Suites			Transaction ID: SB17.24920.40 Date of Disbursement 01 / 25 / 2006
Mailing Address 4850 Leesburg Pike	Mailing Address 4850 Leesburg Pike		
City Alexandria	State Zip Code VA 22302		Amount of Each Disbursement this Period
Purpose of Disbursement Travel Candidate Name Cat			140.61 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) V	Туре	[MEMO ITEM]
Full Name (Last, First, Middle Initial) C. Easy Grade Car Wash			Transaction ID: SB17.24920.41 Date of Disbursement
Mailing Address 925 Menoher Boulevard			01 ^M /25 ^D /2006 ^Y
City Johnstown	State Zip Code PA 15905		Amount of Each Disbursement this Period
Purpose of Disbursement Travel	· · · · · · · · · · · · · · · · · · ·		14.76 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		►	0.00
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	CHEDULE B (FEC Form 3)	Use seperate schedule(s) for each category of the	FOR LINE (check onl	NUMBER: PAGE 62 / 170 y one)
	EMIZED DISBURSEMENTS	Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Statem or commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
	Full Name (Last, First, Middle Initial) Sunoco			Transaction ID: SB17.24920.44 Date of Disbursement
	Mailing Address Walnut Street			01 ^M /25 [/] 2006 [×]
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name		Category/ Type	32.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	Type	[MEMO ITEM]
	Full Name (Last, First, Middle Initial) Ritz Carlton			Transaction ID: SB17.24920.46 Date of Disbursement
	Mailing Address 10 Ave of the Arts			01 ^M /25/YYYYYY 2006 ^Y
	Philadelphia	State Zip Code PA 19102		Amount of Each Disbursement this Period
	Purpose of Disbursement Meeting Expense Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
	Full Name (Last, First, Middle Initial) Ritz Carlton			Transaction ID: SB17.24920.47 Date of Disbursement
	Mailing Address 10 Ave of the Arts			$ \begin{array}{c} M \\ 0 \\ 1 \end{array} \right) \left(\begin{array}{c} D \\ 2 \\ 5 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y $
		State Zip Code PA 19102		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			453.72 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 63 / 170
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Giant Eagle Mailing Address Scalp Avenue			Transaction ID: SB17.24920.48Date of Disbursement $0 1$ 1 $2 5$ $2 0 0 6$ $2 0 0 6$
		State Zip Code PA 15904		Amount of Each Disbursement this Period 24.57
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President State: District:	nent For: Primary General Other (specify) V		
В.	Full Name (Last, First, Middle Initial) Pigalle			Transaction ID: SB17.24920.49 Date of Disbursement
	Mailing Address 75 Charles Street			01 ^M /25 ^D /2006 ^Y
		State Zip Code MA 02116		Amount of Each Disbursement this Period 373.40
	Meeting Expense Candidate Name Office Sought: House Disburse	mont For:	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	State: District:	Primary General Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) Omni Hotels			Transaction ID: SB17.24920.51 Date of Disbursement
	Mailing Address Grant Street			01 ^M /25 ^D /2006 ^Y
		State Zip Code PA 15501		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			270.75 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President State: District:	nent For: Primary General Other (specify) ▼		
s	UBTOTAL of Disbursements This Page (optional)		►	0.00
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SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 64 / 170
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Full Name (Last, First, Middle Initial) A. Omni Hotels			Transaction ID: SB17.24920.52 Date of Disbursement M M / D D / Y
Mailing Address Grant Street			
	State Zip Code PA 15501		Amount of Each Disbursement this Period
Purpose of Disbursement Travel Candidate Name		Category/	35.94 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼	Туре	[MEMO ITEM]
Full Name (Last, First, Middle Initial) B. Mandarin Oriental			Transaction ID: SB17.24920.53 Date of Disbursement 01 / 25 / 2006
Mailing Address 1330 MAryland Avenue S	Mailing Address 1330 MAryland Avenue SW		
,	State Zip Code DC 20024		Amount of Each Disbursement this Period 336.50
Meeting Expense Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Senate President	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
State: District: Full Name (Last, First, Middle Initial) C. Sheetz			Transaction ID: SB17.24920.57 Date of Disbursement
Mailing Address 5700 Sixth Avenue			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 5 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
	State Zip Code PA 16602		Amount of Each Disbursement this Period
Purpose of Disbursement Travel	Purpose of Disbursement		33.20 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
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SCI	HEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 65 / 170
	MIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Statemer r commercial purposes, other than using the name			
N N	IAME OF COMMITTEE (In Full) INTHA FOR CONGRESS COMMITTEE			
	ull Name (Last, First, Middle Initial) J.S. Postal Service			Transaction ID: SB17.24920.58 Date of Disbursement
N	Nailing Address Locust & Franklin Streets			$ \begin{array}{c} M \\ 0 \\ 1 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} T \\ 2 \\ 5 \end{array} \begin{array}{c} D \\ 2 \\ 5 \end{array} \begin{array}{c} T \\ T \\ 2 \\ 5 \end{array} \begin{array}{c} T \\ T $
	<i>y</i>	State Zip Code PA 15901		Amount of Each Disbursement this Period
P	Purpose of Disbursement Postage Candidate Name		Category/ Type	303.40 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
_	ull Name (Last, First, Middle Initial) Val Mart			Transaction ID: SB17.24920.60 Date of Disbursement
N	Aailing Address Theatre Drive			
		State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Office Exp			119.78 Refund or Disposal of Excess
C	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
F	State: District:			Transaction ID: SB17.24920.61
_	The Pic Nic Basket			Date of Disbursement 0 1 / 2 5 / 2 0 0 6
_	Aailing Address 320 Main Street			
Y	oungstown	State Zip Code PA 15696		Amount of Each Disbursement this Period
Ν	Purpose of Disbursement Aeeting Expense			718.75 Refund or Disposal of Excess
C	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		
SUE	BTOTAL of Disbursements This Page (optional)		····· Þ	0.00
тот	TAL This Period (last page this line number only)		►	

SCHEDULE B (FEC Form 3)		LINE NUMBER: PAGE 66 / 170
ITEMIZED DISBURSEMENTS	for each category of the Creck Detailed Summary Page	k only one) X 17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE		
Full Name (Last, First, Middle Initial) A. Giant Eagle Mailing Address Scalp Avenue		Transaction ID: SB17.24920.63 Date of Disbursement $\underbrace{M}_{01}M_{1}M_{1} = \begin{bmatrix} D & D \\ 2 & D \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix}$
	State Zip Code PA 15904	Amount of Each Disbursement this Period 116.80 Refund or Disposal of Excess Contributions Required Under
Office Sought: House Disburser Senate President State: District:	Type nent For: Primary General Other (specify) ▼	11 C.F.R. 400.53 [MEMO ITEM]
Full Name (Last, First, Middle Initial) B. Sheetz Mailing Address 5700 Sixth Avenue		Transaction ID: SB17.24920.64 Date of Disbursement
Altoona I Purpose of Disbursement Travel Candidate Name Office Sought: House Disburser	State Zip Code PA 16602 Category Type ment For: Primary General Other (specify) ▼	Amount of Each Disbursement this Period 24.25 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Full Name (Last, First, Middle Initial) C. Capri Pizza Mailing Address Main Street		Transaction ID: SB17.24920.65Date of Disbursement $M 1 M / 25 / 2006^{\circ}$
Johnstown I Purpose of Disbursement Volunteer Expense Candidate Name Office Sought: House Disburser Senate President	State Zip Code PA 15901 Category Type ment For: Primary General Other (specify) ▼	Amount of Each Disbursement this Period 14.27 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
State: District: SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)		• 0.00

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 67 / 170
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	x 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Stateme for commercial purposes, other than using the name			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Staples Mailing Address Galleria Drive			Transaction ID: SB17.24920.66 Date of Disbursement
	Johnstown	State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Office Exp Candidate Name		Category/ Type	47.14 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
В.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.24920.67 Date of Disbursement
	Mailing Address 5700 Sixth Avenue			$ \begin{array}{c} M \\ 0 \\ 1 \end{array} \right) \left(\begin{array}{c} D \\ 2 \\ 5 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y $
	Altoona I Purpose of Disbursement	State Zip Code PA 16602	[]	Amount of Each Disbursement this Period 23.80
	Travel Candidate Name Office Sought: House Disburser	ment For:	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Senate President State: District:	Primary General Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) Capri Pizza			Transaction ID: SB17.24920.68 Date of Disbursement 01^{M} / 25^{D} / 2006^{Y}
	Mailing Address Main Street			$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ 1 \end{array} \\ \end{array} \\ \left(\begin{array}{c} D \\ 2 \end{array} \\ 2 \end{array} \\ \left(\begin{array}{c} D \\ 2 \end{array} \right) \\ \end{array} \\ \left(\begin{array}{c} Y \\ 2 \end{array} \\ \left(\begin{array}{c} Y \\ 2 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\$
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Volunteer Exp		22.30 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
s	UBTOTAL of Disbursements This Page (optional)		····· Þ	0.00
т	OTAL This Period (last page this line number only)		►	

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 68 / 170
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	y one) X 17 18 19a 19b
		Detailed Summary Page	-	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	y Information copied from such Reports and Statem			
or	for commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.24920.70
А.	Sheetz			Date of Disbursement
	Mailing Address 5700 Sixth Avenue			0 ^M 1 ^M /25 ^D /2006 ^Y
		State Zip Code		Amount of Each Disbursement this Period
		PA 16602		24.00
	Purpose of Disbursement Travel			Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53
			Туре	[MEMO ITEM]
	Office Sought: House Disburser Senate	nent For: Primary General		
	President	Other (specify)		
	State: District:			
в.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.24920.73
Б.	U.S. House of Representatives			Date of Disbursement
	Mailing Address Pennsylvania Avenue			0 1 ^M / 2 5 / Y 2 0 0 6
	,	State Zip Code DC 20013		Amount of Each Disbursement this Period
	Purpose of Disbursement Gifts			200.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
	State: District:			
C.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.24920.76 Date of Disbursement
	Mailing Address 5700 Sixth Avenue			01 ^M /25 ^D /2006 ^Y
		State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			25.01 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
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s	UBTOTAL of Disbursements This Page (optional)		Þ	0.00
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 69 / 170
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	yone) X 17 18 19a 19b
		Detailed Summary Page	-	20a 20b 20c 21
	y Information copied from such Reports and Statem			
or	or commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
V	MONTHAT ON CONCINESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) BP Oil			Transaction ID: SB17.24920.77 Date of Disbursement
	Mailing Address Bedford Street			$ \begin{array}{c} M \\ 0 \\ 1 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 2 \\ 5 \\ \end{array} \begin{array}{c} D \\ 2 \\ \end{array} \begin{array}{c} V \\ 2 \\ \end{array} \begin{array}{c} V \\ 2 \\ \end{array} \begin{array}{c} V \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ V \\ V \\ \end{array} $
	,	State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			12.50 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disbursed Senate President State: District:	ment For: Primary General Other (specify) ▼		[
	Full Name (Last, First, Middle Initial)			
В.	Sheetz			Transaction ID: SB17.24920.78 Date of Disbursement
	Mailing Address 5700 Sixth Avenue			$ \begin{array}{c} M \\ 0 \\ 1 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} T \\ 2 \\ \end{array} \begin{array}{c} D \\ 2 \\ \end{array} \begin{array}{c} T \\ 2 \\ \end{array} \begin{array}{c} T \\ T \\ \end{array} \begin{array}{c} T \\ T \\ T \\ \end{array} \begin{array}{c} T \\ T $
	Altoona	State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			19.27 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		[
	State: District:			
C.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.24920.79 Date of Disbursement
	Mailing Address 5700 Sixth Avenue			$ \begin{array}{c} M & M \\ 0 & 1 \end{array} \right) \left(\begin{array}{c} D & D \\ 2 & 5 \end{array} \right) \left(\begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 & 0 & 0 \\ 6 \end{array} \right) \right) $
		State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			9.58 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disbursed Senate President State: District:	ment For: Primary General Other (specify) ▼		[
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	OTAL of Disbursements This Page (optional)			
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S	CHEDULE B (FEC Form 3)			NUMBER: PAGE 70 / 170
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Check only	x 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statemo			or the purpose of solicating contributions
or	or commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Capri Pizza Mailing Address Main Street			Transaction ID: SB17.24920.81 Date of Disbursement 0 1 / 2 5 / Y Y Y Y
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Volunteer Exp Candidate Name		Category/	17.12 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	[MEMO ITEM]
В.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.24920.82 Date of Disbursement
	Mailing Address 5700 Sixth Avenue			$ \begin{array}{c} M \\ 0 \\ 1 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 2 \\ 5 \\ \end{array} \begin{array}{c} D \\ 2 \\ 5 \\ \end{array} \begin{array}{c} D \\ 2 \\ 5 \\ \end{array} \begin{array}{c} D \\ 2 \\ \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y $
	Altoona	State Zip Code PA 16602		Amount of Each Disbursement this Period 28.41
	Purpose of Disbursement Travel Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
	State: District: Full Name (Last, First, Middle Initial)			T
C.	Easy Grade Car Wash			Transaction ID: SB17.24920.83 Date of Disbursement
	Mailing Address 925 Menoher Boulevard			$ \begin{array}{c} M & M \\ 0 & 1 \end{array} \right) \left(\begin{array}{c} D & D \\ 2 & 5 \end{array} \right) \left(\begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 & 0 & 0 \\ 6 \end{array} \right) \right) $
		State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			18.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 71 / 170
IT	EMIZED DISBURSEMENTS	for each category of the	(Check only	
		Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statemo			
or	for commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee
Ν	NAME OF COMMITTEE (In Full)			
	MURTHA FOR CONGRESS COMMITTEE			
<u>د</u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.24920.84
Α.	Ritz Carlton			Date of Disbursement
	Mailing Address 1250 South Hayes Street		$ \begin{array}{c} M \\ 0 \\ 1 \end{array} \right) \left(\begin{array}{c} D \\ 2 \\ 5 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y $	
	,	State Zip Code		Amount of Each Disbursement this Period
	3	VA 22202		420.80
	Purpose of Disbursement Travel			Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under
			Туре	11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburser Senate	ment For: Primary General		[]
	President	Other (specify)		
	State: District:) / \		
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.24920.85
В.	U.S. House of Representatives			Date of Disbursement
	Mailing Address Pennsylvania Avenue			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} I \\ 2 & 5 \end{bmatrix} \begin{bmatrix} I \\ Y \end{bmatrix} \begin{bmatrix} Y \\ 2 & 0 \\ 0 & 6 \end{bmatrix} $
		State Zip Code		Amount of Each Disbursement this Period
		DC 20013		216.00
	Purpose of Disbursement Gifts			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate	ment For: Primary General		[MEMO ITEM]
	President	Other (specify)		
	State: District:) / \		
~	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.24920.86
υ.	Sheetz			Date of Disbursement
	Mailing Address 5700 Sixth Avenue			$ \begin{array}{c} M & M \\ 0 & 1 \end{array} \right) \left(\begin{array}{c} D & D \\ 2 & 5 \end{array} \right) \left(\begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 2 & 0 & 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ Y $
		State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement			34.50
	Travel			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburser			
	Senate President	Primary General Other (specify)		
	State: District:			
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SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Full Name (Last, First, Middle Initial) A. U.S. House of Representatives			Transaction ID: SB17.24920.87 Date of Disbursement
Mailing Address Pennsylvania Avenue			$ \begin{array}{c} M \\ 0 \\ 1 \end{array} \right) \left(\begin{array}{c} D \\ 2 \\ 5 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y $
City Washington	StateZip CodeDC20013		Amount of Each Disbursement this Period
Purpose of Disbursement Gifts Candidate Name		Category/	150.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	Туре	[MEMO ITEM]
Full Name (Last, First, Middle Initial) B. Easy Grade Car Wash			Transaction ID: SB17.24920.88 Date of Disbursement
Mailing Address 925 Menoher Boulevard			0 1 ^M / 2 5 / Y Y Y Y Y
City Johnstown	State Zip Code PA 15905		Amount of Each Disbursement this Period
Purpose of Disbursement Travel Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
Full Name (Last, First, Middle Initial) C. Cingular			Transaction ID: SB17.24920.89 Date of Disbursement
Mailing Address P.O. Box 129			$ \begin{array}{c} M \\ 0 \\ 1 \end{array} \right) \left(\begin{array}{c} D \\ 2 \\ 5 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y $
City Newark	StateZip CodeNJ07101-0129		Amount of Each Disbursement this Period
Purpose of Disbursement Telephone			63.58 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		►	0.00
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ITEMIZED DISBURSEMENTS for each category of the ''	SCHEDULE B (FEC Form 3)		NE NUMBER: PAGE 73 / 170
ar for commercial purposes, after than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Fuil) NURTHAF COR CONCRESS COMMITTEE Full Name (Last, First, Middle Initial) A. EMS Shop Shop Grit	ITEMIZED DISBURSEMENTS	for each category of the	X 17 18 19a 19b
NAME OF COMMITTEE (In Full) MURTHA FOR COMORERSS COMMITTEE Full Name (Last, First, Middle Initial) A. EM's Shop Shop Maling Address 1111 Scalp Avenue City State Otherstown PA State: Disbursement Volunteer Ep Category Category Trensaction ID: SB17.24920.90 Office Sought: House District: Disbursement For: Proceed of Disbursement Category Trensaction ID: SB17.24920.91 B. U.S. Postal Service Interview (specify) ▼ Maling Address Locust & Franklin Streets City State Johnstown PA Purpose of Disbursement Pail Name (Last, First, Middle Initial) B. U.S. Postal Service Interview (Specify) ▼ Maling Address Locust & Franklin Streets City State Zip Code Johnstown PA 15901 Purpose of Disbursement Pail Sol Purpose of Disbursement Office Sought: House Disbursement For: Category' Other (specify)			
A. EM's Shop Shop Date of Disbursement Defaultions Mailing Address 1111 Scalp Avenue If			
City State Zip Code Johnstown PA 15904-3036 Purpose of Disbursement Calegory Volunteer Exp Calegory Office Sought: House District: Disbursement For: President Other (specify) ▼ B. Ul. Name (Last, First, Middle Initia) Transaction ID: SB17.24920.91 Date of Disbursement Distreement For: Office Sought: Distreement Mailing Address Locust & Franklin Streets City State Zip Code Category Types Office Sought: House Disbursement For: Office Sought: House Disbursement For Postage Category Candidate Name Disbursement For: Office Sought: House Disbursement Disbursement For: Office Sought: House Disbursement Disbursement For: Office Sought: Disbursement For: Office Sought: Bater Disbursement For: Office Sought: District:			Date of Disbursement
Johnstown PA 15904-3036 16.30 Purpose of Disbursement Category/ Type 10.2.7.4.200.53 16.30 Office Sought: House Disbursement For: President Category/ Type 10.2.7.4.200.53 Office Sought: House Disbursement For: President Category/ Type Interview Mailing Address Locust & Franklin Streets Interview Interview Mailing Address Locust & Franklin Streets Interview Amount of Each Disbursement this Period Totagory/ Type Office Sought: House Disbursement For: Prestage Category/ Type Interview Office Sought: House Disbursement For: Prestage Category/ Type Interview Office Sought: House Disbursement For: Prestedent Category/ Type Interview City State Disbursement For: Prestedent Category/ Type Interview Interview City State Disbursement For: Prestedent Disbursement For: Prestedent Transaction ID: SB17.24920.94 City State Disbursement For: Prestedent Other (specify) ♥ Amount of Each Disbursement this Period City Stat	Mailing Address 1111 Scalp Avenue		
Volunce Z pp Category/ Type Refund or Disposal of Excess Controlutions Required Under In C.F.R. 400.53 Office Sought: House Disbursement For: Primary			Amount of Each Disbursement this Period
Office Sought: House Senate Disbursement For: President General Other (specify) Image: Control of the control	Volunteer Exp		Refund or Disposal of Excess Contributions Required Under
B. U.S. Postal Service Mailing Address Locust & Franklin Streets City State Zip Code Johnstown PA 15901 Purpose of Disbursement Postage Category' Category Type It 2.0.03 Office Sought: House Disbursement For: Category' State: District: General Other (specify) ▼ C. Full Name (Last, First, Middle Initial) Transaction ID: SB17.24920.94 Date of Disbursement Disbursement For: General Johnstown PA 15904 Purpose of Disbursement Other (specify) ▼ Amount of Each Disbursement this Period Mailing Address Transaction ID: SB17.24920.94 Date of Disbursement Ctity State Disbursement For: Amount of Each Disbursement Office Sought: Bate of Disbursement Mailing Address Transaction ID: SB17.24920.94 Date of Disbursement Category/Type Transaction ID: SB17.24920.94 Date of Disbursement Office Sought: General Category/Type Tasecol Disbursement Mailin Address Of	Senate President	ement For: Primary General	- [MEMO ITEM]
Mailing Address Locust & Franklin Streets City State Zip Code Johnstown PA 15901 Purpose of Disbursement Postage Category/ Type Refund or Disposal of Excess Candidate Name Disbursement For: Category/ Type Refund or Disposal of Excess Office Sought: House Disbursement For: Category/ Type Refund or Disposal of Excess Category/ Type State: District: President Transaction ID: SB17.24920.94 Ctity State: Disbursement Other (specify) ▼ Amount of Each Disbursement City State: Disbursement Other (specify) ▼ Amount of Each Disbursement City State Zip Code Amount of Each Disbursement this Period Category/ Johnstown PA 15904 Amount of Each Disbursement this Period Category/ Johnstown Senate Disbursement For: Category/ Type Mailing Address Office Sought: House Disbursement For: Category/ Type Category/ Type MeMo ITEM] Office Sought: House Disbursement For: General Other (specify) ▼<			Date of Disbursement
Johnstown PA 15901 Purpose of Disbursement Postage Image: Candidate Name Image: Category/ Type Image: Category/ Type Image: Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Senate Disbursement For: General Image: Category/ Type Image: Category/ T	Mailing Address Locust & Franklin Street	$\begin{array}{c c} & & \\ & &$	
Postage Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: State: District: Other (specify) Transaction ID: SB17.24920.94 Date of Disbursement Date of Disbursement City State Johnstown PA Purpose of Disbursement Category/ Type Office Sought: House Disbursement Category/ Type Category/ Type Y Office Sought: Disbursement Campaign Office Exp Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Category/ Type President Other (specify) State: District: Subtrott Other (specify) State: District:	Johnstown		Amount of Each Disbursement this Period
Office Sought: House Disbursement For: General State: District: Other (specify) Image: Control of the system of	Postage		Contributions Required Under 11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) Transaction ID: SB17.24920.94 Wal Mart Date of Disbursement Mailing Address Theatre Drive City State Zip Code Johnstown PA 15904 Purpose of Disbursement Category/ Candidate Name Disbursement For: Office Sought: House Senate Primary President Other (specify) ▼ Subtrottal of Disbursements This Page (optional) 0.00	Senate President	Primary General	
City State Zip Code Johnstown PA 15904 Purpose of Disbursement 113.64 Campaign Office Exp Category/ Candidate Name Category/ Office Sought: House Disbursement For: Senate President Other (specify) State: District: SubtrotAL of Disbursements This Page (optional) 0.00	Full Name (Last, First, Middle Initial)		Date of Disbursement
Johnstown PA 15904 Purpose of Disbursement 113.64 Campaign Office Exp Category/ Type Candidate Name Category/ Type Office Sought: House Senate Primary President Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional) 0.00	Mailing Address Theatre Drive		$\begin{array}{c c} M & M \\ 0 & 1 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 2 \\ 5 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ 2 \\ 5 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y $
Campaign Office Exp Category/ Type Category/ Type Candidate Name Disbursement For: Office Sought: House Disbursement For: Senate President Other (specify) State: Disbursements This Page (optional)			Amount of Each Disbursement this Period
Office Sought: House Disbursement For: Senate Primary General Office Sought: Disbursement For: Other (specify) Image: Construct of the senate Image: Construct of the senate Subtrottal of Disbursements This Page (optional) Image: Construct of the senate Image: Construct of the senate Image: Construct of the senate			
Office Sought: House Disbursement For: Image: Construct of Di	Candidate Name		Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary General	
			0.00
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 74 / 170			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b			
		Detailed Summary Fage		20a 20b 20c 21			
	y Information copied from such Reports and Statem or commercial purposes, other than using the name						
	NAME OF COMMITTEE (In Full)	and address of any pointed					
\rangle	MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.24920.95 Date of Disbursement			
	Mailing Address 5700 Sixth Avenue			$ \begin{array}{c} M \\ 0 \\ 1 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 2 \\ 5 \\ \end{array} \begin{array}{c} D \\ 2 \\ \end{array} \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ 2 \\ \end{array} \end{array} \begin{array}{c} D \\ \end{array} \end{array} \begin{array}{c} D \\ D \\ \end{array} \end{array} \begin{array}{c} D \\ \end{array} \end{array} \begin{array}{c} D \\ D \\ \end{array} \end{array} \begin{array}{c} D \\ \end{array} \end{array} \end{array} \begin{array}{c} D \\ \end{array} \end{array} \end{array} \begin{array}{c} D \\ \end{array} \end{array} \end{array} \end{array} \begin{array}{c} D \\ \end{array} \end{array} \end{array} \end{array} \begin{array}{c} D \\ \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} D \\ \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} D \\ \end{array} \end{array}$			
	,	State Zip Code PA 16602		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel			36.50 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		[
	State: District: Full Name (Last, First, Middle Initial)						
В.	BP Oil			Transaction ID: SB17.24920.96 Date of Disbursement			
	Mailing Address Bedford Street			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} $			
		State Zip Code PA 15901		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel			24.50 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) V					
	State: District:						
C.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.24920.97 Date of Disbursement			
	Mailing Address 5700 Sixth Avenue			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 5 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $			
		State Zip Code PA 16602		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel			39.50 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disbursed Senate President State: District:	ment For: Primary General Other (specify) ▼		[
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 75 / 170
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.24920.98 Date of Disbursement 01 / 25 / 2006
	Mailing Address 5700 Sixth Avenue			
	,	State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name		Category/ Type	36.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
в.	Full Name (Last, First, Middle Initial) Ritz Carlton			Transaction ID: SB17.24920.100 Date of Disbursement
	Mailing Address 1250 South Hayes Street			$\begin{array}{c} M \\ 0 \\ 1 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 2 \\ 5 \end{array} \begin{array}{c} D \\ 2 \\ 5 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y $
	Arlington	State Zip Code VA 22202		Amount of Each Disbursement this Period 2763.06
	Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
C .	State: District: Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.24920.103 Date of Disbursement
	Mailing Address 5700 Sixth Avenue			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 5 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
		State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel		· · · · ·	16.56 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 76 / 170			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Check only	X 17 18 19a 19b			
۸n	y Information copied from such Reports and Stateme	ants may not be cold or used		20a 20b 20c 21			
	or commercial purposes, other than using the name						
	NAME OF COMMITTEE (In Full)						
Ľ	MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.24920.104			
~ .	Enterprise Rent A Car			Date of Disbursement			
	Mailing Address Scalp Avenue			$ \begin{array}{c} M \\ 0 \\ 1 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} T \\ \end{array} \begin{array}{c} T \\ 2 \\ 5 \\ \end{array} \begin{array}{c} D \\ 2 \\ 5 \\ \end{array} \begin{array}{c} D \\ T \\ \end{array} \begin{array}{c} D \\ T \\ 2 \\ \end{array} \begin{array}{c} D \\ T \\ T \\ \end{array} \begin{array}{c} T \\ T $			
		State Zip Code		Amount of Each Disbursement this Period			
		PA 15904		144.36			
	Purpose of Disbursement Vehicle Rental			Refund or Disposal of Excess			
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53			
			Туре	[MEMO ITEM]			
	Office Sought: House Disburser Senate	Primary General					
	President	Other (specify)					
	State: District:						
в.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.24920.107			
υ.	Sheetz		Date of Disbursement				
	Mailing Address 5700 Sixth Avenue			$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ 1 \end{array} \\ \begin{array}{c} M \\ 1 \end{array} \\ \begin{array}{c} D \\ 2 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 2 \end{array} \\ \begin{array}{c} D \\ 2 \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 2 \end{array} \\ \end{array} \\$			
		State Zip Code PA 16602		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel			30.71 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser	ment For:		[MEMO ITEM]			
	Senate President	Primary General					
	State: District:	Other (specify)					
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.24920.108			
C.	U.S. Postal Service			Date of Disbursement			
	Mailing Address Locust & Franklin Streets			$ \begin{array}{c} M \\ 0 \\ 1 \end{array} \right) \left(\begin{array}{c} D \\ 2 \\ 5 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y $			
		State Zip Code PA 15901		Amount of Each Disbursement this Period			
	Purpose of Disbursement Postage			16.81			
	Candidate Name Category/		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser	ment For:	. , , , , , , , , , , , , , , , , , , ,	[MEMO ITEM]			
	Senate	Primary General					
	State: District:	Other (specify)					
<u> </u>	State: District:						
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 77 / 170			
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	y one) X 17 18 19a 19b			
		Detailed Summary Page	-	$\begin{array}{c c c c c c c c c c c c c c c c c c c $			
	y Information copied from such Reports and Statem						
or	or commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee			
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE						
<u> </u>	Full Name (Last, First, Middle Initial) U.S. Postal Service			Transaction ID: SB17.24920.109 Date of Disbursement			
	Mailing Address Locust & Franklin Streets			$\begin{array}{c} M \\ 0 \\ 1 \end{array} \begin{array}{c} M \\ 2 \\ 5 \end{array} \begin{array}{c} D \\ 2 \\ 5 \end{array} \begin{array}{c} D \\ 2 \\ 5 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} $			
		7 's 0 sta					
	,	State Zip Code PA 15901		Amount of Each Disbursement this Period			
	Purpose of Disbursement Postage			52.29 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
	State: District: Full Name (Last, First, Middle Initial)						
В.	Easy Grade Car Wash			Transaction ID: SB17.24920.110 Date of Disbursement			
	Mailing Address 925 Menoher Boulevard			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 1 \end{array} \right) \left(\begin{array}{c} D \\ 2 \\ 5 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y $			
		State Zip Code PA 15905		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel			18.00 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
	State: District:						
C.	Full Name (Last, First, Middle Initial) City View Bar & Grill			Transaction ID: SB17.24920.111 Date of Disbursement			
	Mailing Address Edgehill Drive			$ \begin{array}{c} M \\ 0 \\ 1 \end{array} \right) \left(\begin{array}{c} D \\ 2 \\ 5 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y $			
		State Zip Code PA 15905		Amount of Each Disbursement this Period			
	Purpose of Disbursement Meeting Expense			135.00 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
Г							
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	y Information copied from such Reports and Statem or commercial purposes, other than using the name						
	NAME OF COMMITTEE (In Full)						
Ż	MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.24920.112			
	Bilo Foods			Date of Disbursement			
	Mailing Address Scalp Avenue			$ \begin{array}{c} M \\ 0 \\ 1 \\ \end{array} \right) \left(\begin{array}{c} D \\ 2 \\ 5 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ \end{array} \right) \left(\begin{array}{c} Y \\ Y $			
		State Zip Code		Amount of Each Disbursement this Period			
	Johnstown Purpose of Disbursement	PA 15904		8.46			
	Campaign Office Exp			Refund or Disposal of Excess			
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53			
	Office Courset		Туре	[MEMO ITEM]			
	Office Sought: House Disburse	Primary General					
	President	Other (specify)					
	State: District:						
В.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.24920.115			
υ.	Sheetz			Date of Disbursement			
	Mailing Address 5700 Sixth Avenue			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 1 \end{array} \end{array} \right) \left(\begin{array}{c} D \\ 2 \\ 5 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0$			
		State Zip Code		Amount of Each Disbursement this Period			
	Altoona PA 16602 Purpose of Disbursement			24.50			
	Travel			Refund or Disposal of Excess			
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse	ment For:	Туре	[MEMO ITEM]			
	Senate	Primary General					
	President	Other (specify)					
	State: District:						
C.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.24920.116 Date of Disbursement			
	Mailing Address 5700 Sixth Avenue			$ \begin{array}{c} \stackrel{M}{0} 1 \stackrel{M}{} & \begin{array}{c} \\ \end{array} & \begin{array}{c} \end{array} & \end{array} & \begin{array}{c} \end{array} & \begin{array}{c} \\ \end{array} & \end{array} & \begin{array}{c} \end{array} & \end{array} & \end{array} & \begin{array}{c} \end{array} & \end{array} & \end{array} & \end{array} & \end{array} \\ & \end{array} & \end{array} & \end{array} & \end{array} & \end{array}$			
		State Zip Code PA 16602		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel			32.00			
	Candidate Name Categor		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse	ment For:	1 340	[MEMO ITEM]			
	Senate	Primary General					
	President	Other (specify)					
	State: District:						
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 79 / 170
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Statem or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) First Commonwealth Bank			Transaction ID: SB17.25139 Date of Disbursement
	Mailing Address Credit Card Dept. P.O. Box 0537			$ \begin{array}{c} \stackrel{M}{0} \stackrel{D}{2} \stackrel{M}{} \\ \end{array} \begin{array}{c} \stackrel{D}{1} \stackrel{D}{5} \end{array} \begin{array}{c} \stackrel{D}{2} \stackrel{V}{2} \stackrel{V}{2} \stackrel{V}{0} \stackrel{V}{0} \stackrel{V}{6} \end{array} $
	Indiana	State Zip Code PA 15701-0537		Amount of Each Disbursement this Period
	Purpose of Disbursement See Detail Candidate Name		Category/ Type	20367.46 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
в.	Full Name (Last, First, Middle Initial) Texaco Inc			Transaction ID: SB17.25139.1 Date of Disbursement
	Mailing Address 2000 Westchester Avenue			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 1 \\ 5 \end{array} \begin{array}{c} D \\ 1 \\ 5 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 2 \\ \end{array} \begin{array}{c} V \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} V \\ V \\ \end{array} \begin{array}{c} V \\ V \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} V \\ V $
	White Plains	State Zip Code NY 10650		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name		Category/ Type	26.06 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Cato Travel			Transaction ID: SB17.25139.2 Date of Disbursement
	Mailing Address 1st & C Street NE #24			$ \overset{M}{0} \overset{M}{2} \overset{M}{} ^{\prime} \overset{I}{1} \overset{D}{5} \overset{D}{} ^{\prime} \overset{Y}{\overset{Y}} \overset{Y}{2} \overset{Y}{0} \overset{Y}{0} \overset{Y}{6} \overset{Y}{} $
		State Zip Code DC 20510		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			20.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) V		[]
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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check on	X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Stateme or commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25139.3
۱.	Cato Travel Mailing Address 1st & C Street NE			Date of Disbursement 02^{M} / 15^{D} / 2006^{V}
	#24			
	Washington	State Zip Code DC 20510		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name			20.00 Refund or Disposal of Excess Contributions Required Under
			Category/ Type	11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		
	Full Name (Last, First, Middle Initial)			
-	Cato Travel			Transaction ID: SB17.25139.4 Date of Disbursement
	Mailing Address 1st & C Street NE #24			
	,	State Zip Code DC 20510		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			20.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		
	State: District:			
-	Full Name (Last, First, Middle Initial) Exxonmobile			Transaction ID: SB17.25139.5 Date of Disbursement
	Mailing Address Service Station			$ \begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} M \\ 0 \\ \end{array} \begin{array}{c} M \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 5 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 5 \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $
		State Zip Code VA 22210		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			23.50 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
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ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initia) A Hotel Del Coronado Mailing Address 1500 Orange Avenue City San Diego City Category/ City Category/ City Category/ City Category/ City San Diego City City City City City City City City	ITEMIZED DISBURSEMENTS			K 17 18 19a 19b 20a 20b 20c 21
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) A Hotel Del Coronado Mailing Address 1500 Orange Avenue City State Zip Code San Diego CA 92118 Purpose of Disbursement Gategory/ Travel Category/ Office Sought: House Senate Disbursement For: Office Sought: House State Zip Code State Disbursement For: Office Sought: House State: District: President Other (specify) Full Name (Last, First, Middle Initial) Transaction ID: SB17.25139.7 Date of Disbursement Other (specify) Full Name (Last, First, Middle Initial) Transaction ID: SB17.25139.7 Date of Disbursement 015 / 2006 Mailing Address 1500 Orange Avenue City State Zip Code San Diego CA 32118 Purpose of Disbursement Disbursement For: President				
A. Hotel Del Coronado Date of Disbursement Mailing Address 1500 Orange Avenue Disbursement Oity State Zip Code San Diego CA 92118 Purpose of Disbursement Disbursement Disbursement this Perindulons Required Under Cardidate Name Disbursement For: Disbursement For: Bruin Address 1500 Orange Avenue Amount of Each Disbursement file Perinary City State Zip Code Amount of Each Disbursement file Perinary Mealing Address 1500 Orange Avenue Disbursement For: Disbursement For: Candidate Name Disbursement For: Disbursement For: Disbursement For: President Disbursement For: Disbursement For: Disbursement for: Mailing Address 1st & C Street NE Disbursement For:	NAME OF COMMITTEE (In Full)			
City State Zip Code San Diego CA 92118 Purpose of Disbursement Gated and and and and and and and and and an	A			Date of Disbursement
San Diego CA 92118 Purpose of Disbursement Travel Candidate Name Disbursement For: Grifice Sought: House President Disbursement For: District: President B. Full Name (Last, First, Middle Initial) B. Hotel Del Coronado Mailing Address 1500 Orange Avenue City State San Diego CA Office Sought: House Disbursement For: Candidate Name Category/ Tansaction ID: SB17.25139.7 Date of Disbursement Mailing Address 1500 Orange Avenue City State Zip Code San Diego CA 92118 Purpose of Disbursement President Office Sought: House Disbursement For: Office Sought: House Disbursement For: President District: Ital of Disbursement Mailing Address 1st & C Street NE #24 Category/ Ital of Disbursement Maling Address 1st & C Street NE	Mailing Address 1500 Orange Avenue			02 15 2006
Travel Candidate Name Category/ Type Refund or Disposal of Excess Contributions Required Under 1 C.F.R. 400.53 Office Sought: House Disbursement For: Category/ Type State: Disbursement For: State: District: Primary General Category/ Type Image: Category/ Type	San Diego			Amount of Each Disbursement this Period
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B. Hotel Del Coronado Mailing Address 1500 Orange Avenue City State Zip Code San Diego CA 92118 Purpose of Disbursement 9,13 Refund or Disposal of Excess Contributions Required Under 11 C. F.R. 400.53 IMEMO ITEM] Office Sought: House President Disbursement For: President Other (specify) State: District: Mailing Address 1st & C Street NE #24 City City State Mailing Address 1st & C Street NE #24 City Mailing Address 1st & C Street NE #24 City City State Disbursement Disbursement For: Washington DC Purpose of Disbursement Category/ Travel Category/ Office Sought: House Disbursement For: Category/ Office Sought: House Disbursement For: Category/ Office Soug	Senate President	Primary General	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[MEMO ITEM]
Mailing Address 1500 Orange Avenue 0.2 1.5 2.0.0.6 City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement 92118 9.13 Purpose of Disbursement 9.13 Meals Cartegory/ Type 9.13 Office Sought: House Disbursement For: Senate President Other (specify) IC.F. A00.53 State: District: IC.F. A00.53 IMEMO ITEM] Full Name (Last, First, Middle Initial) Transaction ID: SB17.25139.8 Date of Disbursement City Mailing Address 1st & C Street NE Mailing Address 1st & C Street NE #24 City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement DC 20510 Amount of Each Disbursement this Period Purpose of Disbursement Category/ Travel Disbursement For: 20.00 Candidate Name Disbursement For: Category/ Trype IC.F. A00.53 Office Sought: House Disbursement For: Category/ Trype Mediu or Disposal of Excess Office Sought:				Date of Disbursement
San Diego CA 92118 Purpose of Disbursement Purpose of Disbursement 9.13 Meals Category/ Type Category/ Type Perfund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate President Other (specify) Image: Category/ Type Image: Category/ Type Ctate President Other (specify) Image: Category/ Type Image: Category/ Type Ctato Transaction ID: SB17.25139.8 Date of Disbursement Cato Transaction ID: SB17.25139.8 Date of Disbursement Image: Category/ Travel Image: Category/ Travel Candidate Name DC 20510 Purpose of Disbursement Category/ Travel Category/ Type Office Sought: House Disbursement For: Office Sought: House Disbursement For: Office Sought: House Disbursement For: Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursem	Mailing Address 1500 Orange Avenue			
Meals Cardidate Name Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C. F.R. 400.53 Office Sought: House President Disbursement For: Other (specify) ▼ Image: Contribution Required Under 11 C. F.R. 400.53 State: District: Image: Control of Excess Contributions Required Under 11 C. F.R. 400.53 Full Name (Last, First, Middle Initial) Transaction ID: SB17.25139.8 Cato Travel Image: Control of Excess Control of Excess Contr	San Diego			Amount of Each Disbursement this Period
Office Sought: House Disbursement For: [MEMO ITEM] Senate President Other (specify) [MEMO ITEM] State: District: Image: Construction of the specify of the specific of the s	Meals			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) Transaction ID: SB17.25139.8 Cato Travel Date of Disbursement Mailing Address 1st & C Street NE #24 City City State Zip Code Washington DC 20510 Purpose of Disbursement Category/ Travel Category/ Office Sought: House Disbursement For: Senate President Other (specify)	Senate President	Primary General	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[MEMO ITEM]
Mailing Address 1st & C Street NE #24 City State Zip Code Washington DC 20510 Purpose of Disbursement 20.00 Travel Category/ Type Refund or Disposal of Excess Contributions Required Under Office Sought: House Disbursement For: Senate Primary General Other (specify) V	Full Name (Last, First, Middle Initial)			
City State Zip Code Amount of Each Disbursement this Period Washington DC 20510 20.00 Purpose of Disbursement Image: Category/ Type 20.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Image: Category/ Type Image: Category/ Type Office Sought: House Disbursement For: Image: Category/ Type Image: Category/ Type Office Sought: House Disbursement For: Image: Category/ Type Image: Category/ Type Office Sought: House Disbursement For: Image: Category/ Type Image: Category/ Type Office Sought: House Disbursement For: Image: Category/ Type Image: Category/ Type President Other (specify) The formation of the type of the ty				$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 5 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
Travel Category/ Type Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼	City			Amount of Each Disbursement this Period
Candidate Name Category/ Type Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate Primary General President Other (specify)				
Office Sought: House Disbursement For: [MEMO ITEM] Senate Primary General President Other (specify)	Candidate Name			Contributions Required Under 11 C.F.R. 400.53
	Senate President	Primary General		[MEMO ITEM]
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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
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	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25139.9
	Cato Travel Mailing Address 1st & C Street NE			Date of Disbursement
	#24			
	Washington	State Zip Code DC 20510		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			20.00
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25139.10
3.	Cato Travel			Date of Disbursement
	Mailing Address 1st & C Street NE #24			
	Washington	State Zip Code DC 20510		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			20.00
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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	Mailing Address 1st & C Street NE #24			$ \underbrace{\overset{M}{0}\overset{M}{2}}_{0} \underbrace{\overset{M}{2}}_{1} \underbrace{\overset{D}{1}}_{5} \underbrace{\overset{D}{1}}_{5} \underbrace{\overset{D}{1}}_{1} \underbrace{\overset{V}{2}}_{2} \underbrace{\overset{V}{0}}_{0} \underbrace{\overset{V}{6}}_{1} \underbrace{\overset{V}{2}}_{1} \underbrace{\overset{V}{0}}_{1} \underbrace{\overset{V}{0} \underbrace{\overset{V}{0}}_{1} \underbrace$
		State Zip Code DC 20510		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			20.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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		Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem			
or	or commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25139.12
Α.	Cato Travel			Date of Disbursement
	Mailing Address 1st & C Street NE #24			02 ^M /15 ^D /2006 ^Y
	,	State Zip Code		Amount of Each Disbursement this Period
		DC 20510		20.00
	Purpose of Disbursement Travel			Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53
			Туре	[MEMO ITEM]
	Office Sought: House Disburse	nent For: Primary General		
	President	Other (specify)		
	State: District:			
В.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25139.13
ь.	Cato Travel			Date of Disbursement
	Mailing Address 1st & C Street NE #24			$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} $ $ \begin{pmatrix} D & D \\ 1 & 5 \end{pmatrix} $ $ \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
		State Zip Code		Amount of Each Disbursement this Period
	Washington DC 20510			20.00
	Purpose of Disbursement Travel			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President	nent For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Hotel Del Coronado			Transaction ID: SB17.25139.17 Date of Disbursement
	Mailing Address 1500 Orange Avenue			$ \begin{array}{c} M \\ 0 \\ 2 \end{array} \begin{array}{c} M \\ 1 \\ 5 \end{array} \begin{array}{c} D \\ 1 \\ 5 \end{array} \begin{array}{c} D \\ 1 \\ 5 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) $
		State Zip Code CA 92118		Amount of Each Disbursement this Period
	Purpose of Disbursement Fund Raiser Recpt Exp			4762.69
	Candidate Name Category/			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
			Туре	[MEMO ITEM]
	Office Sought: House Disburse Senate President	Primary General Other (specify)		
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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Hotel Del Coronado			Transaction ID: SB17.25139.18 Date of Disbursement
	Mailing Address 1500 Orange Avenue			
	San Diego	State Zip Code CA 92118		Amount of Each Disbursement this Period
	Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name		Category/ Type	1397.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
в.	Full Name (Last, First, Middle Initial) U.S. House of Representatives			Transaction ID: SB17.25139.19 Date of Disbursement
	Mailing Address Pennsylvania Avenue			
	Washington	State Zip Code DC 20013		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Office Exp			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		
	State: District: Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25139.20
C.	Hotel Del Coronado			Date of Disbursement
	Mailing Address 1500 Orange Avenue			$ \begin{array}{c} \stackrel{\text{M}}{\text{02}} \stackrel{\text{M}}{\text{22}} \stackrel{\text{M}}{\text{22}$
		State Zip Code CA 92118		Amount of Each Disbursement this Period
	Purpose of Disbursement Fund Raiser Recpt Exp			7770.77 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
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		Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem			
or	or commercial purposes, other than using the name	e and address of any politica	I committee to so	licit contributions from such committee
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25139.21
Α.	Hotel Del Coronado			Date of Disbursement
	Mailing Address 1500 Orange Avenue			$ \overset{\text{M}}{\textbf{02}} \overset{\text{M}}{\textbf{2}} \stackrel{\text{I}}{\textbf{2}} \overset{\text{D}}{\textbf{15}} \stackrel{\text{D}}{\textbf{5}} \stackrel{\text{I}}{\textbf{2}} \overset{\text{V}}{\textbf{05}} \overset{\text{V}}{\textbf{5}} \overset{\text{V}}{\textbf{5}} $
	,	State Zip Code CA 92118		Amount of Each Disbursement this Period
	Purpose of Disbursement			199.13
	Fund Raiser Recpt Exp			Refund or Disposal of Excess Contributions Required Under
	Candidate Name		Category/ Type	11 C.F.R. 400.53
		ment For:		
	Senate President	Primary General Other (specify) ▼		
	State: District:			
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25139.23 Date of Disbursement
В.	Cafe Resces			
	Mailing Address 209 PA Avenue St			$ \begin{array}{c} M \\ 0 \\ 2 \end{array} \begin{array}{c} M \\ 1 \\ 5 \end{array} \begin{array}{c} D \\ 1 \\ 5 \end{array} \begin{array}{c} D \\ 1 \\ 5 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) $
	,	State Zip Code DC 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement Meeting Exp			94.78
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		[MEMO ITEM]
	State: District:	···· (- ···) / •		
C.	Full Name (Last, First, Middle Initial) Sunoco			Transaction ID: SB17.25139.24 Date of Disbursement
	Mailing Address Walnut Street			$\begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 5 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			22.85 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) V		[MEMO ITEM]
	oldo. District.			
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		Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
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or	for commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee
Ν	NAME OF COMMITTEE (In Full)			
/	MURTHA FOR CONGRESS COMMITTEE			
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25139.25
Α.	On Star			Date of Disbursement
	Mailing Address P.O. Box 278			$ \begin{array}{c} M \\ 0 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ 5 \end{array} \begin{array}{c} D \\ 1 \\ 5 \end{array} \begin{array}{c} I \\ 0 \\ \end{array} \begin{array}{c} V \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} V \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} V \\ Y \\$
		State Zip Code		Amount of Each Disbursement this Period
		IA 51201		34.95
	Purpose of Disbursement Telephone			Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under
			Туре	11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse	ment For: Primary General		[
	President	Other (specify)		
	State: District:			
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25139.26 Date of Disbursement
в.	Eat N Park			
	Mailing Address 1461 Scalp Avenue			$ \begin{array}{c} M \\ 0 \\ 2 \end{array}^{M} \left(\begin{array}{c} D \\ 1 \\ 5 \end{array} \right)^{D} \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right)^{Y} $
		State Zip Code		Amount of Each Disbursement this Period
	Johnstown Purpose of Disbursement	PA 15904		32.17
	Meals			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse	Primary General		
	State: District:	Other (specify)		
	Full Name (Last, First, Middle Initial)			
C.	Easy Grade Car Wash			Transaction ID: SB17.25139.27 Date of Disbursement
	Mailing Address 925 Menoher Boulevard			$ \begin{smallmatrix} M & M \\ O & 2 \end{smallmatrix} \Big/ \Big \begin{smallmatrix} D & I \\ I & 5 \end{smallmatrix} \Big/ \Big \begin{bmatrix} Y & Y & Y \\ I & O & O \\ I \end{smallmatrix} \Big) $
	City	State Zip Code		Amount of Each Disbursement this Period
		PA 15905		
	Purpose of Disbursement Travel			12.75 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse	ment For:		[MEMO ITEM]
	Senate	Primary General		
	President	Other (specify)		
_	State: District:			
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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Statemeter or commercial purposes, other than using the name			
$\overline{\}$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
۹.	Full Name (Last, First, Middle Initial) Eat N Park			Transaction ID: SB17.25139.29Date of Disbursement $M \ge M$ $P \ge D$ $0 \ge M$ $P \ge D$ $1 \ge D$ $Y \ge Y \ge Y$ $2 \ge 0 \ge 0$
	Mailing Address 1461 Scalp Avenue			02 15 2006
		State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Meals Candidate Name		Category/ Type	27.08 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
-	Full Name (Last, First, Middle Initial) Giant Eagle			Transaction ID: SB17.25139.31 Date of Disbursement
	Mailing Address Scalp Avenue			$ \begin{array}{c} M \\ 0 \\ 2 \end{array} \begin{array}{c} M \\ 0 \\ 2 \end{array} \begin{array}{c} D \\ 1 \\ 5 \end{array} \begin{array}{c} D \\ 1 \\ 5 \end{array} \begin{array}{c} D \\ 1 \\ 5 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y $
		State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Office Exp Candidate Name		Category/ Type	34.03 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	President	nent For: Primary General Other (specify) ▼	.) po	[MEMO ITEM]
	State: District: Full Name (Last, First, Middle Initial) U.S. House of Representatives			Transaction ID: SB17.25139.32 Date of Disbursement
	Mailing Address Pennsylvania Avenue			$ \begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} M \\ 0 \\ \end{array} \begin{array}{c} M \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ 5 \\ \end{array} \begin{array}{c} D \\ 1 \\ 5 \\ \end{array} \begin{array}{c} D \\ 1 \\ 5 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \end{array} \begin{array}{c} D \\ D \\ \end{array} \end{array} \begin{array}{c} D \\ D \\ \end{array} \end{array} \end{array} \begin{array}{c} D \\ D \\ \end{array} \end{array} \end{array} $
		State Zip Code DC 20013		Amount of Each Disbursement this Period
	Purpose of Disbursement Gifts		· · · · · ·	216.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
SI	JBTOTAL of Disbursements This Page (optional)		>	0.00

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 88 / 170
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue			Transaction ID: SB17.25139.33Date of Disbursement $M \ge M$ / $D \ge D$ /Y = Y = Y = Y $0 \ge M$ /1 = 5/Y = Y = Y = Y
	City	State Zip Code		Amount of Each Disbursement this Period
	Altoona Purpose of Disbursement	PA 16602		28.80
	Travel Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
в.	Full Name (Last, First, Middle Initial) Giant Eagle			Transaction ID: SB17.25139.34 Date of Disbursement
	Mailing Address Scalp Avenue			$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 5 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 5 \end{pmatrix} $
	Johnstown	State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Office Exp Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
	State: District: Full Name (Last, First, Middle Initial)			
C.	Wal Mart			Transaction ID: SB17.25139.36 Date of Disbursement
	Mailing Address Theatre Drive			$ \begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} M \\ 2 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} T \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ 5 \\ \end{array} \begin{array}{c} D \\ 1 \\ 5 \\ \end{array} \begin{array}{c} T \\ 0 \\ \end{array} \begin{array}{c} T \\ T \\ \end{array} \begin{array}{c} T \\ T \\ T \\ \end{array} \begin{array}{c} T \\ T \\ T \\ T \\ \end{array} \begin{array}{c} T \\ T $
		State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Office Exp			160.23 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
s	UBTOTAL of Disbursements This Page (optional) .		►	0.00
	OTAL This Period (last page this line number only)			
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	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 89 / 170
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Capri Pizza			Transaction ID: SB17.25139.38 Date of Disbursement 02^{M} / 15^{D} / 2006^{Y}
	Mailing Address Main Street			02 15 2000
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Volunteer Exp Candidate Name		Category/	16.60 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	[MEMO ITEM]
в.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.25139.40 Date of Disbursement
	Mailing Address 5700 Sixth Avenue			$0^{M}2^{M} / 15^{D} / 2^{V}0^{V}0^{V}$
	,	State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name Categ			29.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	[MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) U.S. Postal Service			Transaction ID: SB17.25139.43 Date of Disbursement
	Mailing Address Locust & Franklin Streets			$ \begin{array}{c} M \\ 0 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} P \\ 1 \\ 5 \end{array} \begin{array}{c} P \\ 1 \\ 5 \end{array} \begin{array}{c} P \\ 1 \\ 5 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y $
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Postage		· · ·]	195.80 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
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	OTAL This Period (last page this line number only)			
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 90 / 170
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Stateme or commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
۹.	Full Name (Last, First, Middle Initial) EM's Shop Shop			Transaction ID: SB17.25139.44 Date of Disbursement 02^{M} / 15^{D} / 2006^{Y}
	Mailing Address 1111 Scalp Avenue			02 15 2006
	Johnstown	State Zip Code PA 15904-3036		Amount of Each Disbursement this Period
	Purpose of Disbursement Volunteer Exp Candidate Name		Category/ Type	13.31 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[MEMO ITEM]
3.	Full Name (Last, First, Middle Initial) Illy Caffe			Transaction ID: SB17.25139.45 Date of Disbursement
	Mailing Address 800 Westchester Avenue Suite S440			$\begin{array}{c} \stackrel{\text{M}}{\overset{\text{M}}{}} \stackrel{\text{M}}{} \stackrel{\text{M}} \stackrel{\text{M}}{} \stackrel{\text{M}} \stackrel{\text{M}}{} \stackrel{\text{M}} \stackrel{\text{M}}{} \text{$
		State Zip Code NY 10573		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Office Exp			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		
).	State: District: Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.25139.46 Date of Disbursement
	Mailing Address 5700 Sixth Avenue			$\begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 5 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{pmatrix}$
		State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			24.09 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
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IT EMIZED DISBORSEMENTS It is i		CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 91 / 170
ar 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) MURTHAF FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) A. Easy Grade Car Wash Malling Address 925 Menoher Boulevard City State Johnstown PA Purpose of Disbursement Transaction ID: SB17.25139.49 Cardidate Name Category/ Candidate Name Office Sought: House Disbursement For: Category/ Type Office Sought: House Distrustment For: Category/ Type Office Sought: House Distrustment For: Other (specify) ♥ B. Capri Pizza Transaction ID: SB17.25139.50 Date of Disbursement 0/2 M / 2 0 0 6 City State Zip Code Johnstown PA 15901 Purpose of Disbursement Other (specify) ♥ Category/ Volunteer Exp Disbursement For: Office Sought: House Disbursement For: Office Sought: House Disbursement For:			Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
NAME OF COMMITTEE (in Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) A. Easy Grade Car Wash Mailing Address 925 Menoher Boulevard Ofly State Johnstown PA Transaction ID: SB17, 25139, 49 Date of Disbursement Travel Cardidate Name Office Sought: House Disbursement For: President State: Disbursement For: President State: Disbursement For: President State: Disbursement For: President Other (specify) ▼ B. Capri Pizza Category/ Mailing Address Main Street Office Sought: House Disbursement For: Category/ Purpose of Disbursement Other (specify) ▼ Anount of Each Disbursement this President State: Disbursement For: Office Sought: House Disbursement For: Category/ Caributions Required Under 11 C.F.R. 400.53 IM aling Address <th></th> <th></th> <th></th> <th></th> <th></th>					
A. Easy Grade Car Wash Date of Disbursement Mailing Address 925 Menoher Boulevard 0 City State Zip Code Johnstown PA 15905 Purpose of Disbursement Category Office Sought: Benate Disbursement For: State: District: President B. Caty State Zip Code Address Main Street Other (specify) ▼ Image: Category Mailing Address Main Street Disbursement For: General B. Caty State Zip Code Johnstown PA 15901 Image: Category Volumeer Exp Category Category Image: Category Office Sought: House Disbursement For: Category Office Sought: Benate Disbursement For: Category Volumeer Exp Category Category Image: Category Office Sought: House Disbursement For: Category State: District: Disbursement For: Category Office Sought: <td></td> <td>NAME OF COMMITTEE (In Full)</td> <td></td> <td></td> <td></td>		NAME OF COMMITTEE (In Full)			
Lase Orace Car Wash Mailing Address 925 Menoher Boulevard Mailing Address 925 Menoher Boulevard Ø 2 1 0 15 1 5 1 2 0 0 6 City State Zip Code Johnstown PA 15905 Purpose of Disbursement Category/ Type 18.0 Office Sought: House Disbursement For: President Category/ Type State: Disbursement For: District: President Category/ Type Mailing Address Main Street Office Sought: House Office Sought: House Disbursement For: Disbursement Transaction ID: SB17.25139.50 Date of Disbursement Office Sought: Name Office Sought: 0 1 5 1 2 0 0 6 City State Zip Code Amount of Each Disbursement this P Office Sought: 0 1 5 1 2 0 0 6 Office Sought: House Disbursement For: Senate Category/ Type 1 5 1 2 0 0 6 Office Sought: House Disbursement For: Senate Category/ Type 1 5 1 2 0 0 6 Office Sought: House Disbursement For: Senate President Category/ Type 1 5 1 2 0 0 6 City State<	Δ				
Johnstown PA 15905 Purpose of Disbursement Travel Image: Candidate Name Image: Candidate Name Image: Candidate Name Office Sought: House Senate Disbursement For: Image: Candidate Name Image: Candidate Name Office Sought: House Disbursement For: Image: Candidate Name Image: Candidate Name Image: Candidate Name State: District: Image: Candidate Name Image: Candidate Name Image: Candidate Name Image: Candidate Name B. Capri Pizza Mailing Address Main Street Amount of Each Disbursement No: Mailing Address Main Street Image: Candidate Name Image: Candidate Name Image: Candidate Name Office Sought: House Disbursement For: Image: Candidate Name Image: Candidate Name Image: Candidate Name Office Sought: House Disbursement For: Image: Candidate Name Image: Candidate Name Image: Candidate Name Office Sought: Disbursement For: Image: Candidate Name Image: Candidate Name <td< td=""><td></td><td>-</td><td></td><td></td><td></td></td<>		-			
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Include of Discussion President Candidate Name Category' Office Sought: House State: Distursement For: Primary General Other (specify) Image: Candidate Name State: District: Full Name (Last, First, Middle Initial) Category' B. Capri Pizza Mailing Address Main Street City State Johnstown PA Purpose of Disbursement Other (specify) Office Sought: House President Disbursement For: Candidate Name Category' Office Sought: House Disbursement For: Category' Candidate Name Disbursement For: Candidate Name Category' Office Sought: House Disbursement For: Category' President Disbursement For: Capri Pizza Disbursement For: Mailing Address Main Street City State Disbursement Other (specify) Category' <td></td> <td></td> <td></td> <td></td> <td></td>					
Type Type 11 C.F.R. 400.53 (MEMO ITEM] Office Sought: House Senate President Disbursement For: Other (specify) ▼ Image: Construct of the senate President Transaction ID: SB17.25139.50 Date of Disbursement B. Capri Pizza Mailing Address Main Street Image: Construct of the senate Program Image: Construct of the senate Program Transaction ID: SB17.25139.50 Date of Disbursement Mailing Address Main Street Image: Construct of the senate Program Image: Construct of the senate Program Transaction ID: SB17.25139.50 Date of Disbursement this Program Purpose of Disbursement Volunteer Exp Disbursement For: Disbursement For: President Image: Category/ Type Image: Category/ Type Office Sought: House President Disbursement For: Primary General Other (specify) ▼ Image: Category/ Type C. Capri Pizza Disbursement for: Purpose of Disbursement Volunteer Exp Candidate Name Disbursement For: Disbursement Image: Category/ Type Image: Category/ Type Purpose of Disbursement Volunteer Exp Candidate Name Disbursement For: Program Image: Category/ Type Image: Category/ Type Image: Category/ Type Office Sought: House President Disbursement For: Primary Category/ Category/ Type Image: Category/ Type Image: Category/ Type		Travel		Category/	Refund or Disposal of Excess Contributions Required Under
Office Solight: House Disbursement For: General Full Name (Last, First, Middle Initial) Transaction ID: SB17.25139.50 B. Capri Pizza Transaction ID: SB17.25139.50 Mailing Address Main Street City State Johnstown PA Purpose of Disbursement Other (specify) Volunteer Exp Candidate Name Office Sought: House President Disbursement For: President Other (specify) State: Disbursement For: President Other (specify) Cardidate Name Disbursement For: President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB17.25139.51 Cardidate Name Other (specify) Mailing Address Main Street City State Disbursement For: Propose of Disbursement Other (specify) Volunteer Exp Cardidate Name City State Disbursement For: Office Sought: House Disbursement For:					
Full Name (Last, First, Middle Initial) B. Capri Pizza Mailing Address Main Street City State Zip Code Johnstown PA 15901 Purpose of Disbursement Volunteer Exp Cardidate Name Category/ Office Sought: House President Disbursement For: Primary General Office Sought: House State: Disbursement For: Primary General Other (specify) Transaction ID: SB17.25139.51 Category/ Transaction ID: SB17.25139.51 It C. F.R. 400.53 IMEMO ITEM] Capri Pizza Other (specify) Mailing Address Main Street City State Johnstown PA PA 15901 Purpose of Disbursement Office Sought: Volunteer Exp Category/ Category/ Transaction ID: SB17.25139.51 Date of Disbursement Office Sought: Mailing Address Main Street City State Zip Code		Senate President	Primary General		[]
B. Capri Pizza Mailing Address Main Street Mailing Address Main Street City State Zip Code Johnstown PA 15901 Purpose of Disbursement Category/ Volunteer Exp Category/ Candidate Name Disbursement For: President Disbursement For: President Other (specify) State: Disbursement For: Primary General Other (specify) Transaction ID: SB17.25139.51 Date of Disbursement Disbursement For: President Other (specify) Mailing Address Main Street City State Johnstown PA PA 15901 Purpose of Disbursement Office Sought: Mailing Address Main Street City State Johnstown PA PA 15901 Purpose of Disbursement Office Sought: Volunteer Exp Category/ Cardidate Name Disbursement For: Office Sought: H					Transaction ID: SP17 25120 50
City State Zip Code Johnstown PA 15901 Purpose of Disbursement Volunteer Exp Candidate Name Category/ Type Office Sought: House Benate Disbursement For: President Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Category/ Type Transaction ID: SB17.25139.51 Date of Disbursement For: Mailing Address Mailing Address Main Street City State Johnstown PA Purpose of Disbursement For: Y 2 0 Y 6 Mailing Address Main Street Category/ Johnstown PA Purpose of Disbursement Category/ Type Office Sought: House Disbursement For: General Office Sought: House Disbursement For: General Office Sought: House Disbursement For: General Office Sought: House Disbursement For: Senate President	В.	Capri Pizza			Date of Disbursement
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Volunteer Exp Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C. F. R. 400.53 Office Sought: House Disbursement For: Image: Contribution of the second of t					Amount of Each Disbursement this Period
Candidate Name Category/ Type Category/ Type Category/ Type Category/ Type It C.F.R. 400.53 [MEMO ITEM] Office Sought: House Disbursement For: General It C.F.R. 400.53 Yersident Other (specify) ▼ It C.F.R. 400.53 [MEMO ITEM] State: Disbursement For: General It C.F.R. 400.53 President Other (specify) ▼ It C.F.R. 400.53 [MEMO ITEM] C. Capri Pizza Transaction ID: SB17.25139.51 Date of Disbursement Mailing Address Main Street Mailing Address Main Street City State Zip Code Amount of Each Disbursement this Periode Johnstown PA 15901 Amount of Each Disbursement this Periode Volunteer Exp Candidate Name It C.F.R. 400.53 [MEMO ITEM] Office Sought: House Disbursement For: General Category/ Type It C.F.R. 400.53 Office Sought: House Disbursement For: General It C.F.R. 400.53 [MEMO ITEM] State: District: Disbursement For: General Other (specify) ▼ It C.F.R. 400.53 [MEMO ITEM]					
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Full Name (Last, First, Middle Initial) Transaction ID: SB17.25139.51 Capri Pizza Mailing Address Main Street Mailing Address Main Street Mailing Address City State Zip Code Johnstown PA 15901 Purpose of Disbursement Integration of Each Disbursement this Period Volunteer Exp Category/ Type 17.30 Office Sought: House Disbursement For: Office Sought: House Disbursement For: State: District: Other (specify) ▼		Senate	Primary General		
C. Capri Pizza Mailing Address Main Street Mailing Address Main Street City State Zip Code Johnstown PA 15901 Purpose of Disbursement Volunteer Exp Candidate Name Category/ Type 17.30 Office Sought: House Disbursement For: Senate President Other (specify) State: District:					
Mailing Address Main Street City State Zip Code Johnstown PA 15901 Purpose of Disbursement Volunteer Exp Candidate Name Category/ Type Office Sought: House President Other (specify) State: District:	C.				Date of Disbursement
Johnstown PA 15901 Purpose of Disbursement 17.34 Volunteer Exp Category/ Candidate Name Category/ Office Sought: House Disbursement For: Senate President Other (specify) State: District:		Mailing Address Main Street			02 15 2006
Valuate Rape Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate Primary General President Other (specify) V					Amount of Each Disbursement this Period
Candidate Name Category/ Type Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District:		1			17.36
Office Sought: House Disbursement For: Image: Construct of the second o		•			Contributions Required Under 11 C.F.R. 400.53
		Senate President	Primary General		
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	r commercial purposes, other than using the IAME OF COMMITTEE (In Full) IURTHA FOR CONGRESS COMMIT full Name (Last, First, Middle Initial) Sheetz	name and address of any politic		
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• S 	Sheetz			
C	Mailing Address 5700 Sixth Avenue			Transaction ID: SB17.25139.52 Date of Disbursement 0 2 0 2 1 5 2 0 0 6
				02 15 2006
_	Sity Ntoona	State Zip Code PA 16602	1	Amount of Each Disbursement this Period
Т	Purpose of Disbursement Fravel Candidate Name		Category/ Type	14.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Dis Senate President State: District:	bursement For: Primary General Other (specify) ▼		[MEMO ITEM]
	ull Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.25139.53 Date of Disbursement
N	Mailing Address 5700 Sixth Avenue			$\begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} D \\ 1 \\ 5 \\ \end{array} \begin{array}{c} D \\ 1 \\ 5 \\ \end{array} \begin{array}{c} D \\ 1 \\ 5 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y $
	Xity Vitoona	State Zip Code PA 16602	_	Amount of Each Disbursement this Period
Т	Purpose of Disbursement ravel Candidate Name		Category/	28.50 Refund or Disposal of Excess Contributions Required Under
	Office Sought: House Dis Senate President State: District:	bursement For: Primary General Other (specify) ▼	Туре	11 C.F.R. 400.53 [MEMO ITEM]
	ull Name (Last, First, Middle Initial) /likasa			Transaction ID: SB17.25139.56 Date of Disbursement
N	Aailing Address Hagerstown Outlets 495 Prime Outlets B	lvd		$ \overset{\text{M}}{\text{02}} \overset{\text{M}}{\text{2}} \overset{\text{M}}{\text{15}} \overset{\text{M}}{\text{15}} \overset{\text{D}}{\text{15}} \overset{\text{D}}{\text{15}} \overset{\text{M}}{\text{2}} \overset{\text{Y}}{\text{2006}} \overset{\text{Y}}{\text{6}} \overset{\text{Y}}{\text{15}} $
	ity lagerstown	State Zip Code MD 21740		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Office Exp		· · ·	214.18 Refund or Disposal of Excess
C	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Dis Senate President State: District:	bursement For: Primary General Other (specify) ▼	L	[MEMO ITEM]
	BIOTAL of Disbursements This Page (opti			0.00

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 93 / 170
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) U.S. Postal Service			Transaction ID: SB17.25139.58 Date of Disbursement
	Mailing Address Locust & Franklin Streets	i		
	,	State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Postage Candidate Name		Category/ Type	395.30 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
в.	Full Name (Last, First, Middle Initial) Wal Mart			Transaction ID: SB17.25139.59 Date of Disbursement
	Mailing Address Theatre Drive			$ \begin{array}{c} \stackrel{\text{M}}{0} \stackrel{\text{M}}{2} \stackrel{\text{M}}{} \stackrel{\text{M}}{ \stackrel{\text{M}}} \stackrel{\text{M}}{} \stackrel{\text{M}}{$
		State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Office Exp			9.21 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Senate President	ment For: Primary General Other (specify) ▼		
	State: District: Full Name (Last, First, Middle Initial)			
C.	Cingular			Transaction ID: SB17.25139.60 Date of Disbursement
	Mailing Address P.O. Box 129			
		StateZip CodeNJ07101-0129		Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone			44.51 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
s	JBTOTAL of Disbursements This Page (optional).		····· Þ	0.00
	OTAL This Period (last page this line number only)			

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 94 / 170
IT	EMIZED DISBURSEMENTS	for each category of the	(check onl	
		Detailed Summary Page	-	X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem			for the purpose of solicating contributions
or	for commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee
\mathbb{N}	NAME OF COMMITTEE (In Full)			
	MURTHA FOR CONGRESS COMMITTEE			
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25139.61
Α.	Sheetz			Date of Disbursement
	Mailing Address 5700 Sixth Avenue			$ \begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} M \\ 0 \\ \end{array} \begin{array}{c} M \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} M \\ 1 \\ \end{array} \end{array} \begin{array}{c} M \\ 1 \\ \end{array} \begin{array}{c} M \\ 1 \\ \end{array} \begin{array}{c} M \\ 1 \\ \end{array} \end{array} \begin{array}{c} M \\ 1 \\ \end{array} \end{array}{} \begin{array}{c} M \\ 1 \\ \end{array} \end{array}{} \begin{array}{c} M \\ 1 \\ \end{array} \end{array} \begin{array}{c} M \\ 1 \\ \end{array} \end{array} \begin{array}{c} M \\ 1 \\ \end{array} \end{array} \end{array}{} \begin{array}{c} M \\ 1 \\ \end{array} \end{array}{} \end{array} \end{array}{} \begin{array}{c} M \\ 1 \\ \end{array} \end{array}{} \end{array}{} \end{array}{} \end{array}{} \end{array}{} \end{array}{} \end{array}{} \end{array}{} \end{array}{} \end{array}$
		State Zip Code		Amount of Each Disbursement this Period
		PA 16602		26.00
	Purpose of Disbursement Travel			Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under
			Туре	11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse			
	Senate President	Primary General Other (specify)		
	State: District:) / •		
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25139.62
В.	U.S. Postal Service		Date of Disbursement	
	Mailing Address Locust & Franklin Streets			$ \begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} M \\ 0 \\ \end{array} \begin{array}{c} M \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} V \\ 2 \\ \end{array} \begin{array}{c} V \\ 1 \\ \end{array} \begin{array}{c} V \\ 2 \\ \end{array} \begin{array}{c} V \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ V \\ V \\ \end{array} $
		State Zip Code		Amount of Each Disbursement this Period
		PA 15901		10.90
	Purpose of Disbursement Postage			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse	ment For:		[MEMO ITEM]
	Senate	Primary General		
	State: District:	Other (specify)		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25139.63
C.	Wal Mart			Date of Disbursement
	Mailing Address Theatre Drive			$ \begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} M \\ 0 \\ \end{array} \begin{array}{c} I \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 5 \\ \end{array} \begin{array}{c} I \\ 0 \\ \end{array} \begin{array}{c} V \\ Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $
	City	State Zip Code		Amount of Each Disbursement this Period
		PA 15904		
	Purpose of Disbursement Campaign Office Exp			4.74
	Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
			Туре	11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse			
	Senate President	Primary General Other (specify)		
	State: District:	(opoon)) ¥		
s	UBTOTAL of Disbursements This Page (optional)			0.00
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 95 / 170
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b
		Detailed Summary Page	-	20a 20b 20c 21
	Information copied from such Reports and Statem or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)			
\rangle	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.25139.65 Date of Disbursement
	Mailing Address 5700 Sixth Avenue			$ \begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} M \\ 1 \\ 5 \\ \end{array} \begin{array}{c} D \\ 1 \\ 5 \\ \end{array} \begin{array}{c} V \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \\ \end{array} \begin{array}{c} V \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ Y \\$
		State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			33.55 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) V		
	Full Name (Last, First, Middle Initial)			
В.	Cambria Co. War Memorial			Transaction ID: SB17.25139.66 Date of Disbursement
	Mailing Address 326 Napoleon Street			$ \begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} M \\ 1 \\ 5 \\ \end{array} \begin{array}{c} D \\ 1 \\ 5 \\ \end{array} \begin{array}{c} D \\ 1 \\ 5 \\ \end{array} \begin{array}{c} D \\ 1 \\ 5 \\ \end{array} \begin{array}{c} T \\ T $
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Tickets			46.50 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) The Fish Boat			Transaction ID: SB17.25139.68 Date of Disbursement
	Mailing Address Main Street			$ \begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} M \\ 2 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ 5 \\ \end{array} \begin{array}{c} V \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \\ \end{array} \begin{array}{c} V \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ Y \\$
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Meeting Exp			71.72 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disbursed Senate President State: District:	ment For: Primary General Other (specify)		
s	JBTOTAL of Disbursements This Page (optional)		····· ►	0.00
т	OTAL This Period (last page this line number only)			

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Staten or commercial purposes, other than using the nam			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Capri Pizza			Transaction ID: SB17.25139.69 Date of Disbursement
	Mailing Address Main Street			$ \begin{array}{c} \stackrel{M}{\overset{D}{}}} \stackrel{M}{\overset{M}{}}} \\ \begin{array}{c} \stackrel{D}{}} \stackrel{D}{}} \\ \begin{array}{c} \stackrel{D}{}} \stackrel{D}{}} \\ \end{array} \end{array} \right) \\ \begin{array}{c} \stackrel{D}{}} \stackrel{D}{}} \\ \begin{array}{c} \stackrel{D}{}} \stackrel{D}{}} \\ \end{array} \\ \begin{array}{c} \stackrel{D}{}} \stackrel{D}{}} \\ \end{array} \right) \\ \begin{array}{c} \stackrel{D}{}} \stackrel{D}{}} \\ \end{array} \\ \begin{array}{c} \stackrel{D}{}} \stackrel{D}{}} \\ \end{array} \\ \begin{array}{c} \stackrel{D}{}} \stackrel{D}{}} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \stackrel{D}{}} \stackrel{D}{}} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \stackrel{D}{}} \stackrel{D}{}} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \stackrel{D}{}} \stackrel{D}{}} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \stackrel{D}{}} \stackrel{D}{}} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \stackrel{D}{}} \stackrel{D}{}} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \stackrel{D}{}} \stackrel{D}{}} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \stackrel{D}{}} \stackrel{D}{}} \\ \end{array} $
	City Johnstown	State Zip Code PA 15901		Amount of Each Disbursement this Period 19.04
	Purpose of Disbursement Volunteer Exp Candidate Name	c	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		[MEMO ITEM]
В.	Full Name (Last, First, Middle Initial) First Commonwealth Bank			Transaction ID: SB17.25438 Date of Disbursement
	Mailing Address Credit Card Dept. P.O. Box 0537			$ \begin{array}{c} \stackrel{M}{\overset{M}{}}} \stackrel{M}{\overset{M}{}}} \\ \begin{array}{c} 0 \\ 3 \end{array} \end{array} \right) \left(\begin{array}{c} \stackrel{D}{}} \stackrel{D}{}} \right) \left(\begin{array}{c} \stackrel{D}{}} \right) \left(\begin{array}{c} \stackrel{D}{}} \stackrel{D}{}} \right) \left(\begin{array}{c} \stackrel{D}{}} \stackrel{D}{}} \right) \left(\begin{array}{c} \stackrel{D}{}} \right) \left(\begin{array}{c} \stackrel{D}{}} \stackrel{D}{}} \right) \right) \left(\begin{array}{c} \stackrel{D}{}} \stackrel{D}{}} \right) \left(\begin{array}{c} \stackrel{D}{}} \stackrel{D}{}} \right) \right) \left(\begin{array}{c} \stackrel{D}{}} \stackrel{D}{}} \right) \left(\begin{array}{c} \stackrel{D}{}} \right) \right) \left(\begin{array}{c} \stackrel{D}{}} \right) \right) \left(\begin{array}{c} \stackrel{D}{}} \right) \left(\begin{array}{c} \stackrel{D}{}} \right) \left(\begin{array}{c} \stackrel{D}{}} \right) \right) \left(\begin{array}{c} \stackrel{D}{}} \right) \left(\begin{array}{c} \stackrel{D}{}} \right) \right) \left(\begin{array}{c} \stackrel{D}{}} \right) \left(\begin{array}{c} \stackrel{D}{}} \right) \right) \left(\begin{array}{c} \stackrel{D}{}} \right) \left(\begin{array}{c} \stackrel{D}{}} \right) \right) \left(\begin{array}{c} \stackrel{D}{}} \right$
	City Indiana	State Zip Code PA 15701-0537		Amount of Each Disbursement this Period
	Purpose of Disbursement See Detail Candidate Name	c	Category/ Type	11381.20 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	ement For: Primary General Other (specify)		
C.	State: District: Full Name (Last, First, Middle Initial) On Star			Transaction ID: SB17.25438.0 Date of Disbursement
	Mailing Address P.O. Box 278			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 5 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
	City Sheldon	State Zip Code IA 51201		Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone	Г		17.48 Refund or Disposal of Excess
	Candidate Name	C	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		[MEMO ITEM]
	UBTOTAL of Disbursements This Page (optional)		►	11381.20

S	CHEDULE B (FEC Form 3)			NUMBER: PAGE 97 / 170		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Check on	y one) X 17 18 19a 19b 20a 20b 20c 21		
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) Easy Grade Car Wash			Transaction ID: SB17.25438.1 Date of Disbursement		
	Mailing Address 925 Menoher Boulevard					
	,	State Zip Code PA 15905		Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[MEMO ITEM]		
В.	Full Name (Last, First, Middle Initial) Exxonmobile			Transaction ID: SB17.25438.3 Date of Disbursement		
	Mailing Address Service Station			$ \begin{array}{c} \stackrel{\text{M}}{03} \stackrel{\text{M}}{3} \stackrel{\text{M}}{3} \stackrel{\text{D}}{15} \stackrel{\text{D}}{5} \stackrel{\text{Y}}{2} \stackrel{\text{Y}}{2} \stackrel{\text{Y}}{0} \stackrel{\text{Y}}{6} \stackrel{\text{Y}}{5} \stackrel{\text{Y}}{3} \stackrel$		
	Arlington	State Zip Code VA 22210		Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel Candidate Name Category/ Type			30.08 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[MEMO ITEM]		
C.	Full Name (Last, First, Middle Initial) Eat N Park			Transaction ID: SB17.25438.4 Date of Disbursement		
	Mailing Address 1461 Scalp Avenue			03 ^M /15 ^J /2006 ^Y		
		State Zip Code PA 15904		Amount of Each Disbursement this Period		
	Purpose of Disbursement Meals		· · ·	37.09 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[MEMO ITEM]		
s	SUBTOTAL of Disbursements This Page (optional)					
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 98 / 170		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b		
		Detailed Summary Page		20a 20b 20c 21		
	y Information copied from such Reports and Statem for commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full)					
\rangle	MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) U.S. Postal Service			Transaction ID: SB17.25438.8 Date of Disbursement		
	Mailing Address Locust & Franklin Streets			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 5 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix} $		
		State Zip Code PA 15901		Amount of Each Disbursement this Period		
	Purpose of Disbursement Postage Condition Name			195.00 Refund or Disposal of Excess Contributions Required Under		
	Candidate Name Office Sought: House Disburse	ment For:	Category/ Type	11 C.F.R. 400.53 [MEMO ITEM]		
	State: District:	Primary General Other (specify)				
	Full Name (Last, First, Middle Initial)					
В.	Texaco Inc			Transaction ID: SB17.25438.10 Date of Disbursement		
	Mailing Address 2000 Westchester Avenu	03 15 2006				
	White Plains	State Zip Code NY 10650		Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel			Refund or Disposal of Excess		
	Candidate Name Category/ Type			Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		
	Office Sought: House Disburse Senate President	nent For: Primary General Other (specify) ▼				
	State: District:					
C.	Full Name (Last, First, Middle Initial) Ascot Limousine Service			Transaction ID: SB17.25438.11 Date of Disbursement		
	Mailing Address 10100 National Blvd			$ \begin{array}{c} \stackrel{M}{\overset{M}{}}} \stackrel{M}{\overset{M}{}}} \\ \begin{array}{c} 0 \\ \end{array} \begin{array}{c} 3 \\ \end{array} \begin{array}{c} 1 \\ \end{array} \begin{array}{c} 5 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} 1 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} 1 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} 1 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \end{array} \end{array} \end{array} \begin{array}{c} 0 \\ \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} 0 \\ \end{array} \end{array}$		
		State Zip Code CA 90034		Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel			312.76 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[MEMO ITEM]		
Г						
s	SUBTOTAL of Disbursements This Page (optional)					
Т	OTAL This Period (last page this line number only)		>			

SCHEDULE B (FEC Form 3)		Use seperate schedule(s)	FOR LINE NUMBER: PAGE 99 / 170			
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check on	X 17 18 19a 19b 20a 20b 20c 21		
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) U.S. House Member's Dining Mailing Address H 118 U.S. Capitol			Transaction ID: SB17.25438.13Date of Disbursement $M \xrightarrow{M}$ $M \xrightarrow{D}$ $1 \xrightarrow{D}$ $Y \xrightarrow{Y}$ $2 \xrightarrow{V}$ $0 \xrightarrow{O}$ $0 \xrightarrow{3}$ $M \xrightarrow{D}$ $1 \xrightarrow{D}$ $Y \xrightarrow{Y}$ $2 \xrightarrow{V}$ $0 \xrightarrow{O}$		
	Washington	State Zip Code DC 20515		Amount of Each Disbursement this Period 29.40		
	Purpose of Disbursement Meeting Exp Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼				
В.	Full Name (Last, First, Middle Initial) United Airlines			Transaction ID: SB17.25438.14 Date of Disbursement		
	Mailing Address 2345 crystal Drive					
	Arlington	State Zip Code VA 22227		Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel Candidate Name			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]		
C.	Full Name (Last, First, Middle Initial) United Airlines			Transaction ID: SB17.25438.15 Date of Disbursement		
	Mailing Address 2345 crystal Drive			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 5 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$		
		State Zip Code VA 22227		Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel			1418.39 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]		
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SCHEDULE B (FEC Form 3)		Use seperate schedule(s)	FOR LINE (check onl	NUMBER: PAGE 100 / 170
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Texaco Inc			Transaction ID: SB17.25438.16 Date of Disbursement 0 3 M / D / Y Y Y Y
	Mailing Address 2000 Westchester Avenu	e		03 15 2006
	White Plains	State Zip Code NY 10650		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name		Category/ Type	24.69 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼) F -	[MEMO ITEM]
В.	Full Name (Last, First, Middle Initial) American West			Transaction ID: SB17.25438.17 Date of Disbursement
	Mailing Address 4000 E Sky Harbor Blvd			
	Phoeniz	State Zip Code AZ 85034		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[MEMO ITEM]
	State: District: Full Name (Last, First, Middle Initial)			Transaction ID: CD17 05400 10
C.	Ritz Carlton			Transaction ID: SB17.25438.18 Date of Disbursement
	Mailing Address 1250 South Hayes Street			$\begin{array}{c} \stackrel{\text{M}}{\text{0}3} \stackrel{\text{M}}{\text{-}} & \stackrel{\text{D}}{\text{-}} \stackrel{\text{D}}{\text{-}} \stackrel{\text{D}}{\text{-}} & \stackrel{\text{D}}{\text{-}} & \stackrel{\text{V}}{\text{-}} $
		State Zip Code VA 22202		Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging			2000.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
s	UBTOTAL of Disbursements This Page (optional) .			0.00
	OTAL This Period (last page this line number only)			

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 101/170
IT	EMIZED DISBURSEMENTS	for each category of the	(Check only	y one) X 17 18 19a 19b
		Detailed Summary Page		$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	y Information copied from such Reports and Statem			
or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political	committee to so	licit contributions from such committee
\rangle	MURTHA FOR CONGRESS COMMITTEE			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25438.19
Α.	Ritz Carlton			Date of Disbursement
	Mailing Address 1250 South Hayes Street			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 5 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
	,	State Zip Code		Amount of Each Disbursement this Period
	9	VA 22202		211.67
	Purpose of Disbursement Lodging			Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under
			Туре	11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse	nent For: Primary General		[]
	President	Other (specify)		
	State: District:			
D	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25438.20
В.	U S Airways		Date of Disbursement	
	Mailing Address P.O. Box 12346			$ \begin{array}{c} M \\ 0 \\ 3 \\ \end{array} \begin{array}{c} \prime \\ \prime \\ \end{array} \begin{array}{c} D \\ 1 \\ 5 \\ \end{array} \begin{array}{c} D \\ 1 \\ 5 \\ \end{array} \begin{array}{c} \prime \\ \prime \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y $
		State Zip Code PA 15231		Amount of Each Disbursement this Period
	Purpose of Disbursement			297.20
	Travel			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse	nent For: Primary General		[]
	President	Other (specify)		
	State: District:			
~	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25438.21
0.	U S Airways			Date of Disbursement
	Mailing Address P.O. Box 12346			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 5 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
		State Zip Code PA 15231		Amount of Each Disbursement this Period
	Purpose of Disbursement	FA 15251		181.10
	Travel			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse			[MEMO ITEM]
	Senate President	Primary General Other (specify)		
	State: District:			
	I			
s	UBTOTAL of Disbursements This Page (optional)		>	0.00
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SCHEDULE B (FEC Form 3)		Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 102/170
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue			Transaction ID: SB17.25438.24 Date of Disbursement 0 3 M / D / Y
		State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name		Category/ Type	24.25 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	туре	[MEMO ITEM]
в.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.25438.25 Date of Disbursement
	Mailing Address 5700 Sixth Avenue			$\begin{array}{c} M \\ 0 \\ 3 \\ \end{array} \begin{array}{c} M \\ 1 \\ 5 \\ \end{array} \begin{array}{c} D \\ 1 \\ 5 \\ \end{array} \begin{array}{c} D \\ 1 \\ 5 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y $
	Altoona	State Zip Code PA 16602		Amount of Each Disbursement this Period 27.45
	Purpose of Disbursement Travel Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
C.	State: District: Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.25438.26 Date of Disbursement
	Mailing Address 5700 Sixth Avenue			$\begin{array}{c} M & M \\ 0 & 3 \end{array} \begin{array}{c} 1 & 5 \end{array} \begin{array}{c} 2 & 0 & 0 & 6 \end{array} \\ \end{array} $
		State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			29.75 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 103 / 170			
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	y one) X 17 18 19a 19b			
		Detailed Summary Page		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	y Information copied from such Reports and Statem						
or	or commercial purposes, other than using the name	e and address of any political	committee to so	licit contributions from such committee			
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE						
~	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25438.27			
А.	Giant Eagle			Date of Disbursement			
	Mailing Address Scalp Avenue			$ \begin{array}{c} M & M \\ 0 & 3 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D & D \\ 1 & 5 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 & 0 & 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y $			
		State Zip Code		Amount of Each Disbursement this Period			
	Johnstown Purpose of Disbursement	PA 15904		121.09			
	Campaign Office Exp			Refund or Disposal of Excess			
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse	ment For:	Туре	[MEMO ITEM]			
	Senate	Primary General					
	State: District:	Other (specify)					
	State: District: Full Name (Last, First, Middle Initial)			T			
В.	Wal Mart			Transaction ID: SB17.25438.28 Date of Disbursement			
	Mailing Address Theatre Drive			$\begin{array}{c} \begin{array}{c} M & M \\ 0 & 3 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D \\ 1 & 5 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y $			
		State Zip Code		Amount of Each Disbursement this Period			
		PA 15904		101.57			
	Purpose of Disbursement Campaign Office Exp			Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
	State: District:						
C.	Full Name (Last, First, Middle Initial) Sunoco			Transaction ID: SB17.25438.29 Date of Disbursement			
	Mailing Address Walnut Street			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} $			
		State Zip Code PA 15901		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel			32.80			
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Senate President	ment For: Primary General Other (specify)	~	[MEMO ITEM]			
	State: District:						
s	SUBTOTAL of Disbursements This Page (optional)						
Т	TOTAL This Period (last page this line number only)						

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 104 / 170			
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	y one) X 17 18 19a 19b			
		Detailed Summary Page		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	y Information copied from such Reports and Statem						
or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and address of any political	committee to so	licit contributions from such committee			
\rangle	MURTHA FOR CONGRESS COMMITTEE						
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25438.30			
Α.	Lombardo's			Date of Disbursement			
	Mailing Address 935 Scalp Avenue			$ \begin{array}{c} M & M \\ 0 & 3 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D & D \\ 1 & 5 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 & 0 & 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y $			
	,	State Zip Code		Amount of Each Disbursement this Period			
		PA 15904		62.90			
	Purpose of Disbursement Meals			Refund or Disposal of Excess			
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse	ement For:	Туре	[MEMO ITEM]			
	Senate	Primary General					
	President	Other (specify)					
	State: District:						
В.	Full Name (Last, First, Middle Initial) Capri Pizza			Transaction ID: SB17.25438.31 Date of Disbursement			
	·			M M / D D / Y Y Y Y			
	Mailing Address Main Street			03 15 2006			
		State Zip Code PA 15901		Amount of Each Disbursement this Period			
	Purpose of Disbursement	177 10001		32.02			
	Volunteer Exp			Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburse Senate	ment For:					
	President	Primary General Other (specify)					
	State: District:						
C	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25438.32			
0.	Circuit City			Date of Disbursement			
	Mailing Address Galleria Drive			$ \begin{array}{c} M & M \\ 0 & 3 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D & D \\ 1 & 5 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 & 0 & 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y $			
		State Zip Code		Amount of Each Disbursement this Period			
	Johnstown Purpose of Disbursement	PA 15904		2526.96			
	Campaign Office Exp			Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse	ment For:	. , , , , , , , , , , , , , , , , , , ,	[MEMO ITEM]			
	Senate	Primary General					
	State: District:	Other (specify)					
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SCHEDULE B (FEC Form 3)		Use seper	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 105 / 17 (check only one)		
IT	EMIZED DISBURSEMENTS	for each c	ategory of the summary Page	(cneck on	IV one) X 17 18 19a 19b 20a 20b 20c 21	
	y Information copied from such Reports and Statem or commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) Capri Pizza				Transaction ID: SB17.25438.33 Date of Disbursement	
	Mailing Address Main Street				$\begin{array}{c} \begin{array}{c} M & M \\ 0 & 3 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 1 & 5 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y $	
	Johnstown	State PA	Zip Code 15901		Amount of Each Disbursement this Period	
	Purpose of Disbursement Volunteer Exp Candidate Name			Category/ Type	9.80 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spec	General General	1990	[MEMO ITEM]	
в.	Full Name (Last, First, Middle Initial) BP Oil				Transaction ID: SB17.25438.34 Date of Disbursement	
	Mailing Address Bedford Street					
		State PA	Zip Code 15901		Amount of Each Disbursement this Period	
	Purpose of Disbursement Travel Candidate Name			Category/	25.01 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Senate President	ement For: Primary Other (spec	General Sify) ▼	Туре	[MEMO ITEM]	
	State: District: Full Name (Last, First, Middle Initial)				Transaction ID: SB17.25438.37	
C.	The Fish Boat				Date of Disbursement	
	Mailing Address Main Street				$\begin{array}{c} 0^{M}3^{M} \\ \end{array} \begin{array}{c} 0^{D}3^{M} \\ \end{array} \begin{array}{c} 0^{D}15 \\ \end{array} \begin{array}{c} 0^{D} \\ \end{array} \begin{array}{c} 1^{D} \\ \end{array} \begin{array}{c} 0^{D} \\ \end{array} \begin{array}{c} 2^{V} \\ \end{array} \begin{array}{c} 0^{V} \\ \end{array} \end{array} \begin{array}{c} 0^{V} \\ \end{array} \begin{array}{c} 0^{V} \\ \end{array} \begin{array}{c} 0^{V} \\ \end{array} \begin{array}{c} 0^{V} \\ \end{array} \end{array} $ \end{array}	
		State PA	Zip Code 15901		Amount of Each Disbursement this Period	
	Purpose of Disbursement Volunteer Exp				25.02	
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spec	General cify) ▼		- [MEMO ITEM]	
6					0.00	
	JBTOTAL of Disbursements This Page (optional) .					
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 106 / 170			
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	y one) X 17 18 19a 19b		
		Detailed Summary Page		$\begin{array}{c c c c c c c c c c c c c c c c c c c $		
	y Information copied from such Reports and Statem					
or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political	committee to so	licit contributions from such committee		
\rangle	MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.25438.38 Date of Disbursement 03^{M} / D_{15}^{D} / Y_{2006}^{Y}		
	Mailing Address 5700 Sixth Avenue					
		State Zip Code PA 16602		Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel			27.00 Refund or Disposal of Excess Contributions Required Under		
	Candidate Name		Category/ Type	11 C.F.R. 400.53		
	Office Sought: House Disbursed Senate President State: District:	ment For: Primary General Other (specify) ▼		[
	Full Name (Last, First, Middle Initial)					
В.	Sheetz			Transaction ID: SB17.25438.39 Date of Disbursement		
	Mailing Address 5700 Sixth Avenue			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 5 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $		
		State Zip Code PA 16602		Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel			27.50 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]		
	State: District:					
C.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.25438.40 Date of Disbursement		
	Mailing Address 5700 Sixth Avenue			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 5 \end{pmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$		
		State Zip Code PA 16602		Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel			27.50 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]		
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s	SUBTOTAL of Disbursements This Page (optional)					
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SCHEDULE B (FEC Form 3)		Use seperate schedule(s)		NUMBER: PAGE 107 / 170		
IT	EMIZED DISBURSEMENTS	for each category of the	(Check only	y one) X 17 18 19a 19b		
		Detailed Summary Page		$\begin{array}{c c c c c c c c c c c c c c c c c c c $		
	y Information copied from such Reports and Statem for commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full)	and address of any political				
\rangle	MURTHA FOR CONGRESS COMMITTEE					
A.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25438.41		
	Fish Market			Date of Disbursement		
	Mailing Address San Polo Sq			$ \begin{array}{c} \stackrel{\text{M}}{0}3 \stackrel{\text{M}}{3} \end{array} \begin{array}{c} \stackrel{\text{D}}{1} 1 \stackrel{\text{D}}{5} \end{array} \begin{array}{c} \stackrel{\text{V}}{1} \stackrel{\text{V}}{2} 0 \stackrel{\text{V}}{0} \stackrel{\text{V}}{6} \end{array} $		
	,	State Zip Code VA 22202		Amount of Each Disbursement this Period		
	Purpose of Disbursement	VA 22202		96.03		
	Meeting Expense			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser	ment For:	.)po	[MEMO ITEM]		
	Senate	Primary General				
	State: District:	Other (specify)				
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25438.44		
В.	Easy Grade Car Wash			Date of Disbursement		
	Mailing Address 925 Menoher Boulevard			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 5 \end{pmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$		
		State Zip Code PA 15905		Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel			18.00 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		[MEMO ITEM]		
	State: District:					
C.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.25438.45 Date of Disbursement		
	Mailing Address 5700 Sixth Avenue			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 5 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 6 \end{bmatrix}$		
		State Zip Code PA 16602		Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel			23.00 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)		[MEMO ITEM]		
Г	State: District:					
s	SUBTOTAL of Disbursements This Page (optional)					
Т	TOTAL This Period (last page this line number only)					

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 108 / 170			
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	√one) ▼ 17			
		Detailed Summary Page		$\begin{array}{c c c c c c c c c c c c c c c c c c c $			
	y Information copied from such Reports and Statem						
or	or commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political c	committee to so	licit contributions from such committee			
\rangle	MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) Sheetz			Transaction ID: SB17.25438.47 Date of Disbursement 03^{M} / $\overset{\text{D}}{15}$ / $\overset{\text{Y}}{2}$ 0 0 6			
	Mailing Address 5700 Sixth Avenue						
	,	State Zip Code PA 16602		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel			25.25 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		[
	State: District: Full Name (Last, First, Middle Initial)						
В.	The Fish Boat			Transaction ID: SB17.25438.48 Date of Disbursement			
	Mailing Address Main Street	$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 5 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 6 \end{pmatrix}$					
		State Zip Code PA 15901		Amount of Each Disbursement this Period			
	Purpose of Disbursement Volunteer Exp			7.89 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼					
	State: District:						
C.	Full Name (Last, First, Middle Initial) The Fish Boat			Transaction ID: SB17.25438.49 Date of Disbursement			
	Mailing Address Main Street			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 5 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 6 \end{pmatrix}$			
		State Zip Code PA 15901		Amount of Each Disbursement this Period			
	Purpose of Disbursement Meeting Expense			51.94 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
Г	State: District:						
s	SUBTOTAL of Disbursements This Page (optional)						
Т	OTAL This Period (last page this line number only)		►				

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 109 / 170		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	√one) ▼ 17		
				20a 20b 20c 21		
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full)	and address of any pointear				
\langle	MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25438.50		
	Giant Eagle			Date of Disbursement		
	Mailing Address Scalp Avenue			$ \begin{array}{c} M & M \\ 0 & 3 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D & D \\ 1 & 5 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 & 2 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ \end{array} $		
		State Zip Code PA 15904		Amount of Each Disbursement this Period		
	Purpose of Disbursement	FA 15904		42.19		
	Campaign Office Exp			Refund or Disposal of Excess		
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser	ment For:	Туре	[MEMO ITEM]		
	Senate	Primary General				
	President	Other (specify)				
	State: District:					
в.	Full Name (Last, First, Middle Initial) Capri Pizza			Transaction ID: SB17.25438.51 Date of Disbursement		
	Mailing Address Main Street			$\begin{array}{c} \begin{array}{c} M & M \\ 0 & 3 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D & D \\ 1 & 5 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 & 0 & 0 \\ \end{array} \begin{array}{c} Y \\ 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $		
	,	State Zip Code PA 15901		Amount of Each Disbursement this Period		
	Purpose of Disbursement			35.07		
	Volunteer Exp			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser	ment For:	турс	[MEMO ITEM]		
	Senate	Primary General				
	President	Other (specify)				
	State: District: Full Name (Last, First, Middle Initial)					
C.	Sheetz			Transaction ID: SB17.25438.52 Date of Disbursement		
	Mailing Address 5700 Sixth Avenue			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix}$ / $\begin{bmatrix} D & D \\ 1 & 5 \end{bmatrix}$ / $\begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$		
	Mailing Address 5700 Sixth Avenue					
		State Zip Code PA 16602		Amount of Each Disbursement this Period		
	Purpose of Disbursement			12.50		
	Travel			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser	ment For:	71	[MEMO ITEM]		
	Senate	Primary General				
	State: District:	Other (specify)				
Г						
s	JBTOTAL of Disbursements This Page (optional)		····· Þ	0.00		
Т	TOTAL This Period (last page this line number only) •					

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 110/170		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	x 17 18 19a 19b		
		<u> </u>	20a 20b 20c 21		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
MURTHA FOR CONGRESS COMMITTEE					
Full Name (Last, First, Middle Initial) A. Sheetz			Transaction ID: SB17.25438.53 Date of Disbursement		
Mailing Address 5700 Sixth Avenue			$ \begin{array}{c} M & M \\ 0 & 3 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D & D \\ 1 & 5 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 & 0 & 0 \\ \end{array} \begin{array}{c} Y \\ 0 \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ 0 \\ 0 \end{array} \begin{array}{c} Y \\ 0 \end{array} \begin{array}{c} Y \\ Y \end{array} $		
Altoona	State Zip Code PA 16602		Amount of Each Disbursement this Period		
Purpose of Disbursement Travel Candidate Name			39.65 Refund or Disposal of Excess Contributions Required Under		
Office Sought: House Disburse	ment For:	Category/ Type	11 C.F.R. 400.53 [MEMO ITEM]		
State: District:	Primary General Other (specify)				
Full Name (Last, First, Middle Initial)					
B. First Commonweath Financial			Transaction ID: SB17.24905 Date of Disbursement		
Mailing Address 217 Franklin Street					
	State Zip Code PA 15901		Amount of Each Disbursement this Period		
Purpose of Disbursement Payroll Taxes			992.61 Refund or Disposal of Excess		
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) V				
State: District:					
Full Name (Last, First, Middle Initial) C. First Commonweath Financial			Transaction ID: SB17.24907 Date of Disbursement		
Mailing Address 217 Franklin Street			$\begin{array}{c} \begin{array}{c} M & M \\ 0 & 1 \end{array} & \begin{array}{c} \prime \\ \end{array} & \begin{array}{c} D & D \\ 1 & 8 \end{array} & \begin{array}{c} \prime \\ \end{array} & \begin{array}{c} Y \\ 2 & 0 & 0 & 6 \end{array} \end{array}$		
Johnstown	State Zip Code PA 15901		Amount of Each Disbursement this Period		
Purpose of Disbursement Payroll Taxes			180.52 Refund or Disposal of Excess		
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼				
		►	1173.13		
SUBTOTAL of Disbursements This Page (optional) 1173.13 TOTAL This Period (last page this line number only) •					

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 111/170
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	yone) X 17 18 19a 19b
		Detailed Summary Page		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)	and address of any pointear		
\rangle	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) First Commonweath Financial			Transaction ID: SB17.25116
				Date of Disbursement
	Mailing Address 217 Franklin Street			
		State Zip Code		Amount of Each Disbursement this Period
	Johnstown Purpose of Disbursement	PA 15901		1211.45
	Payroll Withholdings			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser	ment For:	1 3 90	
	Senate	Primary General		
	State: District:	Other (specify)		
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25383
В.	First Commonweath Financial			Date of Disbursement
	Mailing Address 217 Franklin Street			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 8 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement			821.07
	Payroll Taxes Candidate Name			Refund or Disposal of Excess Contributions Required Under
			Category/ Type	11 C.F.R. 400.53
	Office Sought: House Disburser			
	Senate President	Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) First Commonweath Financial			Transaction ID: SB17.25707 Date of Disbursement
				$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} = \begin{bmatrix} D & D \\ 2 & 9 \end{bmatrix} = \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} = \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix}$
	Mailing Address 217 Franklin Street			
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement			63.85
	Campaign Office Exp Candidate Name			Refund or Disposal of Excess Contributions Required Under
	Candidate Name		Category/ Type	11 C.F.R. 400.53
	Office Sought: House Disburser			
	Senate President	Primary General Other (specify) ▼		
	State: District:			
•	JBTOTAL of Disbursements This Page (optional)		>	2096.37
Т	DTAL This Period (last page this line number only)		····· •	

SCHEDULE B (FEC Form 3)		Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 112/170
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	Ì	X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Statem or commercial purposes, other than using the name			
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Flower Barn			Transaction ID: SB17.24932 Date of Disbursement 0 1 / 2 5 / Y Y Y Y 2 0 0 6
	Mailing Address Millcreek at Bucknell			01 25 2006
	Johnstown	State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement Floral Arrangement Candidate Name		Category/	58.30 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) V	Туре	
в.	Full Name (Last, First, Middle Initial) Flower Barn			Transaction ID: SB17.25125 Date of Disbursement
	Mailing Address Millcreek at Bucknell			$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} $ $ \begin{bmatrix} D & D \\ 0 & 8 \end{bmatrix} $ $ \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
		State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement Floral Arrangements Candidate Name		Category/ Type	63.60 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) GMAC			Transaction ID: SB17.24868 Date of Disbursement
	Mailing Address GMAC Payment Processing Center P.O. Box 70309			$ \begin{array}{c} \stackrel{M}{0} \stackrel{M}{1} \stackrel{M}{} \\ \begin{array}{c} 0 \\ 1 \end{array} \end{array} \right) \left(\begin{array}{c} \stackrel{D}{0} \stackrel{D}{4} \\ \end{array} \right) \left(\begin{array}{c} \stackrel{Y}{2} \stackrel{Y}{2} \stackrel{Y}{0} \stackrel{Y}{0} \stackrel{Y}{6} \\ \end{array} \right) $
		StateZip CodeNC28272-0309		Amount of Each Disbursement this Period
	Purpose of Disbursement Vehicle Rental		· · ·	569.80 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
9	JBTOTAL of Disbursements This Page (optional) .		►	691.70
	DTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3)		Use seperate schedule(s)		NUMBER: PAGE 113 / 170		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b		
—				20a 20b 20c 21		
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name					
\square	NAME OF COMMITTEE (In Full)					
Ľ	MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) GMAC			Transaction ID: SB17.25195 Date of Disbursement		
	Mailing Address GMAC Payment Processi P.O. Box 70309	ng Center		$ \begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} $		
	,	State Zip Code NC 28272-0309		Amount of Each Disbursement this Period		
	Purpose of Disbursement Vehicle Rental			402.95 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	President	nent For: Primary General Other (specify) ▼				
	State: District: Full Name (Last, First, Middle Initial)					
В.	GMAC			Transaction ID: SB17.25356 Date of Disbursement		
	Mailing Address GMAC Payment Processing Center P.O. Box 70309			$ \begin{array}{c} M & M \\ 0 & 3 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D & D \\ 0 & 8 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y $		
		StateZip CodeNC28272-0309		Amount of Each Disbursement this Period		
	Purpose of Disbursement Vehicle Rental			736.41 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	President	nent For: Primary				
	State: District: Full Name (Last, First, Middle Initial)					
C.	GMAC			Transaction ID: SB17.25417 Date of Disbursement		
	Mailing Address GMAC Payment Processing Center P.O. Box 70309			M 3 M / D 2 2 / Y 2 0 0 6		
		StateZip CodeNC28272-0309		Amount of Each Disbursement this Period		
	Purpose of Disbursement Vehicle Rental			838.01 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼				
				1977.37		
	UBTOTAL of Disbursements This Page (optional)					
	TOTAL This Period (last page this line number only)					

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 114/170
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) GMAC Mailing Address P.O. Box 70309	ng Center		Transaction ID: SB17.25418Date of Disbursement $M \xrightarrow{M} 3$ / $2 \xrightarrow{D} 2$ / $2 \xrightarrow{V} 2$ $3 \xrightarrow{V} 2$
	City S Charlotte	State Zip Code NC 28272-0309		Amount of Each Disbursement this Period 684.55
	Purpose of Disbursement Vehicle Rental Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		
в.	Full Name (Last, First, Middle Initial) Goodwill Ind. of the Conemaugh Valley			Transaction ID: SB17.24943 Date of Disbursement
	Mailing Address 200 Lincoln Street			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 1 \end{array} \\ \end{array} \\ \left(\begin{array}{c} D \\ 3 \\ 1 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y $
	Johnstown	State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Advertising Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) Greater Johnstown Chamber of Commerce			Transaction ID: SB17.24880 Date of Disbursement
	Mailing Address One Market Place 111 Market Street			01 ^M /04 ^V /2006 ^V
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Dues			217.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbursed Senate President State: District:	nent For: Primary General Other (specify) ▼		
s	JBTOTAL of Disbursements This Page (optional)		►	1401.55
	OTAL This Period (last page this line number only)			

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER:	PAGE 115/170
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 20a 20b	19a 19b 20c 21
	/ Information copied from such Reports and Statem or commercial purposes, other than using the name				
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE				
Α.	Full Name (Last, First, Middle Initial) Greater Johnstown Chamber of Commerce Mailing Address 0ne Market Place 111 Market Street			Transaction ID: SE Date of Disburseme $0^{M} 2^{M}$ / $1^{D} 15^{D}$	
		State Zip Code PA 15901			bursement this Period 35.00
	Candidate Name Office Sought: House Disburse	ment For:	Category/ Type	Refund or Dispo Contributions Re 11 C.F.R. 400.5	equired Under
	Senate President State: District:	Primary General Other (specify) ▼			
В.	Full Name (Last, First, Middle Initial) Holiday Inn			Transaction ID: SE	nt
	Mailing Address P.O. Box 1487			03 ^M /22 ^D	ÝŽOŎĠ
	Johnstown	State Zip Code PA 15907-1487		Amount of Each Dis	bursement this Period
	Purpose of Disbursement Entertainment Candidate Name		Category/ Type	Refund or Dispo Contributions Re 11 C.F.R. 400.5	equired Under
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼			
C.	Full Name (Last, First, Middle Initial) Charlie Horner			Transaction ID: SE	nt
	Mailing Address 2123 Marlboro Drive			0 ^M 2 ^M / ^D 2 ^B	Ý ŽOÔ6
		State Zip Code VA 22304		Amount of Each Dis	bursement this Period
	Purpose of Disbursement Travel		Refund or Dispo		
	Candidate Name		Category/ Type	Contributions Re 11 C.F.R. 400.5	
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼			
s	JBTOTAL of Disbursements This Page (optional)		►		3622.83
	DTAL This Period (last page this line number only)				

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 116/170
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	yone) X 17 18 19a 19b
		Detailed Summary Fage		20a 20b 20c 21
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)	and address of any political		
\rangle	MURTHA FOR CONGRESS COMMITTEE			
A.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25166
А.	David Howard			Date of Disbursement
	Mailing Address 399 Liberty Avenue			$ \begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \\ I \\ \end{array} \begin{array}{c} I \\ I \\ I \\ \end{array} \begin{array}{c} D \\ I \\ I \\ I \\ \end{array} \begin{array}{c} D \\ I \\ I \\ I \\ \end{array} \begin{array}{c} D \\ I \\ I \\ I \\ I \\ I \\ \end{array} \begin{array}{c} I \\ I $
		State Zip Code		Amount of Each Disbursement this Period
	Johnstown Purpose of Disbursement	PA 15905		92.40
	Reimb. Meals, Travel			Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser	ment For:	Туре	11 0.1 .11. 400.00
	Senate	Primary General		
	President	Other (specify)		
	State: District:			
В.	Full Name (Last, First, Middle Initial) IKON Office Solutions			Transaction ID: SB17.24877 Date of Disbursement
				M.M./D.D./YYYYY
	Mailing Address P.O. Box 827468			01 04 2006
		State Zip Code PA 19182-7468		Amount of Each Disbursement this Period
	Purpose of Disbursement			153.99
	Campaign Office Exp			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate	nent For: Primary General		
	President	Other (specify)		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Indiana Co Chamber of Commerce			Transaction ID: SB17.24879 Date of Disbursement
	Mailing Address 1019 Philadelphia Street			
		State Zip Code		Amount of Each Disbursement this Period
	Indiana Purpose of Disbursement	PA 15701-1689		199.00
	Dues			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser			
	Senate President	Primary General Other (specify)		
_	State: District:	(1) - 3/ ▼		
s	JBTOTAL of Disbursements This Page (optional)		►	445.39
Т	DTAL This Period (last page this line number only)		►	

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 117/170	
ITEMIZED DISBURSEMENTS	for each category of the	(check only one)	
	Detailed Summary Page	20a 20b 20c 21	
Any Information copied from such Reports and Statem			
or for commercial purposes, other than using the name	and address of any political con	nmittee to solicit contributions from such committee	
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Full Name (Last, First, Middle Initial)		Transaction ID: SB17.24928	
A. James Oswald		Date of Disbursement	
Mailing Address 445 Orchard Street		0 1 ^M / ^D 2 5 / ^Y 2 0 0 6 ^Y	
	State Zip Code	Amount of Each Disbursement this Period	
	PA 15905	44.00	
Purpose of Disbursement Campaign Office Exp		Refund or Disposal of Excess	
Candidate Name	C	ategory/ Contributions Required Under	
		Type 11 C.F.R. 400.53	
Office Sought: House Disburse Senate	ment For: Primary General		
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) B. James Oswald		Transaction ID: SB17.25694	
James Oswald		Date of Disbursement	
Mailing Address 445 Orchard Street			
	State Zip Code PA 15905	Amount of Each Disbursement this Period	
Purpose of Disbursement	66.00		
Campaign Office Exp	Refund or Disposal of Excess		
Candidate Name		ategory/ Contributions Required Under Type 11 C.F.R. 400.53	
Office Sought: House Disburse Senate	ment For: Primary General		
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) C. Johnstown Sportsmen		Transaction ID: SB17.25436 Date of Disbursement	
Mailing Address Decker Avenue	· · · · · · · · · · · · · · · · · · ·		
Mailing Address Decker Avenue			
	State Zip Code PA 15906	Amount of Each Disbursement this Period	
Purpose of Disbursement	FA 13900	150.00	
Tickets		Refund or Disposal of Excess	
Candidate Name		ategory/ Contributions Required Under Type 11 C.F.R. 400.53	
Office Sought: House Disburse	ment For: Primary General		
President	Other (specify)		
State: District:	· · · · · ·		
SUBTOTAL of Disbursements This Page (optional)		260.00	
TOTAL This Period (last page this line number only)			

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 118/170
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	yone) X 17 18 19a 19b
_		, ,		20a 20b 20c 21
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)			
\rangle	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) LaPorta's			Transaction ID: SB17.24869 Date of Disbursement
	Mailing Address 342 Washington Street			$ \begin{array}{c} M & M \\ 0 & 1 \end{array} \right) \left(\begin{array}{c} D & D \\ 0 & 4 \end{array} \right) \left(\begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{array} \right) $
	,	State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Floral Arrangements			122.60 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		
	State: District: Full Name (Last, First, Middle Initial)			
В.	Latrobe Grand Rental Station			Transaction ID: SB17.24873 Date of Disbursement
	Mailing Address 216 Kingston Street			$ \begin{array}{c} M & M \\ 0 & 1 \end{array} \right) \left(\begin{array}{c} D & D \\ 0 & 4 \end{array} \right) \left(\begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \end{array} \right) \left(\begin{array}{c} Y \\ 2 & 0 & 0 \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \end{array} \right) \left(\left(\begin{array}{c} Y \end{array} \right) $
		State Zip Code PA 15650		Amount of Each Disbursement this Period
	Purpose of Disbursement Meeting Expense			312.28 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) V		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Theresa Lehman			Transaction ID: SB17.24866 Date of Disbursement
	Mailing Address 1258 Frances Street			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 4 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
		State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Wages			1201.78 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) V		
				1636.66
⊢ ^s	UBTOTAL of Disbursements This Page (optional)		····· Þ	1050.00
Т	OTAL This Period (last page this line number only)		Þ	

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 119/170
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	x 17 18 19a 19b
		Detailed Summary Fage		20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)			
$\langle \rangle$	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Theresa Lehman			Transaction ID: SB17.24906 Date of Disbursement
	Mailing Address 1258 Frances Street			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 8 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix} $
	,	State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Wages			1201.78 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
В.	Full Name (Last, First, Middle Initial) Theresa Lehman			Transaction ID: SB17.24927 Date of Disbursement
	Mailing Address 1258 Frances Street			01 ^M /25 ^D /2006 ^Y
		State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement See Reimbursement Detail			346.58
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	ment For: Primary General Other (specify) ▼		
	State: District: Full Name (Last, First, Middle Initial)			
C.	Theresa Lehman			Transaction ID: SB17.24927.0 Date of Disbursement
	Mailing Address 1258 Frances Street			$ \begin{array}{c} \stackrel{\text{M}}{\overset{\text{M}}{\overset{\text{M}}{\overset{\text{M}}{\overset{\text{M}}{\overset{\text{M}}{\overset{\text{M}}{\overset{\text{M}}{\overset{\text{M}}{\overset{\text{M}}{\overset{\text{M}}{\overset{\text{M}}{\overset{\text{D}}{\overset{\text{D}}{\overset{\text{D}}{\overset{\text{D}}{\overset{\text{M}}}{\overset{\text{M}}{\overset{\text{M}}}{\overset{\text{M}}{\overset{\text{M}}{\overset{\text{M}}{\overset{\text{M}}{\overset{\text{M}}{\overset{\text{M}}{\overset{\text{M}}{\overset{\text{M}}}{\overset{\text{M}}{\overset{\text{M}}}{\overset{\text{M}}{\overset{\text{M}}{\overset{\text{M}}}{\overset{\text{M}}{\overset{\text{M}}}}}}}}}}$
	Johnstown	State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			83.52 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[]
	UBTOTAL of Disbursements This Page (optional) .		►	1548.36
	OTAL This Period (last page this line number only)			
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 120 / 170		
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	y one) X 17 18 19a 19b		
		Detailed Summary Page		$\begin{array}{c c c c c c c c c c c c c c c c c c c $		
	y Information copied from such Reports and Stateme					
or	or commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political	committee to so	licit contributions from such committee		
\rangle	MURTHA FOR CONGRESS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) Theresa Lehman			Transaction ID: SB17.24927.1 Date of Disbursement		
	Mailing Address 1258 Frances Street			$ \begin{array}{c} M & M \\ 0 & 1 \end{array} \right) \left(\begin{array}{c} D & D \\ 2 & 5 \end{array} \right) \left(\begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 & 0 & 0 \\ 6 \end{array} \right) \right) $		
	,	State Zip Code PA 15904		Amount of Each Disbursement this Period		
	Purpose of Disbursement Meals			10.39 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼				
	Full Name (Last, First, Middle Initial)					
В.	Theresa Lehman			Transaction ID: SB17.24927.2 Date of Disbursement		
	Mailing Address 1258 Frances Street			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 5 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $		
	Johnstown	State Zip Code PA 15904		Amount of Each Disbursement this Period		
	Purpose of Disbursement Postage			22.80 Refund or Disposal of Excess		
	Туре		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) V				
	State: District:					
C.	Full Name (Last, First, Middle Initial) Theresa Lehman			Transaction ID: SB17.24927.3 Date of Disbursement		
	Mailing Address 1258 Frances Street			$ \begin{array}{c} M \\ 0 \\ 1 \end{array} \right) \left(\begin{array}{c} D \\ 2 \\ 5 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y $		
		State Zip Code PA 15904		Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel			70.00 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		[
Г						
s	SUBTOTAL of Disbursements This Page (optional)					
Т	TOTAL This Period (last page this line number only) •					

50	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		K 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Theresa Lehman			Transaction ID: SB17.24927.4 Date of Disbursement
	Mailing Address 1258 Frances Street			$ \begin{array}{c} M \\ 0 \\ 1 \end{array} \right) \left(\begin{array}{c} D \\ 2 \\ 5 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y $
	,	State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Meeting Expense Candidate Name	C	ategory/ Type	159.52 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) V	1,00	[MEMO ITEM]
в.	Full Name (Last, First, Middle Initial) Theresa Lehman			Transaction ID: SB17.24927.5 Date of Disbursement
	Mailing Address 1258 Frances Street		$\begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 5 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ Y & Y \end{bmatrix}$	
	Johnstown	State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Office Exp Candidate Name	C	ategory/	0.35 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼	Туре	[MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Theresa Lehman			Transaction ID: SB17.24933 Date of Disbursement
	Mailing Address 1258 Frances Street			$ \begin{array}{c} \stackrel{\text{M}}{0} \stackrel{\text{M}}{1} \stackrel{\text{M}}{} \end{array} \begin{array}{c} \stackrel{\text{I}}{} \end{array} \begin{array}{c} \stackrel{\text{D}}{3} \stackrel{\text{D}}{1} \end{array} \begin{array}{c} \stackrel{\text{I}}{} \end{array} \begin{array}{c} \stackrel{\text{Y}}{2} \stackrel{\text{Y}}{2} \stackrel{\text{Y}}{0} \stackrel{\text{Y}}{0} \stackrel{\text{Y}}{6} \end{array} $
		State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Wages			1201.78 Refund or Disposal of Excess Contributions Required Under
	Candidate Name Office Sought: House Disburser		category/ Type	11 C.F.R. 400.53
	Senate President State: District:	Primary General Other (specify) ▼		
s	JBTOTAL of Disbursements This Page (optional)		►	1201.78

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
ny Information copied from such Reports and Statemer r for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Full Name (Last, First, Middle Initial) Theresa Lehman 			Transaction ID: SB17.25138 Date of Disbursement
Mailing Address 1258 Frances Street			$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} $ $ \begin{pmatrix} D & D \\ 1 & 5 \end{pmatrix} $ $ \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
	StateZip CodePA15904		Amount of Each Disbursement this Period
Purpose of Disbursement Wages Candidate Name		Category/	1188.78 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	11 O.I .N. 400.33
Full Name (Last, First, Middle Initial) • Theresa Lehman			Transaction ID: SB17.25168 Date of Disbursement
Mailing Address 1258 Frances Street			$\begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 8 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 0 & 6 \end{pmatrix}$
Johnstown	State Zip Code PA 15904		Amount of Each Disbursement this Period
Purpose of Disbursement Wages Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
President	nent For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25387
Theresa Lehman			Date of Disbursement
Mailing Address 1258 Frances Street			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} (\begin{bmatrix} D & D \\ 1 & 5 \end{bmatrix} (\begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix}) $
	State Zip Code PA 15904		Amount of Each Disbursement this Period
Purpose of Disbursement Wages			1188.78 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	nent For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		►	3566.34
TOTAL This Period (last page this line number only).			

S	CHEDULE B (FEC Form 3)			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b
An	/ Information copied from such Reports and Statemo	ents may not be sold or used l	by any person f	
	or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25685
Α.	Theresa Lehman			Date of Disbursement
	Mailing Address 1258 Frances Street			03 29 2006
	,	StateZip CodePA15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Wages			1188.78 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
В.	Full Name (Last, First, Middle Initial) Mary Catherine Voytko			Transaction ID: SB17.24867 Date of Disbursement
	Mailing Address 920 Fronheiser Street			$ \begin{array}{c} M \\ 0 \\ 1 \end{array}^{M} \\ \end{array}^{\prime} \begin{array}{c} D \\ 0 \\ 4 \end{array}^{D} \\ \end{array}^{\prime} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array}^{V} \\ \end{array}^{V} $
		State Zip Code PA 15902		Amount of Each Disbursement this Period
	Purpose of Disbursement Wages			62.99 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Mary Catherine Voytko			Transaction ID: SB17.25117 Date of Disbursement
	Mailing Address 920 Fronheiser Street			$ \begin{bmatrix} M & 2 \\ 0 & 2 \end{bmatrix} $ $ \begin{pmatrix} D & D \\ 0 & 8 \end{pmatrix} $ $ \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 6 \end{pmatrix} $
		State Zip Code PA 15902		Amount of Each Disbursement this Period
	Purpose of Disbursement Wages		U U	62.99 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		
s	JBTOTAL of Disbursements This Page (optional)		►	1314.76
	DTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3)				E NUMBER: PAGE 124 / 170	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) X 17 18 19a 19b 20a 20b 20c 21	
	y Information copied from such Reports and Statem			for the purpose of solicating contributions	
or	for commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee	
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE				
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25354	
А.	Mary Catherine Voytko			Date of Disbursement	
	Mailing Address 920 Fronheiser Street			M M	
		State Zip Code		Amount of Each Disbursement this Period	
	Johnstown Purpose of Disbursement	PA 15902		62.99	
	Wages			Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼			
	Full Name (Last, First, Middle Initial)				
в.	McAneny Brothers, Inc.			Transaction ID: SB17.24889 Date of Disbursement	
	Mailing Address 470 Industrial Park Road			$\begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 1 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$	
		State Zip Code PA 15931-4114		Amount of Each Disbursement this Period	
	Purpose of Disbursement Gifts			2500.35 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼			
	State: District:				
C.	Full Name (Last, First, Middle Initial) Neubauer's Flower Inc.			Transaction ID: SB17.25358 Date of Disbursement	
	Mailing Address 308 Jefferson Avenue			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 8 \end{pmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$	
		State Zip Code WV 26041		Amount of Each Disbursement this Period	
	Purpose of Disbursement Floral Arrangements			122.92 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼			
	2.00.00				
s	UBTOTAL of Disbursements This Page (optional)		····· Þ	2686.26	
Т	OTAL This Period (last page this line number only)		•		

			NUMBER: PAGE 125 / 170	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	√one)
				20a 20b 20c 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)			
Ľ	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25422
	Observer Reporter			Date of Disbursement 0 3 / 2 2 / 2 0 0 6
	Mailing Address P.O. Box 5003 122 South Main St.			
		State Zip Code		Amount of Each Disbursement this Period
	Washington Purpose of Disbursement	PA 15301-1153		188.50
	Subscription			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse	ment For:		
	Senate President	Primary General Other (specify)		
	State: District:			
D	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.24909
В.	PA Dept. of Revenue			Date of Disbursement
	Mailing Address Dept. 280401			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 8 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
		State Zip Code PA 17128-0401		Amount of Each Disbursement this Period
	Purpose of Disbursement			851.01
	PA State Tax W/H Candidate Name			Refund or Disposal of Excess Contributions Required Under
			Category/ Type	11 C.F.R. 400.53
	Office Sought: House Disburse Senate	ment For: Primary General		
	President	Other (specify)		
	State: District:			
C.	Full Name (Last, First, Middle Initial) PA Dept. of Revenue			Transaction ID: SB17.25637 Date of Disbursement
	Mailing Address Dept. 280401			02 ^M /08 [/] 2006 ^Y
		State Zip Code PA 17128-0401		Amount of Each Disbursement this Period
	Purpose of Disbursement			144.76
	PA State IT W/H Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
			Туре	11 C.F.R. 400.53
	Office Sought: House Disburse Senate	ment For: Primary General		
	President	Other (specify)		
_	State: District:			
s	UBTOTAL of Disbursements This Page (optional) .		►	1184.27
	OTAL This Period (last page this line number only)		····· •	

SCHEDULE B (FEC Form 3)				E NUMBER: PAGE 126 / 170	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	yone) X 17 18 19a 19b 20a 20b 20c 21	
	y Information copied from such Reports and Stateme for commercial purposes, other than using the name				
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE				
Α.		State Zip Code PA 17128-0401		Transaction ID: SB17.25638 Date of Disbursement 0 3 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 97.53 Refund or Disposal of Excess	
	Candidate Name Office Sought: Benate President State: District: District:	nent For: Primary General Other (specify) ▼	Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
В.	Full Name (Last, First, Middle Initial) PAID Mailing Address 727 Goucher Street			Transaction ID: SB17.25374 Date of Disbursement 03 / 08 / 2006	
		State Zip Code PA 15905	Category/ Type	Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
C.	Full Name (Last, First, Middle Initial) PA UC Fund			Transaction ID: SB17.24908 Date of Disbursement	
	Mailing Address Seventh & Forster Streets P.O. Box 68568			$ \begin{array}{c} \stackrel{M}{\overset{D}}{\overset{D}{\overset{D}}{\overset{D}{\overset{D}{\overset{D}{\overset{D}{\overset{D}{\overset{D}}{\overset{D}{\overset{D}{\overset{D}}}{\overset{D}{\overset{D}{\overset{D}{\overset{D}{\overset{D}{\overset{D}{\overset{D}{\overset{D}}{\overset{D}}{\overset{D}{\overset{D}}{\overset{D}{\overset{D}}{\overset{D}{\overset{D}}{\overset{D}{\overset{D}{\overset{D}{\overset{D}{\overset{D}{\overset{D}{\overset{D}{\overset{D}{\overset{D}{\overset{D}}}{\overset{D}{\overset{D}}}}}}}}}$	
		State Zip Code PA 17106-8568		Amount of Each Disbursement this Period 322.77	
	Payroll Taxes Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼			
s	UBTOTAL of Disbursements This Page (optional)		>	1420.30	
Т	OTAL This Period (last page this line number only)		►		

SCHEDULE B (FEC Form 3)		Use seperate schedule(s)	FOR LINE NUMBER: PAGE 127 / 170 (check only one)		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		yone) X 17 18 19a 19b	
				20a 20b 20c 21	
	y Information copied from such Reports and Statem for commercial purposes, other than using the name				
	NAME OF COMMITTEE (In Full)				
\rangle	MURTHA FOR CONGRESS COMMITTEE				
Α.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.24888	
А.	Penn National Insurance			Date of Disbursement	
	Mailing Address P.O. Box 13746			M 1 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
		State Zip Code PA 19101-3746		Amount of Each Disbursement this Period	
	Purpose of Disbursement	FA 19101-3740		1088.00	
	Vehicle Insurance			Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburse	ment For:	туре		
	Senate	Primary General			
	State: District:	Other (specify)			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25182	
В.	enns Woods Council - BSA			Date of Disbursement	
	Mailing Address 664 Old Tire Hill Road			$ \begin{array}{c} M \\ 0 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \\ I \\ I \\ I \end{array} \begin{array}{c} I \\ I \\ I \\ I \\ I \end{array} \begin{array}{c} I \\ I \\ I \\ I \\ I \\ I \end{array} \begin{array}{c} I \\ I \\ I \\ I \\ I \\ I \\ I \end{array} \begin{array}{c} I \\ I \end{array} \begin{array}{c} I \\ I $	
	City	State Zip Code		Amount of Each Disbursement this Period	
		PA 15905		2000.00	
	Purpose of Disbursement Adv. & Tickets			3000.00 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
		ment For:			
	Senate President	Primary General Other (specify)			
	State: District:				
C.	Full Name (Last, First, Middle Initial) Petty Cash			Transaction ID: SB17.24878 Date of Disbursement	
				M M / D D / Y Y Y Y	
	Mailing Address P.O. Box 1091			01 04 2006	
		State Zip Code PA 15907		Amount of Each Disbursement this Period	
	Purpose of Disbursement	PA 15907		90.35	
	Meeting Exp, Meals, Car Wash			Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburse				
	Senate President	Primary General Other (specify)			
	State: District:				
s	UBTOTAL of Disbursements This Page (optional)		►	4178.35	
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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	yone) X 17 18 19a 19b
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	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
\square	NAME OF COMMITTEE (In Full)			
\backslash	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Petty Cash			Transaction ID: SB17.24929 Date of Disbursement
	Mailing Address P.O. Box 1091			$ \begin{array}{c} M \\ 0 \\ 1 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} T \\ 2 \\ 5 \end{array} \begin{array}{c} T \\ 0 \\ 2 \\ 5 \end{array} \begin{array}{c} T \\ 0 \\ 5 \\ 5 \end{array} \begin{array}{c} T \\ 0 \\ 1 \\ 0 \\ 1 \end{array} \begin{array}{c} T \\ 0 \\ 1 \\ 0 \\ 1 \end{array} \begin{array}{c} T \\ 0 \\ 1 \\ 0 \\ 1 \end{array} \begin{array}{c} T \\ 0 \\ 1 \\ 0 \\ 1 \end{array} \begin{array}{c} T \\ 0 \\ 1 \\ 0 \\ 1 \end{array} \begin{array}{c} T \\ 0 \\ 1 \\ 0 \\ 1 \end{array} \begin{array}{c} T \\ T \\ 0 \\ 1 \\ 0 \\ 1 \end{array} \begin{array}{c} T \\ T \\ 0 \\ 1 \\ 0 \\ 1 \end{array} \begin{array}{c} T \\ T \\ 0 \\ 1 \\ 0 \\ 1 \end{array} \begin{array}{c} T \\ T $
	Johnstown	State Zip Code PA 15907		Amount of Each Disbursement this Period
	Purpose of Disbursement See Detail Candidate Name			65.37 Refund or Disposal of Excess Contributions Required Under
		ement For:	Category/ Type	11 C.F.R. 400.53
	State: District:	Primary General Other (specify) V		
	Full Name (Last, First, Middle Initial)			T
В.	Petty Cash			Transaction ID: SB17.24929.0 Date of Disbursement
	Mailing Address P.O. Box 1091			01 25 2006
	Johnstown	State Zip Code PA 15907		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Office Exp		Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) ▼		[
	State: District:			
C.	Full Name (Last, First, Middle Initial) Petty Cash			Transaction ID: SB17.24929.1 Date of Disbursement
	Mailing Address P.O. Box 1091			$ \begin{array}{c} M \\ 0 \\ 1 \end{array} \right) \left(\begin{array}{c} D \\ 2 \\ 5 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y $
	Johnstown	State Zip Code PA 15907		Amount of Each Disbursement this Period
	Purpose of Disbursement Car Wash			5.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President State: District:	Primary General Other (specify)		
9	UBTOTAL of Disbursements This Page (optional).		►	65.37
	OTAL This Period (last page this line number only)			
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SCHEDULE B (FEC Form 3)				E NUMBER: PAGE 129/170				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b				
An	y Information copied from such Reports and Statem	ents may not be sold or used l	by any person f	20a 20b 20c 21				
	or commercial purposes, other than using the name							
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE							
Α.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.24929.2				
	Petty Cash			Date of Disbursement				
	Mailing Address P.O. Box 1091			$ \begin{array}{c} M \\ 0 \\ 1 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 2 \\ \end{array} \begin{array}{c} V \\ 2 \\ \end{array} \begin{array}{c} V \\ 2 \\ \end{array} \begin{array}{c} V \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ V \\ V \\ \end{array} $				
		State Zip Code PA 15907		Amount of Each Disbursement this Period				
	Purpose of Disbursement			21.99				
	Volunteer Exp			Refund or Disposal of Excess				
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Disburse			[MEMO ITEM]				
	Senate President	Primary General Other (specify)						
	State: District:							
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.24929.3				
В.	Petty Cash			Date of Disbursement				
	Mailing Address P.O. Box 1091			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 5 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 6 \end{bmatrix} $				
		State Zip Code PA 15907		Amount of Each Disbursement this Period				
	Purpose of Disbursement Meeting Expense			20.23				
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Disburse	ment For: Primary General		[MEMO ITEM]				
	President	Other (specify)						
	State: District:							
C.	Full Name (Last, First, Middle Initial) Petty Cash			Transaction ID: SB17.24929.4 Date of Disbursement				
	Mailing Address P.O. Box 1091			$\begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 5 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$				
		State Zip Code PA 15907		Amount of Each Disbursement this Period				
	Purpose of Disbursement Meals			2.97 Refund or Disposal of Excess				
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]				
_	State: District:							
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SCHEDULE B (FEC Form 3)		Use seperate schedule(s)		NUMBER: PAGE 130 / 170
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem			or the purpose of solicating contributions
or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and address of any political	committee to so	licit contributions from such committee
\rangle	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Petty Cash			Transaction ID: SB17.24929.5 Date of Disbursement
	Mailing Address P.O. Box 1091			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 5 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
		State Zip Code PA 15907		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel			2.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Senate President	ement For: Primary General Other (specify) v		
	State: District: Full Name (Last, First, Middle Initial)			Transaction ID: CD17.04040
В.	Petty Cash			Transaction ID: SB17.24942 Date of Disbursement
	Mailing Address P.O. Box 1091			$\begin{array}{c} \begin{array}{c} M & M \\ 0 & 1 \end{array} \end{array} / \begin{array}{c} D & D \\ 3 & 1 \end{array} / \begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \\ \end{array} $
	Johnstown	State Zip Code PA 15907		Amount of Each Disbursement this Period 72.16
	Purpose of Disbursement See Detail Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
			Туре	11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) ▼		
	State: District:	-		
C.	Full Name (Last, First, Middle Initial) Petty Cash			Transaction ID: SB17.24942.0 Date of Disbursement
	Mailing Address P.O. Box 1091			$ \begin{array}{c} \stackrel{M}{\overset{D}{\overset{D}{\overset{D}{\overset{D}{\overset{D}{\overset{D}{\overset{D}{\overset{D}{\overset{D}{\overset{D}{\overset{D}{\overset{D}{\overset{T}{\overset{V}}{\overset{V}{\overset{V}}{\overset{V}{\overset{V}}{\overset{V}{\overset{V}{\overset{V}{\overset{V}}}}}}}}}$
	Johnstown	State Zip Code PA 15907		Amount of Each Disbursement this Period
	Purpose of Disbursement Meeting Expense			57.16 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
	UBTOTAL of Disbursements This Page (optional) .			72.16
	OTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)		AGE 131 / 170
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) X 17 18 19a	19b
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or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Full Name (Last, First, Middle Initial)		Transaction ID: SB17.2	4942.1
A. Petty Cash		Date of Disbursement	
Mailing Address P.O. Box 1091			Ź 0 Ŏ 6 Ĭ
	Ctate Zip Code PA 15907	Amount of Each Disburse	ement this Period
Purpose of Disbursement			3.50
Campaign Office Exp		Refund or Disposal of	
Candidate Name	C	Category/ Contributions Require Type 11 C.F.R. 400.53	d Under
Office Sought: House Disburser	ment For:		
	Primary General		
State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			F 407
B. Petty Cash		Transaction ID: SB17.2 Date of Disbursement	5127
Moiling Addross D.O. Day 1001			2006
Mailing Address P.O. Box 1091			2000
	State Zip Code PA 15907	Amount of Each Disburse	ement this Period
Purpose of Disbursement			81.02
See Detail	Refund or Disposal of		
Candidate Name		Category/Contributions RequireType11 C.F.R. 400.53	a Under
Office Sought: House Disburser			
	Primary General Other (specify) ▼		
State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)		Transaction ID: SB17.2	5127.0
C. Petty Cash		Date of Disbursement	
Mailing Address P.O. Box 1091			ŹOŎĠ
	State Zip Code PA 15907	Amount of Each Disburse	ement this Period
Purpose of Disbursement			10.00
Parking Candidate Name		Category/ Refund or Disposal of Contributions Require	
Calculate Name		Type 11 C.F.R. 400.53	
Office Sought: House Disburser		[MEMO ITEM]	
	Primary General Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			81.02
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SCHEDULE B (FEC Form 3)			Use seperate schedule(s)		FOR LINE NUMBER: PAC	
	EMIZED DISBURSEMENTS	for each catego Detailed Summ	ary Page		X 17 18 19 20a 20b 20	
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	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTE					
Α.	Full Name (Last, First, Middle Initial) Petty Cash				Transaction ID: SB17 Date of Disbursement	2.25127.1
	Mailing Address P.O. Box 1091					
	City Johnstown	State Zip C PA 159			Amount of Each Disbu	
	Purpose of Disbursement Postage Candidate Name		[Category/	Refund or Disposal Contributions Requ 11 C.F.R. 400.53	
	Office Sought: House Disbur Senate President State: District:	sement For: Primary Other (specify)	General	Туре	[MEMO ITEM]	
в.	Full Name (Last, First, Middle Initial) Petty Cash				Transaction ID: SB17 Date of Disbursement	
	Mailing Address P.O. Box 1091					[°]
	City Johnstown	State Zip C PA 159			Amount of Each Disbu	rsement this Period 32.95
	Purpose of Disbursement Entertainment Candidate Name		[Category/ Type	Refund or Disposal Contributions Requ 11 C.F.R. 400.53	of Excess
	Senate President	sement For: Primary Other (specify)	General		[MEMO ITEM]	
	State: District: Full Name (Last, First, Middle Initial)				Transaction ID: SB17	7 95197 3
C.	Petty Cash				Date of Disbursement	
	Mailing Address P.O. Box 1091				02 08	^Ŷ ^Ŷ ^Ŷ ^Ŷ ^Ŷ ^Ŷ ^Ŷ
	City Johnstown	State Zip 0 PA 159			Amount of Each Disbu	rsement this Period
	Purpose of Disbursement Volunteer Exp		[· ·	Refund or Disposal	34.12 of Excess
	Candidate Name			Category/ Type	Contributions Requ 11 C.F.R. 400.53	
	Office Sought: House Disbur Senate President State: District:	Sement For: Primary Other (specify)	General		[MEMO ITEM]	
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 133 / 170			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	√one) ▼ 17			
				20a 20b 20c 21			
	y Information copied from such Reports and Statem for commercial purposes, other than using the name						
	NAME OF COMMITTEE (In Full)						
\mathbb{Z}	MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) Petty Cash			Transaction ID: SB17.25198 Date of Disbursement			
	Mailing Address P.O. Box 1091			$ \begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} M \\ 2 \\ \end{array} \begin{array}{c} T \\ 0 \\ 2 \\ \end{array} \begin{array}{c} D \\ 2 \\ 2 \\ \end{array} \begin{array}{c} T \\ 0 \\ 2 \\ \end{array} \begin{array}{c} T \\ 0 \\ 0 \\ \end{array} \begin{array}{c} T \\ 0 \\ 0 \\ \end{array} \begin{array}{c} T \\ T \\ 0 \\ \end{array} \begin{array}{c} T \\ T \\ T \\ T \\ \end{array} \begin{array}{c} T \\ T $			
	Johnstown	State Zip Code PA 15907		Amount of Each Disbursement this Period			
	Purpose of Disbursement See Detail Candidate Name			42.28 Refund or Disposal of Excess Contributions Required Under			
	Office Sought: House Disburse	ment For:	Category/ Type	11 C.F.R. 400.53			
	State: District:	Primary General Other (specify) V					
	Full Name (Last, First, Middle Initial)						
В.	Petty Cash			Transaction ID: SB17.25198.0 Date of Disbursement			
	Mailing Address P.O. Box 1091			02 22 2006			
	Johnstown	State Zip Code PA 15907		Amount of Each Disbursement this Period 4.86			
	Purpose of Disbursement Postage			Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) V		[
	State: District:						
C.	Full Name (Last, First, Middle Initial) Petty Cash			Transaction ID: SB17.25198.1 Date of Disbursement			
	Mailing Address P.O. Box 1091			$ \begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 2 \\ \end{array} \begin{array}{c} V \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $			
		State Zip Code PA 15907		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel			5.00 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[
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	OTAL This Period (last page this line number only)						
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 134 / 170				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b 20a 20b 20c 21				
	y Information copied from such Reports and Statem or commercial purposes, other than using the name							
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE							
Α.	Full Name (Last, First, Middle Initial) Petty Cash Mailing Address P.O. Box 1091			Transaction ID: SB17.25198.2 Date of Disbursement $\begin{array}{c c} M & M \\ 0 & 2 \end{array} / \begin{array}{c c} D & D \\ 2 & 2 \end{array} / \begin{array}{c c} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{array}$				
		State Zip Code PA 15907	Category/ Type	Amount of Each Disbursement this Period 17.62 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	State: District:	ment For: Primary General Other (specify) V		[MEMO ITEM]				
в.	Full Name (Last, First, Middle Initial) Petty Cash Mailing Address P.O. Box 1091			Transaction ID: SB17.25198.3 Date of Disbursement $0^{M} 2^{M}$ / $2^{D} 2^{D}$ / $2^{Y} 2^{Y} 0^{Y} 6^{Y}$				
	Johnstown Purpose of Disbursement Volunteer Exp Candidate Name	State Zip Code PA 15907 ment For: Primary General Other (specify) ▼	Category/ Type	Amount of Each Disbursement this Period 14.80 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 P.O. Box 1091			Transaction ID: SB17.25364 Date of Disbursement				
	Johnstown Purpose of Disbursement See Detail Candidate Name Office Sought: House Disburse Senate	State Zip Code PA 15907	Category/ Type	Amount of Each Disbursement this Period 86.44 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	State: District: SUBTOTAL of Disbursements This Page (optional) ●							
Т	TOTAL This Period (last page this line number only)							

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b			
An	y Information copied from such Reports and Statem	ents may not be sold or used l	by any person f	20a 20b 20c 21			
	or commercial purposes, other than using the name						
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) Petty Cash			Transaction ID: SB17.25364.0 Date of Disbursement 03^{M} / 08^{D} / 2006^{Y}			
	Mailing Address P.O. Box 1091						
		State Zip Code PA 15907		Amount of Each Disbursement this Period			
	Purpose of Disbursement Postage Candidate Name		Category/	4.20 Refund or Disposal of Excess Contributions Required Under			
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	11 C.F.R. 400.53 [MEMO ITEM]			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25364.1			
В.	Petty Cash			Date of Disbursement			
	Mailing Address P.O. Box 1091						
		State Zip Code PA 15907		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel		· · ·	3.00 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
	State: District: Full Name (Last, First, Middle Initial)						
C.	Petty Cash			Transaction ID: SB17.25364.2 Date of Disbursement			
	Mailing Address P.O. Box 1091			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 8 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$			
		State Zip Code PA 15907		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel		· · ·]	5.00 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
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	UBTOTAL of Disbursements This Page (optional) .						
Т	TOTAL This Period (last page this line number only)						

S(CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 136 / 170			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b			
An	y Information copied from such Reports and Statem	ents may not be sold or used	by any person f	20a 20b 20c 21			
	or commercial purposes, other than using the name						
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) Petty Cash			Transaction ID: SB17.25364.3 Date of Disbursement 0 3 / 0 8 / 2 0 0 6			
	Mailing Address P.O. Box 1091						
		State Zip Code PA 15907		Amount of Each Disbursement this Period			
	Purpose of Disbursement Meals Candidate Name		Category/	5.70 Refund or Disposal of Excess Contributions Required Under			
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	11 C.F.R. 400.53 [MEMO ITEM]			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25364.4			
В.	Petty Cash			Date of Disbursement			
	Mailing Address P.O. Box 1091						
	Johnstown	State Zip Code PA 15907		Amount of Each Disbursement this Period			
	Purpose of Disbursement Volunteer Exp Candidate Name		Category/	9.11 Refund or Disposal of Excess Contributions Required Under			
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	11 C.F.R. 400.53 [MEMO ITEM]			
C.	Full Name (Last, First, Middle Initial) Petty Cash			Transaction ID: SB17.25364.5 Date of Disbursement			
	Mailing Address P.O. Box 1091			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 8 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$			
		State Zip Code PA 15907		Amount of Each Disbursement this Period			
	Purpose of Disbursement Meeting Exp			40.99 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
S	UBTOTAL of Disbursements This Page (optional) .		······ •	0.00			
Т	TOTAL This Period (last page this line number only)						

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b 20a 20b 20c 21			
	y Information copied from such Reports and Statem or commercial purposes, other than using the name						
	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) Petty Cash Mailing Address P.O. Box 1091			Transaction ID: SB17.25364.6 Date of Disbursement 03^{M} / 08^{D} / 2006^{Y}			
	City	State Zip Code PA 15907		Amount of Each Disbursement this Period			
	Purpose of Disbursement Campaign Office Exp Candidate Name		Category/ Type	18.44 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
В.	Full Name (Last, First, Middle Initial) Petty Cash			Transaction ID: SB17.25424 Date of Disbursement			
	Mailing Address P.O. Box 1091			03 22 2006			
		State Zip Code PA 15907		Amount of Each Disbursement this Period 94.34			
	Meeting Exp Camp Off Exp Tickets Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Senate President	ment For: Primary General Other (specify) ▼					
C.	State: District: Full Name (Last, First, Middle Initial) Petty Cash			Transaction ID: SB17.25693 Date of Disbursement			
	Mailing Address P.O. Box 1091			$ \begin{array}{c} M & M \\ 0 & 3 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D & 2 & 9 \\ \end{array} \begin{array}{c} 2 & 9 \\ \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 & 0 & 0 \\ \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} $			
		State Zip Code PA 15907		Amount of Each Disbursement this Period			
	Purpose of Disbursement See Detail			95.25 Refund or Disposal of Excess Contributions Required Under			
	Candidate Name	ment For:	Category/ Type	11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President State: District:	Primary General Other (specify)					
s	UBTOTAL of Disbursements This Page (optional) .		►	189.59			
т	TOTAL This Period (last page this line number only)						

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 138 / 170			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b			
An	y Information copied from such Reports and Statem	ents may not be sold or used	l by any person f	20a 20b 20c 21			
	for commercial purposes, other than using the name						
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE						
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25693.0			
Α.	Petty Cash			Date of Disbursement			
	Mailing Address P.O. Box 1091			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
		State Zip Code		Amount of Each Disbursement this Period			
		PA 15907		50.00			
	Purpose of Disbursement Travel			Refund or Disposal of Excess			
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53			
			Туре	[MEMO ITEM]			
	Senate President	ment For: Primary General Other (specify) V					
	State: District:						
В.	Full Name (Last, First, Middle Initial) Petty Cash			Transaction ID: SB17.25693.1 Date of Disbursement			
	Mailing Address P.O. Box 1091			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 9 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$			
		State Zip Code PA 15907		Amount of Each Disbursement this Period			
	Purpose of Disbursement Meeting Expense			6.96			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]			
	State: District:						
C.	Full Name (Last, First, Middle Initial) Petty Cash			Transaction ID: SB17.25693.2 Date of Disbursement			
	Mailing Address P.O. Box 1091			$ \begin{array}{c} M & M \\ 0 & 3 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D & D \\ 2 & 9 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 & 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ 0 \\ \end{array} \begin{array}{c} Y \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $			
		State Zip Code PA 15907		Amount of Each Disbursement this Period			
	Purpose of Disbursement Campaign Office Exp			6.00			
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Senate President	ment For: Primary General Other (specify) ▼	<u>, , , , , , , , , , , , , , , , , , , </u>	[MEMO ITEM]			
_	State: District:						
s	UBTOTAL of Disbursements This Page (optional) .		►	0.00			
Т	TOTAL This Period (last page this line number only)						

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 139 / 170				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b 20a 20b 20c 21			
	y Information copied from such Reports and Stateme			or the purpose of solicating contributions			
or	or commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee			
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE						
^	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25693.3			
Α.	Petty Cash			Date of Disbursement			
	Mailing Address P.O. Box 1091			M 3 M / D 2 9 / Y 2 0 0 6 Y			
		State Zip Code		Amount of Each Disbursement this Period			
	Johnstown Purpose of Disbursement	PA 15907		32.29			
	Meeting Exp			Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser	ment For:	1 300	[MEMO ITEM]			
	Senate	Primary General					
	State: District:	Other (specify)					
	State: District: Full Name (Last, First, Middle Initial)						
В.	Pittsburgh Steelers			Transaction ID: SB17.24884 Date of Disbursement			
				M M / D D / Y Y Y Y			
	Mailing Address Heinze Field			01 09 2006			
	,	State Zip Code PA 15219		Amount of Each Disbursement this Period			
	Purpose of Disbursement			1220.00			
	Tickets			Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser Senate	ment For: Primary General					
	President	Other (specify)					
	State: District:						
C.	Full Name (Last, First, Middle Initial) Precious Metals & Diamond Co.			Transaction ID: SB17.25118 Date of Disbursement			
				$\begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{pmatrix} D \\ 0 \\ 8 \\ \end{array} \begin{pmatrix} D \\ 0 \\ 8 \\ \end{array} \begin{pmatrix} Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{pmatrix} Y \\ Y$			
	Mailing Address 1011 Eisenhower Blvd			02 08 2006			
		State Zip Code PA 15904-3305		Amount of Each Disbursement this Period			
	Purpose of Disbursement			3412.14			
	Gifts			Refund or Disposal of Excess Contributions Required Under			
	Candidate Name		Category/ Type	11 C.F.R. 400.53			
	Office Sought: House Disburser						
		Primary General					
	State: District:	Other (specify)					
				4632.14			
	UBTOTAL of Disbursements This Page (optional)						
Т	TOTAL This Period (last page this line number only)						

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 140 / 170			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) X 17 18 19a 19b			
				20a 20b 20c 21			
	y Information copied from such Reports and Stateme for commercial purposes, other than using the name						
	NAME OF COMMITTEE (In Full)						
\mathbb{Z}	MURTHA FOR CONGRESS COMMITTEE						
٨	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.24923			
А.	Queen City Business Systems			Date of Disbursement			
	Mailing Address 1255 Scalp Avenue			$ \begin{array}{c} M \\ 0 \\ 1 \end{array} \right) \left(\begin{array}{c} D \\ 2 \\ 5 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y $			
		State Zip Code PA 15904		Amount of Each Disbursement this Period			
	Purpose of Disbursement	A 15904		280.90			
	Campaign Office Exp			Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser	nent For:	1 300				
	Senate	Primary General					
	President	Other (specify)					
	State: District:						
В.	Full Name (Last, First, Middle Initial) Robert C. Ondick, CPA, PC			Transaction ID: SB17.24870 Date of Disbursement			
	Mailing Address 551 Main Street, Suite 220			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{pmatrix} T \\ 0 & 4 \end{pmatrix} \begin{pmatrix} T \\ 0 & T \end{pmatrix} \begin{pmatrix} T \\ 0 &$			
		State Zip Code PA 15901		Amount of Each Disbursement this Period			
	Purpose of Disbursement			2500.00			
	Accounting Services			Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser						
	Senate President	Primary General Other (specify) ▼					
	State: District:						
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25120			
C.	Robert C. Ondick, CPA, PC			Date of Disbursement			
	Mailing Address 551 Main Street, Suite 220			$\begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{bmatrix} D & D \\ 0 & 8 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y & Y \\ 2 & 0 & 0 \end{bmatrix}$			
	City	State Zip Code		Amount of Each Disbursement this Period			
	Johnstown	PA 15901		0500.00			
	Purpose of Disbursement Accounting Service			2500.00			
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser	ment For:					
	Senate	Primary General					
	State: District:	Other (specify)					
Г							
s	UBTOTAL of Disbursements This Page (optional)		►	5280.90			
Т	OTAL This Period (last page this line number only)		>				
	(, , , , , , , , , , , , , , , , , , ,		-				

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 141 / 170		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) X 17 18 19a 19b	
				20a 20b 20c 21	
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name				
	NAME OF COMMITTEE (In Full)				
Ľ	MURTHA FOR CONGRESS COMMITTEE				
۸	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25362	
~ .	Robert C. Ondick, CPA, PC			Date of Disbursement	
	Mailing Address 551 Main Street, Suite 22	0		M / D D / Y	
		State Zip Code PA 15901		Amount of Each Disbursement this Period	
	Johnstown I Purpose of Disbursement	-A 15901		2500.00	
	Accounting Services			Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser				
	Senate President	Primary General Other (specify) ▼			
	State: District:				
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17,24911	
В.	Special Tax Collector			Date of Disbursement	
	Mailing Address Bloomfield Street			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 8 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $	
		State Zip Code PA 15904		Amount of Each Disbursement this Period	
	Purpose of Disbursement Local Income Tax W/H			142.28	
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼			
	State: District: Full Name (Last, First, Middle Initial)				
C.	Sunnehanna Country Club			Transaction ID: SB17.25144 Date of Disbursement	
	Mailing Address 1000 Sunnehanna Drive			$ \begin{array}{c} M \\ 0 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} V \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y $	
		State Zip Code PA 15905		Amount of Each Disbursement this Period	
	Purpose of Disbursement Entertainment		U U	85.95	
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser	nent For: Primary General Other (specify) ▼			
_	State: District:				
s	JBTOTAL of Disbursements This Page (optional)		►	2728.23	
Т	OTAL This Period (last page this line number only)		►		

		by any person f	X 17 18 19a 19b 20a 20b 20c 21 for the purpose of solicating contributions
or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) A. Sunnehanna Country Club Mailing Address 1000 Sunnehanna Drive	Zip Code		licit contributions from such committee Transaction ID: SB17.25397 Date of Disbursement
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) Sunnehanna Country Club Mailing Address 1000 Sunnehanna Drive	Zip Code		Transaction ID: SB17.25397 Date of Disbursement
Sunnehanna Country Club Mailing Address 1000 Sunnehanna Drive			Date of Disbursement
City State			
Johnstown PA			Amount of Each Disbursement this Period
Purpose of Disbursement Entertainment Candidate Name		Category/	405.52 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbursement For Senate Primary President Other (s		Туре	
Full Name (Last, First, Middle Initial) 3. Susan O'Neill & Assoc.			Transaction ID: SB17.24946
Mailing Address 5910 Gloster Road			Date of Disbursement 01^{M} / 31^{D} / 2006^{V}
City State Bethesda MD	Zip Code 20816		Amount of Each Disbursement this Period
Purpose of Disbursement Public Relations Expense Candidate Name		Category/	4166.67 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbursement For Senate Primary President Other (s		Туре	H G.F.N. 400.55
Full Name (Last, First, Middle Initial) Susan O'Neill & Assoc.			Transaction ID: SB17.25184 Date of Disbursement
Mailing Address 5910 Gloster Road			$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 8 \end{pmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix} $
City State Bethesda MD	Zip Code 20816		Amount of Each Disbursement this Period
Purpose of Disbursement Public Relations Exp			4166.67 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbursement For Senate Primary President Other (s			
SUBTOTAL of Disbursements This Page (optional)		►	8738.86
TOTAL This Period (last page this line number only)			

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 143 / 170
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	X 17 18 19a 19b
				20a 20b 20c 21
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name			
\square	NAME OF COMMITTEE (In Full)			
Ľ	MURTHA FOR CONGRESS COMMITTEE			
Δ	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25697
	Susan O'Neill & Assoc.			Date of Disbursement
	Mailing Address 5910 Gloster Road			03 ^M / 29 / Y Y Y Y
	,	State Zip Code MD 20816		Amount of Each Disbursement this Period
	Purpose of Disbursement	20010		4166.67
	Public Relations Expense			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser			
	Senate President	Primary General Other (specify) ▼		
	State: District:			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.24921
В.	The Congressional Club			Date of Disbursement
	Mailing Address 2001 New Hampshire Ave NW			$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ 1 \end{array} \\ \begin{array}{c} M \\ 1 \end{array} \\ \begin{array}{c} D \\ 2 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 2 \end{array} \\ \begin{array}{c} D \\ 2 \end{array} \\ \begin{array}{c} D \\ 2 \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 2 \end{array} \\ \end{array} \\$
		State Zip Code DC 20009		Amount of Each Disbursement this Period
	Purpose of Disbursement		· · · · · · · · · · · · · · · · · · ·	480.00
	Gifts Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Thomas Automotive Family			Transaction ID: SB17.25146 Date of Disbursement
	Mailing Address 750 Eisenhower Blvd.			$\begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 5 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 6 \end{bmatrix}$
		State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Vehicle Repairs			28.57
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		
_	State: District:			
s	JBTOTAL of Disbursements This Page (optional))	4675.24
Т	OTAL This Period (last page this line number only)		►	

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 144 / 170
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b
		, ,		20a 20b 20c 21
	y Information copied from such Reports and Stateme for commercial purposes, other than using the name			
F	NAME OF COMMITTEE (In Full)	·····		
\mathbb{Z}	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) UPS			Transaction ID: SB17.24876 Date of Disbursement
	Mailing Address P.O. Box 7247-0244			$ \begin{array}{c} M & M \\ 0 & 1 \end{array} \right) \left(\begin{array}{c} D & D \\ 0 & 4 \end{array} \right) \left(\begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{array} \right) $
	,	State Zip Code PA 19170-0001		Amount of Each Disbursement this Period
	Purpose of Disbursement Freight			41.44 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		
	State: District: Full Name (Last, First, Middle Initial)			
В.	UPS			Transaction ID: SB17.24890 Date of Disbursement
	Mailing Address P.O. Box 7247-0244			$ \begin{array}{c} M & M \\ 0 & 1 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D & D \\ 1 & 1 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $
	Philadelphia	State Zip Code PA 19170-0001		Amount of Each Disbursement this Period
	Purpose of Disbursement Freight		Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) UPS			Transaction ID: SB17.24912 Date of Disbursement
	Mailing Address P.O. Box 7247-0244			$ \begin{array}{c} M & M \\ 0 & 1 \end{array} \right) \left(\begin{array}{c} D & D \\ 1 & 8 \end{array} \right) \left(\begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \end{array} \right) \left(\begin{array}{c} Y \\ Y $
		StateZip CodePA19170-0001		Amount of Each Disbursement this Period
	Purpose of Disbursement Freight			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		
				215.83
	UBTOTAL of Disbursements This Page (optional)		····· Þ	213.03
Т	OTAL This Period (last page this line number only)		►	

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 145 / 170
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b
		Detailed Summary Fage	_	20a 20b 20c 21
	y Information copied from such Reports and Stateme for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)			
\rangle	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) UPS			Transaction ID: SB17.24925 Date of Disbursement
	Mailing Address P.O. Box 7247-0244			$ \begin{array}{c} M \\ 0 \\ 1 \end{array} \right) \left(\begin{array}{c} D \\ 2 \\ 5 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y $
		StateZip CodePA19170-0001		Amount of Each Disbursement this Period
	Purpose of Disbursement Freight			70.85 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		
	State: District: Full Name (Last, First, Middle Initial)			
В.	UPS			Transaction ID: SB17.24939 Date of Disbursement
	Mailing Address P.O. Box 7247-0244			$\begin{array}{c} \begin{array}{c} M & M \\ 0 & 1 \end{array} \end{array} / \begin{array}{c} D & D \\ 3 & 1 \end{array} / \begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{array}$
	Philadelphia	State Zip Code PA 19170-0001		Amount of Each Disbursement this Period
	Purpose of Disbursement Freight		· · · · · · · · · · · · · · · · · · ·	18.93 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) UPS			Transaction ID: SB17.25119 Date of Disbursement
	Mailing Address P.O. Box 7247-0244			$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 8 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
		StateZip CodePA19170-0001		Amount of Each Disbursement this Period
	Purpose of Disbursement Frieght			30.08 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) V		
s	UBTOTAL of Disbursements This Page (optional)		····· Þ	119.86
т	OTAL This Period (last page this line number only)			

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 146 / 170			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	√one)			
		Detailed Summary Fage		20a 20b 20c 21			
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name						
$\overline{}$	NAME OF COMMITTEE (In Full)						
\rangle	MURTHA FOR CONGRESS COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) UPS			Transaction ID: SB17.25145 Date of Disbursement			
	Mailing Address P.O. Box 7247-0244			$ \begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} M \\ 2 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} T \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ 5 \\ \end{array} \begin{array}{c} D \\ 1 \\ 5 \\ \end{array} \begin{array}{c} T \\ 0 \\ \end{array} \begin{array}{c} T \\ T \\ \end{array} \begin{array}{c} T \\ T \\ T \\ \end{array} \begin{array}{c} T \\ T \\ T \\ T \\ \end{array} \begin{array}{c} T \\ T $			
	,	StateZip CodePA19170-0001		Amount of Each Disbursement this Period			
	Purpose of Disbursement Freight			107.30 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	President	nent For: Primary General Other (specify) ▼					
	State: District: Full Name (Last, First, Middle Initial)						
В.	UPS			Transaction ID: SB17.25197 Date of Disbursement			
	Mailing Address P.O. Box 7247-0244			$ \begin{array}{c} M 2 \\ 0 \\ 2 \end{array} \begin{array}{c} P \\ 2 \\ 2 \end{array} \begin{array}{c} P \\ 2 \\ 2 \\ 2 \end{array} \begin{array}{c} P \\ 2 \\ 2 \\ 2 \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) $			
	Philadelphia	State Zip Code PA 19170-0001		Amount of Each Disbursement this Period			
	Purpose of Disbursement Freight			24.94 Refund or Disposal of Excess Contributions Required Under			
	Candidate Name	mont For	Category/ Type	11 C.F.R. 400.53			
	Office Sought: House Disburser Senate President	Primary General Other (specify)					
	State: District:						
C.	Full Name (Last, First, Middle Initial) UPS			Transaction ID: SB17.25174 Date of Disbursement			
	Mailing Address P.O. Box 7247-0244			$ \begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} M \\ 2 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 2 \\ \end{array} \begin{array}{c} V \\ 2 \\ \end{array} \begin{array}{c} V \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ V \\ V \\ \end{array} $			
		State Zip Code PA 19170-0001		Amount of Each Disbursement this Period			
	Purpose of Disbursement Freight			138.04 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	President	nent For: Primary General Other (specify) ▼					
Г	State: District:						
s	UBTOTAL of Disbursements This Page (optional)		····· Þ	270.28			
Т	OTAL This Period (last page this line number only)		►				

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 147 / 170
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	x 17 18 19a 19b
				20a 20b 20c 21
	y Information copied from such Reports and Stateme for commercial purposes, other than using the name			
<u>,</u>	NAME OF COMMITTEE (In Full)			
\rangle	MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) UPS			Transaction ID: SB17.25359 Date of Disbursement
	Mailing Address P.O. Box 7247-0244			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 8 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
	Philadelphia	State Zip Code PA 19170-0001		Amount of Each Disbursement this Period
	Purpose of Disbursement Freight			42.23 Refund or Disposal of Excess
	Candidate Name	mant Fau	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	Primary General Other (specify)		
	Full Name (Last, First, Middle Initial)			T
В.	UPS			Transaction ID: SB17.25399 Date of Disbursement
	Mailing Address P.O. Box 7247-0244			03 15 2006
	Philadelphia	State Zip Code PA 19170-0001		Amount of Each Disbursement this Period 56.97
	Purpose of Disbursement Freight			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) V		
	State: District:			
C.	Full Name (Last, First, Middle Initial) UPS			Transaction ID: SB17.25419 Date of Disbursement
	Mailing Address P.O. Box 7247-0244			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 2 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$
	Philadelphia	State Zip Code PA 19170-0001		Amount of Each Disbursement this Period 51.24
	Purpose of Disbursement Freight Candidate Name			Refund or Disposal of Excess Contributions Required Under
			Category/ Type	11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) V		
				150.44
s	UBTOTAL of Disbursements This Page (optional)		····· ►	130.44
Т	OTAL This Period (last page this line number only)		►	

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 148/170	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	√one)	
_				20a 20b 20c 21	
	y Information copied from such Reports and Stateme for commercial purposes, other than using the name				
	NAME OF COMMITTEE (In Full)				
\backslash	MURTHA FOR CONGRESS COMMITTEE				
Α.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25689	
	UPS			Date of Disbursement	
	Mailing Address P.O. Box 7247-0244			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 9 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $	
		State Zip Code PA 19170-0001		Amount of Each Disbursement this Period	1
	Purpose of Disbursement Freight	Γ	0 0	45.41 Refund or Disposal of Excess	
	Candidate Name	L	Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser	ment For:	туре		
	Senate President	Primary General			
	State: District:	Other (specify)			
в.	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25695	
υ.	UPS			Date of Disbursement	
	Mailing Address P.O. Box 7247-0244			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} $ $ \begin{pmatrix} D & D \\ 2 & 9 \end{pmatrix} $ $ \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $	
		State Zip Code PA 19170-0001		Amount of Each Disbursement this Period	1
	Purpose of Disbursement Freight	Г		123.84	
	Candidate Name	L	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼			
	State: District:				
C.	Full Name (Last, First, Middle Initial) Valenty Bottled Water			Transaction ID: SB17.24893 Date of Disbursement	
	Mailing Address P.O. Box 1055			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 1 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $	
		State Zip Code PA 15714-3055		Amount of Each Disbursement this Period	1
	Purpose of Disbursement Campaign Office Exp	Γ		8.43 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼			
Г	State: District:				÷
s	UBTOTAL of Disbursements This Page (optional)		►	177.68	1
Т	OTAL This Period (last page this line number only)		►		

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 149/170
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Valenty Bottled Water Mailing Address P.O. Box 1055			Transaction ID: SB17.25121 Date of Disbursement 0 2 / 0 8 / 2 0 0 6
	Northern Cambira Purpose of Disbursement	State Zip Code PA 15714-3055		Amount of Each Disbursement this Period 30.03
	Campaign Office Exp Candidate Name Office Sought: House Disburse	ement For:	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President State: District:	Primary General Other (specify)		
В.	Full Name (Last, First, Middle Initial) Valenty Bottled Water Mailing Address P.O. Box 1055			M 3 D D 0 Y Y 2 Y 6 Y
	City Northern Cambira Purpose of Disbursement Campaign Office Exp Candidate Name	State Zip Code PA 15714-3055	Category/ Type	Amount of Each Disbursement this Period 8.43 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) V		
C.	Full Name (Last, First, Middle Initial) Valley Printing			Transaction ID: SB17.24894 Date of Disbursement
	Mailing Address 667 Main Street			
	City Johnstown	StateZip CodePA15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Office Exp Candidate Name		Category/ Type	49.82 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) V		
s	UBTOTAL of Disbursements This Page (optional)		►	88.28
	OTAL This Period (last page this line number only)			

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 150 / 170
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Check only	y one) X 17 18 19a 19b
		Detailed Summary Page		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	y Information copied from such Reports and Staten or commercial purposes, other than using the nam			
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	MURTHA FOR CONGRESS COMMITTEE	1		
Α.	Full Name (Last, First, Middle Initial) Valley Printing			Transaction ID: SB17.24936 Date of Disbursement
	Mailing Address 667 Main Street			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{pmatrix} D & D \\ 3 & 1 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix} $
	City	State Zip Code		Amount of Each Disbursement this Period
	Johnstown	PA 15901		
	Purpose of Disbursement Campaign Office Exp			188.68 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	ement For: Primary General Other (specify) ▼		
	State: District:			
В.	Full Name (Last, First, Middle Initial) Valley Printing			Transaction ID: SB17.25126 Date of Disbursement
	Mailing Address 667 Main Street			$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 8 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
	City Johnstown	StateZip CodePA15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Office Exp			56.18 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	ement For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Valley Printing			Transaction ID: SB17.25684 Date of Disbursement
	Mailing Address 667 Main Street			$ \begin{array}{c} M \\ 0 \\ 2 \end{array} \begin{array}{c} M \\ 1 \\ 5 \end{array} \begin{array}{c} D \\ 1 \\ 5 \end{array} \begin{array}{c} D \\ 1 \\ 5 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) $
	City Johnstown	StateZip CodePA15901		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Office Exp		U U	617.98 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	ement For: Primary General Other (specify) ▼		
Г	State: District:			
s	UBTOTAL of Disbursements This Page (optional)		►	862.84
-	TAL This Daried (last page this line number with)			
Ľ'	OTAL This Period (last page this line number only)		₽	

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 151 / 170
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	yone) X 17 18 19a 19b 20a 20b 20c 21
	/ Information copied from such Reports and Statem			
or	or commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political	committee to so	licit contributions from such committee
\rangle	MURTHA FOR CONGRESS COMMITTEE			
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25173
А.	Valley Printing			Date of Disbursement
	Mailing Address 667 Main Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		State Zip Code		Amount of Each Disbursement this Period
		PA 15901		674.16
	Purpose of Disbursement Campaign Office Exp			Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under
			Туре	11 C.F.R. 400.53
	Office Sought: House Disburser			
	Senate President	Primary General Other (specify)		
	State: District:			
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25360
В.	Valley Printing		Date of Disbursement	
	Mailing Address 667 Main Street			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} P & D \\ 0 & 8 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
		State Zip Code PA 15901		Amount of Each Disbursement this Period
	Purpose of Disbursement			44.52
	Campaign Office Exp Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
			Туре	11 0.1 .11. 400.00
	Office Sought: House Disburser Senate	Primary General		
	President	Other (specify)		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Vee Neal Aviation			Transaction ID: SB17.25696 Date of Disbursement
	Mailing Address 200 Pleasant Unity Rd Ste 109			M M / D D / Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code		Amount of Each Disbursement this Period
		PA 15650-9549		2864.95
	Purpose of Disbursement Travel			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		
—	State: District:			
s	JBTOTAL of Disbursements This Page (optional)		►	3583.63
Т	OTAL This Period (last page this line number only)		►	

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 152 / 170 (check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 17 18 19a 19b 20a 20b 20c 21
		y any person for the purpose of solicating contributions mmittee to solicit contributions from such committee
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITT		
Full Name (Last, First, Middle Initial) A. Verizon North		Transaction ID: SB17.24938 Date of Disbursement
Mailing Address P.O. Box 920041		$\begin{array}{c} \begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \end{array} \\ \begin{array}{c} M \\ \end{array} \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \end{array} \\$
City Dallas	State Zip Code TX 75392-0041	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone Candidate Name		Category/ 422.36
Office Sought: House Disbu Senate President State: District:	rrsement For: Primary General Other (specify) ▼	Туре 11 С.F.R. 400.53
Full Name (Last, First, Middle Initial) B. Verizon North		Transaction ID: SB17.25171 Date of Disbursement
Mailing Address P.O. Box 920041		
City Dallas	State Zip Code TX 75392-0041	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone Candidate Name		Category/ Type 421.70 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbu Senate President State: District:	rrsement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) C. Verizon North		Transaction ID: SB17.25687 Date of Disbursement
Mailing Address P.O. Box 920041		$\begin{array}{c} \begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \end{array} \\ \begin{array}{c} 0 \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 2 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 2 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 2 \end{array} \\ \end{array} \\ \begin{array}{c} V \\ 2 \end{array} \\ \begin{array}{c} V \\ 2 \end{array} \\ \begin{array}{c} V \\ 2 \end{array} \\ \begin{array}{c} V \\ V \\ 2 \end{array} \\ \begin{array}{c} V \\ V \\ V \end{array} \\ \end{array} \\ \begin{array}{c} V \\ V \\ V \\ V \end{array} \\ \begin{array}{c} V \\ V \\ V \\ V \\ V \end{array} \\ \begin{array}{c} V \\ V $
City Dallas	State Zip Code TX 75392-0041	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone		424.19 Refund or Disposal of Excess
Candidate Name		Category/ Type Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbu Senate President State: District:	Primary General Other (specify) ▼	
	-0	1268.25
SUBTOTAL of Disbursements This Page (option		
TOTAL This Period (last page this line number or	nly)	• • • • • • • • • • • • • • • •

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 153 / 170		
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	y one) X 17 18 19a 19b		
		Detailed Summary Page		$\begin{array}{c c c c c c c c c c c c c c c c c c c $		
	y Information copied from such Reports and Statem					
or	or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee					
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE					
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25411		
Α.	Washington Hospital Foundation			Date of Disbursement		
	Mailing Address 155 Wilson Avenue			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 5 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $		
	,	State Zip Code		Amount of Each Disbursement this Period		
		PA 15301		225.00		
	Purpose of Disbursement Tickets			Refund or Disposal of Excess		
	Candidate Name		Category/	Contributions Required Under 11 C.F.B. 400.53		
	Office Sought: House Disburser	ment For:	Туре			
	Senate Sought.	Primary General				
	State: District:	Other (specify)				
	Full Name (Last, First, Middle Initial)			T		
В.	West End Lions Club			Transaction ID: SB17.24896 Date of Disbursement		
	Mailing Address 205 Sherwood Drive			$ \begin{array}{c} M & M \\ 0 & 1 \end{array} \begin{array}{c} 1 & D \\ 1 & 1 \end{array} \begin{array}{c} 1 & 1 \\ 1 & 1 \end{array} \begin{array}{c} Y \\ Y \\ 2 & 0 & 0 \\ 0 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \end{array} \begin{array}{c} Y \\ Y $		
		State Zip Code PA 15905		Amount of Each Disbursement this Period		
	Purpose of Disbursement Tickets		· · ·	240.00 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼				
	State: District:) / •				
C.	Full Name (Last, First, Middle Initial) Westmont Mobil			Transaction ID: SB17.24892 Date of Disbursement		
	Mailing Address 1735 Goucher Street			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 1 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $		
		State Zip Code PA 15905		Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel			38.00 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼				
Г	State: District:					
s	UBTOTAL of Disbursements This Page (optional)			503.00		
Т	OTAL This Period (last page this line number only)		····· •			

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 154 / 170		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b		
An	y Information copied from such Reports and Statem	ants may not be sold or used l	by any person f	20a 20b 20c 21		
	or commercial purposes, other than using the name					
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE					
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25148		
А.	Westmont Mobil			Date of Disbursement		
	Mailing Address 1735 Goucher Street			$ \begin{array}{c} M \\ 0 \\ 2 \end{array}^{M} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} P \\ 1 \\ 5 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) $		
		State Zip Code		Amount of Each Disbursement this Period		
		PA 15905		82.50		
	Purpose of Disbursement Travel			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse Senate President State: District:	nent For: Primary General Other (specify) ▼				
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25396		
В.	Westmont Mobil			Date of Disbursement		
	Mailing Address 1735 Goucher Street			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} $		
		State Zip Code		Amount of Each Disbursement this Period		
	Johnstown PA 15905			8.50		
	Purpose of Disbursement Travel			Refund or Disposal of Excess		
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disbursed Senate President State: District:	nent For: Primary General Other (specify) V				
	Full Name (Last, First, Middle Initial)			Transaction ID: SB17.25179		
C.	Women's Help Center			Date of Disbursement		
	Mailing Address 809 Napoleon Street			$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} $ $ \begin{pmatrix} D & D \\ 2 & 8 \end{pmatrix} $ $ \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $		
		State Zip Code PA 15901-2817		Amount of Each Disbursement this Period		
	Purpose of Disbursement	10001-2017		375.00		
	Adv. & Tickets			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼				
s	UBTOTAL of Disbursements This Page (optional)		►	466.00		
	OTAL This Period (last page this line number only) Schedule B (Form 3) Rev. 02/2003		₽	133740.00		
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SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 155 / 170)			
ITEMIZED DISBURSEMENTS	for each category of the	(check only one)				
	Detailed Summary Page	20a 20b 20c X 21				
Any Information copied from such Reports and Stateme						
or for commercial purposes, other than using the name	and address of any political cor	mmittee to solicit contributions from such committee				
NAME OF COMMITTEE (In Full)						
MURTHA FOR CONGRESS COMMITTEE						
Full Name (Last, First, Middle Initial)		Transaction ID: SD01 05177				
A. ALAN MOLLOHAN FOR CONGRESS COM	MITTEE	Transaction ID: SB21.25177 Date of Disbursement				
Mailing Address P. O. Box 1343		0 2 ^M / 2 8 / Y 2 0 0 6 ^Y				
,	tate Zip Code VV 26555	Amount of Each Disbursement this Perio	d			
Purpose of Disbursement	vv 20000	2000.00				
Contribution		Refund or Disposal of Excess				
Candidate Name	C	Category/ Contributions Required Under				
		Type 11 C.F.R. 400.53				
Office Sought: X House Disburser	nent For: 2006 Primary General					
	Other (specify)					
State: WV District: 01	• • • • • • • • • • • • • • • • • • •					
Full Name (Last, First, Middle Initial)		Transaction ID: SB21,25299				
B. ALAN MOLLOHAN FOR CONGRESS COM	MITTEE	Date of Disbursement				
Mailing Address P. O. Box 1343	0 2 ^M / 2 8 / Y 2 0 0 6 ^Y					
City S	tate Zip Code	Amount of Each Disbursement this Perio	d			
	VV 26555					
Purpose of Disbursement		2000.00				
Candidate Name	C	Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
Office Sought: X House Disburser	nent For:2006					
	Primary X General					
State: WV District: 01	Other (specify)					
Full Name (Last, First, Middle Initial)						
C. Armstrong Co. Democratic Comm		Transaction ID: SB21.25673 Date of Disbursement				
		0 ² 0 ² 2 ² 2 ² 2 ² 0 ² 0 ⁴ 0 ⁴				
Mailing Address Box 172, RR #1		0 2 7 2 2 2 2 2 0 0 6				
	tate Zip Code PA 16242	Amount of Each Disbursement this Perio	d			
Purpose of Disbursement		20.00				
Tickets		Refund or Disposal of Excess	_			
Candidate Name	C	Category/ Type Contributions Required Under 11 C.F.R. 400.53				
Office Sought: House Disburser						
	Primary General Other (specify)					
State: District:						
SUBTOTAL of Disbursements This Page (optional)	SUBTOTAL of Disbursements This Page (optional)					
TOTAL This Period (last page this line number only) .						

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 156 / 170		
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	/ one)] 17] 18] 19a] 19b		
		Detailed Summary Page		20a 20b 20c X 21		
	y Information copied from such Reports and Statem					
or	for commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee		
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE					
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB21.25381		
Α.	Balya for Commissioner Comm.			Date of Disbursement		
	Mailing Address 605 College Avenue			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 8 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $		
		State Zip Code PA 15601		Amount of Each Disbursement this Period		
	Purpose of Disbursement			200.00		
	Contribution			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse	ment For:	,,			
	Senate	Primary General				
	State: District:	Other (specify)				
	Full Name (Last, First, Middle Initial)					
В.	Bracken Burns Commissioner Comm			Transaction ID: SB21.25368 Date of Disbursement		
	Mailing Address 55 Eastwood Lane			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 8 \end{pmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$		
		State Zip Code PA 15301		Amount of Each Disbursement this Period		
	Purpose of Disbursement Tickets			125.00		
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼				
	State: District:					
C.	Full Name (Last, First, Middle Initial) Cambria County Democratic Comm.			Transaction ID: SB21.25149 Date of Disbursement		
	Mailing Address 104 S. Center Street P.O. Box 92			$ \begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} M \\ 1 \\ \end{array} \begin{array}{c} D \\ 1 \\ 5 \\ \end{array} \begin{array}{c} D \\ 1 \\ 5 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} V \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \\ \end{array} \begin{array}{c} V \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ Y \\ Y \\ \end{array} \begin{array}{c} V \\ Y \\$		
	City	State Zip Code PA 15931		Amount of Each Disbursement this Period		
	Purpose of Disbursement Contribution		v v	1500.00 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼				
_	State: District:					
s	SUBTOTAL of Disbursements This Page (optional)					
Т	TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 157 / 170
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	17 18 19a 19b
Any Information copied from such Reports and Stater	nents may not be sold or used	by any person f	20a 20b 20c X 21
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE	E		
Full Name (Last, First, Middle Initial)			Transaction ID: SB21.25405
A. CFU Lodge 194			Date of Disbursement
Mailing Address 1218 Nash Avenue			$ \begin{array}{c} M & M \\ 0 & 3 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D & D \\ 1 & 5 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 & 0 & 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} $
City Monessen	State Zip Code PA 15062		Amount of Each Disbursement this Period
Purpose of Disbursement	FA 15002		500.00
Contribution			Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)			Transaction ID: CD01.05100
B. Christ Center Community Mission			Transaction ID: SB21.25130 Date of Disbursement 02^{M} / 08^{J} / 2006^{J}
Mailing Address	Mailing Address		
City	State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		250.00	
Contribution Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)			Transaction ID: SB21.25153
C. Community Arts Center			Date of Disbursement
Mailing Address 1217 Menoher Boulevar P.O. Box 866			
City Johnstown	State Zip Code PA 15907		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	Purpose of Disbursement		
Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		►	1000.00
TOTAL This Period (last page this line number only			
FEC Schedule B (Form 3) Rev. 02/2003	,	····· •	

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 158 / 170
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	yone) 17 18 19a 19b
_		Detailed Summary Page	<u> </u>	20a 20b 20c X 21
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)	and address of any political		
\rangle	MURTHA FOR CONGRESS COMMITTEE			
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB21.24883
Α.	D.C.C.C.			Date of Disbursement
	Mailing Address 430 S. Capitol Street, SE	<u>.</u>		$ \begin{array}{c} M & M \\ 0 & 1 \end{array} \right) \left(\begin{array}{c} D & D \\ 0 & 4 \end{array} \right) \left(\begin{array}{c} Y & Y \\ 2 & 0 & 0 \end{array} \right) \left(\begin{array}{c} Y \\ 2 & 0 & 0 \end{array} \right) $
	,	State Zip Code		Amount of Each Disbursement this Period
	Washington I Purpose of Disbursement	DC 20003		15000.00
	Excess Contribution			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	President	nent For: Primary General Other (specify) V		
	State: District:			
В.	Full Name (Last, First, Middle Initial) D.C.C.C.			Transaction ID: SB21.25135 Date of Disbursement
				M M / D D / Y Y Y Y
	Mailing Address 430 S. Capitol Street, SE			02 08 2006
	,	State Zip Code DC 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement			15000.00
	Excess Contribution Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	President	nent For: Primary General Other (specify) ▼	71-2	
	State: District: Full Name (Last, First, Middle Initial)			
C.	D.C.C.C.			Transaction ID: SB21.25382 Date of Disbursement
	Mailing Address 430 S. Capitol Street, SE	1		$ \begin{array}{c} M & M \\ 0 & 3 \end{array} \begin{array}{c} \prime & D & D \\ 0 & 8 \end{array} \begin{array}{c} \prime & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{array} \end{array} $
		StateZip CodeDC20003		Amount of Each Disbursement this Period
	Purpose of Disbursement Excess Contribution		· · · · · · · · · · · · · · · · · · ·	15000.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		
	JBTOTAL of Disbursements This Page (optional)			45000.00
P	DETUTAL OF DISDUISEMENTS THIS Page (optional)		····· Þ	
Т	DTAL This Period (last page this line number only)		►	

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 159 / 170
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	17 18 19a 19b 20a 20b 20c X 21
	y Information copied from such Reports and Stateme for commercial purposes, other than using the name			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
Α.		State Zip Code PA 15601		Transaction ID: SB21.25414Date of Disbursement $M = M$ $P = D$ $M = M$ $P = D$ $Y = Y = Y = Y$ Amount of Each Disbursement this Period1000.00Refund or Disposal of Excess
	State: District:	nent For: Primary General Other (specify) ▼	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
в.	Full Name (Last, First, Middle Initial) F.C.A.T.O. Mailing Address 225 Twin Hills Road			Transaction ID: SB21.25432 Date of Disbursement 0 3 ^M / ^D 2 2 / ^Y 2 0 0 6 ^Y
		State Zip Code PA 15442	Category/ Type	Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
C.	Full Name (Last, First, Middle Initial) Friends of Edward P. Wojnaroski			Transaction ID: SB21.25385 Date of Disbursement
	Mailing Address 235 Lincoln Street P.O. Box 82			
		StateZip CodePA15907-0082		Amount of Each Disbursement this Period
	Purpose of Disbursement Tickets			1000.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		
	UBTOTAL of Disbursements This Page (optional) OTAL This Period (last page this line number only) .			3000.00
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 160 / 170
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	
		Detailed Summary Page		17 18 19a 19b 20a 20b 20c X 21
	/ Information copied from such Reports and Statem			
or t	or commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE			
-	Full Name (Last, First, Middle Initial)			Transaction ID: SB21.24931
А.	Gtr Johnstown Regional CLC			Date of Disbursement
	Mailing Address P.O. Box 658			01 ^M /25 ^D /2006 ^Y
		State Zip Code		Amount of Each Disbursement this Period
		PA 15907		1000.00
	Purpose of Disbursement Contribution			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
	Full Name (Last, First, Middle Initial)			
В.	Junior Achievement			Transaction ID: SB21.24918 Date of Disbursement
	Mailing Address 445 Schoolhouse Road			$ \begin{array}{c} \stackrel{M}{\overset{D}{\overset{D}{1}}} \stackrel{D}{\overset{D}{1}} \stackrel{D}{\overset{D}{1}} \stackrel{D}{\overset{D}{1}} \stackrel{D}{\overset{D}{1}} \stackrel{V}{\overset{V}{1}} \stackrel{Y}{\overset{Y}{2}} \stackrel{Y}{\overset{Y}{0}} \stackrel{Y}{\overset{Y}{0}} \stackrel{Y}{\overset{Y}{1}} \stackrel{Y}{\overset{Y}} \stackrel{Y}{1}} $
		State Zip Code PA 15904		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			50.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) LUCAS FOR CONGRESS			Transaction ID: SB21.25425 Date of Disbursement
	Mailing Address P. O. Box 730			M M / D D / Y Y Y Y Y Y Y Y Y Y
		State Zip Code VA 23705		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			2000.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		ment For: 2006 Primary General Other (specify) ▼		
s	JBTOTAL of Disbursements This Page (optional) .		►	3050.00
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 161 / 170			
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	/ one)] 17] 18] 19a] 19b			
		Detailed Summary Page		$\begin{array}{c c c c c c c c c c c c c c c c c c c $			
	/ Information copied from such Reports and Stateme						
or	or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee						
\mathbb{N}	NAME OF COMMITTEE (In Full)						
V	MURTHA FOR CONGRESS COMMITTEE						
<u>د</u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB21.25187			
Α.	MELISSA BEAN FOR CONGRESS			Date of Disbursement			
	Mailing Address POST OFFICE BOX 3068	3		$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 1 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$			
		State Zip Code		Amount of Each Disbursement this Period			
		IL 60010		2000.00			
	Purpose of Disbursement Contribution			Refund or Disposal of Excess			
	Candidate Name		Category/	Contributions Required Under			
			Туре	11 C.F.R. 400.53			
	Office Sought: X House Disburser						
	Senate President	Primary General Other (specify)					
	State: IL District: 08						
	Full Name (Last, First, Middle Initial)			Transaction ID: SB21,25671			
В.	Pallone for PA House			Date of Disbursement			
	Mailing Address P.O. Box 3154			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix}$			
		State Zip Code		Amount of Each Disbursement this Period			
		PA 15068		1000.00			
	Purpose of Disbursement Contribution			Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser						
	Senate President	Primary General					
	State: District:	Other (specify)					
	Full Name (Last, First, Middle Initial)			Transaction ID: SB21.25154			
C.	Portage Senior Community Center			Date of Disbursement			
	Mailing Address 505 Farren Street			$ \begin{array}{c} M \\ 0 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D \\ 1 \\ 5 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} J \\ \end{array} \begin{array}{c} V \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \end{array} $			
		State Zip Code		Amount of Each Disbursement this Period			
		PA 15946		250.00			
	Purpose of Disbursement Contribution		Refund or Disposal of Excess				
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser						
	Senate	Primary General					
	State: District:	Other (specify)					
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s	JBTOTAL of Disbursements This Page (optional)		►	3250.00			
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Any Inform or for com MUR ⁻ Full Na A. Renda Gity Philac Office State: B. Full Na B. Renda Gity Philac Office Contrit Candic City Philac	mercial purposes, other than using the OF COMMITTEE (In Full) THA FOR CONGRESS COMMIT ame (Last, First, Middle Initial) ell for Governor a Address 124 S. 15th Street delphia se of Disbursement oution date Name Sought: House Dis Senate President District: District: ame (Last, First, Middle Initial) ell for Governor a Address 124 S. 15th Street	State Statements may no e name and addres TTEE State PA Sbursement For: Primary Other (spec State	s of any political Zip Code 19102	d by any person	Image: system structure 17 18 19a 19b 17 18 19a 19b 20c X 21 for the purpose of solicating contributions for the purpose of solicating contributions for the purpose of solicating contributions blicit contributions from such committee for the purpose of solicating contributions for the purpose of solicating contributions Transaction ID: SB21.24948 Date of Disbursement 1000.00 Mamount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 11 C.F.R. 400.53
or for com NAME MUR ⁻ Full Na Rendu City Philac Office State: B. Full Na B. Rendu City Philac Office	mercial purposes, other than using the OF COMMITTEE (In Full) THA FOR CONGRESS COMMIT ame (Last, First, Middle Initial) ell for Governor a Address 124 S. 15th Street delphia se of Disbursement oution date Name Sought: House Dis Senate President District: District: ame (Last, First, Middle Initial) ell for Governor a Address 124 S. 15th Street	sbursement For: PA	s of any political Zip Code 19102	Category/	Transaction ID: SB21.24948 Date of Disbursement 0 2 0 8 2 0 0 6 Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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A. Renda Mailing City Philac Purpos Contrit Candic Office State: State: A. Renda Mailing City Philac City Philac	ell for Governor Address 124 S. 15th Street delphia se of Disbursement oution date Name Sought: House Dis Senate President District: District: ame (Last, First, Middle Initial) ell for Governor Address 124 S. 15th Street	PA sbursement For: Primary Other (spec	19102		Date of Disbursement 0 2 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Transaction ID: SB21.25435 Date of Disbursement
City Philac Purpos Contril Candic Office State: State: Full Na Rendo City Philac Purpos Contril Candic	delphia se of Disbursement oution date Name Sought: House Dis Senate President District: ame (Last, First, Middle Initial) ell for Governor g Address 124 S. 15th Street	PA sbursement For: Primary Other (spec	19102		Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Transaction ID: SB21.25435 Date of Disbursement
Philac Purpos Contril Candic Office State: Full Na Full Na Rendo City Philac City Philac Contril Candic	se of Disbursement bution date Name Sought: House Dis Senate President District: arme (Last, First, Middle Initial) ell for Governor g Address 124 S. 15th Street	PA sbursement For: Primary Other (spec	19102		1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Transaction ID: SB21.25435 Date of Disbursement
Contrik Candid Office State: Full Na Rende Mailing City Philad Contrik Candid	button date Name Sought: House Senate President District: ame (Last, First, Middle Initial) ell for Governor g Address 124 S. 15th Street	Other (spec			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Transaction ID: SB21.25435 Date of Disbursement
State: Full Na Rendu Mailing City Philao Purpos Contril Candio	Senate President District: ame (Last, First, Middle Initial) ell for Governor g Address 124 S. 15th Street	Other (spec		Гуре	Transaction ID: SB21.25435 Date of Disbursement
B. Rend Mailing City Philac Purpos Contrit Candio	ell for Governor Address 124 S. 15th Street				Date of Disbursement
City Philac Purpos Contrib Candic					
Philac Purpos Contril Candic	delphia				
Contril Candio	Jeipina	PA	Zip Code 19102		Amount of Each Disbursement this Period
	se of Disbursement oution				5000.00 Refund or Disposal of Excess
Office	date Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Sought: House Dis Senate President	sbursement For: Primary Other (spec	General		
State:	District: ame (Last, First, Middle Initial)				
•	erset Co. Democratic Comm.				Transaction ID: SB21.25428 Date of Disbursement
Mailing	Address C/O John Vatavuk 1016 Berkey Road				$ \begin{array}{c} $
City Wind	ber	State PA	Zip Code 15963		Amount of Each Disbursement this Period
	se of Disbursement ising & Tickets				250.00 Refund or Disposal of Excess
	date Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office State:	Sought: House Dis Senate President District:	sbursement For: Primary Other (spec	General cify) ▼		
SUBTOT	DISIDCU				

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE	
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	7 one)
		Detailed Summary Page		$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	/ Information copied from such Reports and Statem			
or	or commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political	committee to sol	icit contributions from such committee
\rangle	MURTHA FOR CONGRESS COMMITTEE			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB21.24900
А.	St. Vincent DePaul Society			Date of Disbursement
	Mailing Address 927 Franklin Street			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 1 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
	,	State Zip Code PA 15905		Amount of Each Disbursement this Period
	Purpose of Disbursement	FA 15905		500.00
	Contribution			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser	ment For:	,,	
	Senate	Primary General		
	State: District:	Other (specify)		
	Full Name (Last, First, Middle Initial)			Transaction ID: CD01.05070
В.	The Ann Eppard Mem. Fund			Transaction ID: SB21.25373 Date of Disbursement
	Mailing Address P.O. Box 600			M 3 M / D 8 / Y 2006
		State Zip Code PA 15904-0600		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			1000.00
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Thomas C. Ceraso Campaign Comm.			Transaction ID: SB21.25186 Date of Disbursement
	Mailing Address RD 11, Box 478			$ \begin{bmatrix} M & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} D & D & J \\ 2 & 8 & M \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
		State Zip Code PA 15601-9133		Amount of Each Disbursement this Period
	Purpose of Disbursement Tickets		· · ·	100.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		
	State: District:			
s	JBTOTAL of Disbursements This Page (optional)		····· Þ	1600.00
Т	DTAL This Period (last page this line number only)		►	

ITEMIZED DISBURSEMENTS for each category of the initial intermet in a using the name and address of any political committee to solicit contributions from such Reports and Statements may not be sold or used by any person for the purcee of solicitang contributions from such committee to solicit contributions from such committee to solicit contributions from such committee in solicit contributions from such committee in solicit contributions from such committee to solicit contributions from such committee in the proceed of bisbursement from such conter specify withoute in the proceed of bisbursement from such co	SC	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 164 / 170
Any Information copied from such Reports and Statements may not be said or used by any person for the purpose, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) Mailing Address City State: Disbursement Tickets Cardidate Name Office Sought: House Disbursement Totage of Disbursement Tickets Cardidate Name Office Sought: House Disbursement Totage of Disbursement Tickets State: Disbursement Transaction ID: SB21.25142 Date of Disbursement Tickets Full Name (Last, First, Middle Initial) Valley Printing Mailing Address 667 Main Street City State Disbursement for: Purpose of Disbursement In Kind Contributions Required Under 11 C.F.R. 400.53 Office Sought: <td< th=""><th>ITI</th><th>EMIZED DISBURSEMENTS</th><th>for each category of the</th><th></th><th>171819a19b</th></td<>	ITI	EMIZED DISBURSEMENTS	for each category of the		171819a19b
NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) A. Timothy Mahoney for Legislature Mailing Address 234 Baywood Lane City State Zip Code Purpose of Disbursement Other (specify) Tickets Senate Disbursement For: President Disbursement For: 1000.00 Period or Disposal of Excess Contributions Required Under Office Sought: House Disbursement For: Purpose of Disbursement Other (specify) Image: Senate Purpose of Disbursement For: Other (specify) Image: Senate Purpose of Disbursement Other (specify) Image: Senate Purpose of Disbursement Disbursement For: Image: Senate Office Sought: House Disbursement For: Image: Senate Office Sought: House Disbursement For: Image: Senate Office Sought: House Disbursement For: Category/ Cardidate Name Disbursement For: Senate Category/ Office Sought: House Disbursement For: <td< th=""><th></th><th></th><th></th><th></th><th>for the purpose of solicating contributions</th></td<>					for the purpose of solicating contributions
MURTHA FOR CONGRESS COMMITTEE A. Full Name (Last, First, Middle Initial) A. Timothy Mahoney for Legislature Mailing Address 234 Baywood Lane Oily State Laughlintown PA 15655 Anount of Each Disbursement the Peri Carididate Name Office Sought: House Disbursement Disbursement For: Office Sought: House Johnstown Pa B. Valley Printing State Malling Address 667 Main Street Other (specify) State Office Sought: House In Kind Contribution Required Under In Kind Contribution Required Under Office Sought: House Office Sought: Disbursement For: Office Sought: House Office Sought: Disbursement For: Office Sought: House Periodent Disbursement For: General Office Sought: House State: Disbursement For: Office Sought: House State: Disbursement For: Office Sought:			and address of any political	committee to so	licit contributions from such committee
A Timothy Mahoney for Legislature Mailing Address 234 Baywood Lane City State Zip Code Laughlintown PA 15655 Purpose of Disbursement Tickets Cardidate Name Disbursement For: Office Sought: Senate Disbursement For: State: District: Disbursement For: Other (specify) Mailing Address 667 Main Street Other (specify) Transaction ID: SE21.25142 Date of Disbursement Disbursement For: Other (specify) Transaction ID: SE21.25142 B Full Name (Last, First, Middle Initial) Transaction ID: SE21.25142 Date of Disbursement I Mailing Address 667 Main Street Other (specify) Transaction ID: SE21.25142 Date of Disbursement I Other (specify) Category/ Transaction ID: SE21.25683 City State: Disbursement For: Other (specify) Category/ Office Sought: House Disbursement For: Other (specify) Category/ Office Sought: House Disbursement For: Other (specify) Category/ Office Sought:	· ·				
City State Zip Code Office Sought: House Disbursement For: Catagory/ Type State: District: Catagory/ Type Catagory/ Type Bruit Name (Last, First, Middle Initial) District: Transaction ID: SB21.25142 B. Valley Printing State Zip Code Mailing Address 667 Main Street State City State Zip Code Purpose of Disbursement District: Y 2 0 0 6 Y Purpose of Disbursement District: State Mailing Address 667 Main Street State City State Zip Code Purpose of Disbursement Disbursement For: State Catagory/ Transaction ID: SB21.25683 Office Sought: House Disbursement For: Office Sought: House Disbursement For: Office Sought: House Disbursement For: Office Sought: House Zip Code Parend or Disbursement Other (specify) ▼ Amount of Each Disbursement this Pering Mailing Address 14 East Otterman Street State Zip 0 0	Α.				Date of Disbursement
Lagphintown PA 15655 Purpose of Disbursement Tickets Category/ Type Refund or Disposal of Excess Contributions Required Under Office Sought: House Disbursement For: Category/ Type Refund or Disposal of Excess Contributions Required Under State: District: Other (specify) ▼ Category/ Type Refund or Disposal of Excess Contributions Required Under Mailing Address 667 Main Street Other (specify) ▼ Transaction ID: SB21.25142 Date of Disbursement Mailing Address 667 Main Street Disbursement For: Disbursement For: Office Sought: House Disbursement For: Category/ Type Vestmoreland Co Democratic Comm Mailing Address 14 East Otterman Street City State Zip Code Amount of Each Disbursement this Peri Greensburg Purpose of Disbursement Disbursement For: Amount of Each Disbursement this Peri Category/ Type Office Sought: House Di		Mailing Address 234 Baywood Lane			
Topoe of Disublicitient President Candidate Name Category/ Type Office Sought: House Senate Disbursement For: President State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21.25142 Date of Disbursement Mailing Address 667 Main Street City State Johnstown PA Paresident Disbursement For: Disbursement Candidate Name Disbursement For: Donstown Paresident State Johnstown PA President State Office Sought: House President Disbursement For: Disbursement For: President State: District: Full Name (Last, First, Middle Initial) Vertexes Vertexe Disbursement For: President District: Full Name (Last, First, Middle Initial) Vertexes Vertexe Disbursement For: District: Primary General President State Zip Code Gradegory/ Type Tasaction ID: SB21.25683 Date of Disbursement		<i>y</i>			Amount of Each Disbursement this Period
Office Sought: House Disbursement For: Transaction ID: SB21.25142 B. Valley Printing General Other (specify) Transaction ID: SB21.25142 B. Valley Printing Mailing Address 667 Main Street Other (specify) Transaction ID: SB21.25142 City State Zip Code Amount of Each Disbursement Other (specify) Transaction ID: SB21.25142 Purpose of Disbursement State Zip Code Amount of Each Disbursement this Perilles Purpose of Disbursement Senate Disbursement For: Senate Contribution Broy Socuts Office Sought: House Disbursement For: Other (specify) Transaction ID: SB21.25683 State: District: Disbursement Street Other (specify) Amount of Each Disbursement Office Sought: House State Zip Code Transaction ID: SB21.25683 Date of Disbursement State Disbursement For: Other (specify) Amount of Each Disbursement this Peril City State Zip Code Amount of Each Disbursement this Peril 200.00 Refund or Disposal of Excess Category/ Yot S' 200.00		Tickets			Refund or Disposal of Excess
State: President Primary General Other (specify) Other (specify) Image: Control of the con			mont For:		
Full Name (Last, First, Middle Initial) Transaction ID: SB21.25142 Mailing Address 667 Main Street City State Zip Code Johnstown PA 15901 Purpose of Disbursement In Kind Contribution Boy Scouts Amount of Each Disbursement this Peri Candidate Name Disbursement For: Category/ Office Sought: House Disbursement For: State: District: Cherry General Mailing Address 14 East Otterman Street Transaction ID: SB21.25683 City State: Disbursement For: President Other (specify) Transaction ID: SB21.25683 Date of Disbursement Other (specify) Transaction ID: SB21.25683 Date of Disbursement Other (specify) Amount of Each Disbursement Mailing Address 14 East Otterman Street Other (specify) Amount of Each Disbursement this Peri City State Zip Code Refund or Disposal of Excess Contributions Required Under Mailing Address 14 East Otterman Street Category/ Macount of Each Disbursement this Peri Office Sought: House Disbursement For:		Senate President	Primary General		
B. Valley Printing Date of Disbursement Mailing Address 667 Main Street					
City State Zip Code Johnstown PA 15901 Purpose of Disbursement In Kind Contribution Boy Scouts In Kind Contributions Boy Scouts Candidate Name Category/ Type Category/ Type Refund or Disposal of Excess Contributions Required Under Office Sought: House Disbursement For: Category/ Type Category/ Type Office Sought: District: Disbursement For: Category/ Other (specify) ▼ Transaction ID: SB21.25683 Date of Disbursement Kull Name (Last, First, Middle Initial) C Westmoreland Co Democratic Comm Mailing Address Mailing Address 14 East Otterman Street Mount of Each Disbursement this Peri Greensburg Amount of Each Disbursement this Peri Category/ Type Purpose of Disbursement Speakers Fee Candidate Name Disbursement For: Category/ Type Amount of Each Disbursement this Peri Category/ Type Office Sought: House Disbursement For: Category/ Type Category/ Type Office Sought: House Disbursement For: Category/ Type Category/ Type Office Sought: House Disbursement For: Category/ Type Category/ Type Category/ Type Office Soug					Date of Disbursement
Johnstown PA 15901 Purpose of Disbursement In Kind Contribution Boy Scouts Image: Category/ Type 156.88 Candidate Name Category/ Type Category/ Type Office Sought: House Disbursement For: Senate Category/ Primary State: District: Other (specify) Image: Category/ Type C Full Name (Last, First, Middle Initial) Common Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Category/ Type Category/ Type Office Sought: House Disbursement For: Contributions Required Under Category/ Type 11 C.F.R. 400.53 Office Sought: House Disbursement For: President Disbursement For: Primary General		Mailing Address 667 Main Street			
In Kind Contribution Boy Scouts Category/ Type Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: General Office Sought: President Other (specify) ▼ In C.F.R. 400.53 State: District: Transaction ID: SB21.25683 Date of Disbursement Disbursement Street In Sind Contributions Required Under Mailing Address 14 East Otterman Street Image: Category/Type City State Zip Code Greensburg PA 15601 Purpose of Disbursement Category/Type Office Sought: House Disbursement For: Senate Disbursement For: Category/Type Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate President Other (specify) ▼		Johnstown			Amount of Each Disbursement this Period
Candidate Name Category/ Type Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Intervention State: District: Other (specify) Intervention Full Name (Last, First, Middle Initial) Transaction ID: SB21.25683 Date of Disbursement Mailing Address 14 East Otterman Street Intervention Intervention Mailing Address 14 East Otterman Street Intervention Amount of Each Disbursement this Perioder City State Zip Code Amount of Each Disbursement this Perioder 200.00 Purpose of Disbursement Speakers Fee Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: 200.00 Office Sought: House Disbursement For: 200.00 Office Sought: House Disbursement For: 11 C.F.R. 400.53 Office Sought: House Disbursement For: 11 C.F.R. 400.53 Office Sought: House Disbursement For: 11 C.F.R. 400.53 Other (specify) Intervention Intervention					
Senate Primary General President Other (specify) ✓ State: District: ✓ Full Name (Last, First, Middle Initial) Transaction ID: SB21.25683 Westmoreland Co Democratic Comm Date of Disbursement Mailing Address 14 East Otterman Street City State Zip Code Greensburg PA 15601 Purpose of Disbursement 200.00 Speakers Fee Category/ Candidate Name Disbursement For: Senate Primary Office Sought: House Disbursement For: Senate Primary General Office Sought: District: Other (specify) State: District: Other (specify)					Contributions Required Under
Full Name (Last, First, Middle Initial) Transaction ID: SB21.25683 Westmoreland Co Democratic Comm Date of Disbursement Mailing Address 14 East Otterman Street City State Zip Code Greensburg PA 15601 Purpose of Disbursement 200.00 Speakers Fee Category/ Candidate Name Disbursement For: Office Sought: House Disbursement For: Senate President Other (specify) State: District:		Senate President	Primary General		
C. Westmoreland Co Democratic Comm Date of Disbursement Mailing Address 14 East Otterman Street Date of Disbursement City State Zip Code Greensburg PA 15601 Purpose of Disbursement 200.00 Speakers Fee Category/ Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) State: District:					
City State Zip Code Greensburg PA 15601 Purpose of Disbursement 200.00 Speakers Fee Category/ Candidate Name Category/ Office Sought: House President Disbursement For: Senate Primary Gategory/ Other (specify) State: District:					Date of Disbursement
Greensburg PA 15601 Purpose of Disbursement Speakers Fee 200.00 Speakers Fee Category/ Type Refund or Disposal of Excess Candidate Name Category/ Type Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼		Mailing Address 14 East Otterman Street			
Speakers Fee Category/ Type Candidate Name Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) State: District:		Greensburg			Amount of Each Disbursement this Period
Office Sought: House Disbursement For: Type 11 C.F.R. 400.53 Office Sought: House Primary General President Other (specify) ▼					Refund or Disposal of Excess
Senate Primary General President Other (specify) ▼					
		Senate President	Primary General		
SUBTOTAL of Disbursements This Page (optional) 1356.88	~				1356.88

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	E NUMBER: PAGE 165 / 170 PAGE 165 / 170 17 18 19a 19b 20a 20b 20c X 21			
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) MURTHA FOR CONGRESS COMMITTEE					
Full Name (Last, First, Middle Initial) A. World War II Memorial Comm Mailing Address National Mall		Transaction ID: SB21.25136 Date of Disbursement			
	State Zip Code DC 20004 Category/ Type	Amount of Each Disbursement this Period 2750.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼				

1		
SUBTOTAL of Disbursements This Page (optional)	►	2750.00
TOTAL This Period (last page this line number only)	•	73101.88
FEC Schedule B (Form 3) Rev. 02/2003		

SCHEDULE D (FEC Form 3)		(Use separate	PAGE 166 / 170
DEBTS AND OBLIGATIONS		schedule(s)	
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			
MURTHA FOR CONGRESS COMMITTEE			
A. Full Name (Last, First, Middle Initial) of Debtor Christian Book Store	or Creditor		ebt (Purpose): n Office Exp
			F
Mailing Address 1238 Scalp Avenue			
City State Johnstown PA	ZIP Code 15904		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.25703
0.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
658.62	0.00)	658.62
B. Full Name (Last, First, Middle Initial) of Debtor McAneny Brothers, Inc.	or Creditor	Nature of D Gifts	ebt (Purpose):
Mailing Address 470 Industrial Park Road			
City State Ebensburg PA	ZIP Code 15931-4114		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.24834
2500.35			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	2500.35	5	0.00
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
Penn National Insurance		Vehicle In	
Mailing Address P.O. Box 13746			
City State	ZIP Code		
Philadelphia PA	19101-3746		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.24833
1088.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	1088.00		0.00
			658.62
1) SUBTOTALS This Period This Page (optional)		_	
2) TOTALS This Period (last page this line number o	nly)		
3) TOTALS OUTSTANDING LOANS from Schedul	e C (last page only)	>	
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only) 🕨	

SCHEDULE D (FEC Form 3)		(11-		PAGE 167 / 170
			separate edule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		fc	or each	(check only one) 9
Excluding Loans		numl	bered line)	X 10
NAME OF COMMITTEE (In Full)				
MURTHA FOR CONGRESS COMMITTEE				
A. Full Name (Last, First, Middle Initial) of Debtor of Penn National Insurance	r Creditor		Nature of D Insurance	ebt (Purpose):
Mailing Address P.O. Box 13746				
City State	ZIP Code			
Philadelphia PA	19101-3746			
Outstanding Balance Beginning This Period			Tra	nsaction ID: SD10.25702
			114	
0.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
895.00	0.00	5		895.00
B. Full Name (Last, First, Middle Initial) of Debtor of	r Creditor		Nature of D	ebt (Purpose):
Windber Medical Center			Tickets	
Mailing Address 600 Somerset Avenue				
City State	ZIP Code			
Windber PA	15963			
Outstanding Balance Beginning This Period		1	Tra	nsaction ID: SD10.25704
			ITa	Baction ID . 0D 10.20704
0.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
2000.00	0.00	D I		2000.00
I				
1) SUBTOTALS This Period This Page (optional)				2895.00
				0550.00
2) TOTALS This Period (last page this line number on	ly))		3553.62
		,		
3) TOTALS OUTSTANDING LOANS from Schedule	C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate line	e of Summary Page (last page only)		
	e e. cummary i ago (laor pago only	/		

Image# 26950032947

Form/Schedule:**F3N** Transaction ID: 'BEST EFFORT' MADE TO OBTAIN MISSING INFORMATION. A LETTER IS SENT TO CNTRIBUTOR STATING THAT THE MISSING INFO-RMATION IS NEEDED BECAUSE IT IS REQURED BY FEC LAW. A SECOND LTTER IS SEND IF WE DO NOT RECIEVE A RESPONSE. THE SECOND LETTER STATES AGAIN THAT THE MISSING INFORMATION IS REQUIRED BY FEC LAW. IF THE INFORMATION IS NOT RECIEVED NO FUTURE CONTRIBUTIONS ARE ACCEPTED FOR THIS INDIVIDUAL.

Form/Schedule: SA11C WE WERE NOTIFIED THAT FLIRPAC WAS NOT A MULTI CANDIDATE PAC ON APRIL 10, 2006, AFTER THE CLOSE OF THE FIRST FI-Transaction ID: SA11C.2566 S CHECK WAS BE DENOTED ON THE 2ND QTR FILING REPORT.

Image# 26950032948

Form/Schedule: SB21 THIS AMOUNT REPRESENTS AN UNLIMITED TRANSFER TO A NATIONAL PARTY COMMITTEE Transaction ID: SB21.24883

Form/Schedule: SB21 THIS AMOUNT REPRESENTS AN UNLIMITED TRANSFER TO A NATIONAL PARTY COMMITTEE Transaction ID: SB21.25135

Image# 26950032949

Form/Schedule: **SB21** THIS AMOUNT REPRESENTS AN UNLIMITED TRANSFER TO A NATIONAL PARTY COMMITTEE Transaction ID: **SB21.25382**