

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) Suite 220, 551 Main Street  
 Check if different than previously reported. (ACC)  
JOHNSTOWN PA 15901

2. **FEC IDENTIFICATION NUMBER** C00019075  
**CITY** STATE ZIP CODE STATE DISTRICT  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
PA 12

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 01 01 2006 through 03 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Robert C. Ondick, Treasurer

Signature of Treasurer Electronically Filed by Robert C. Ondick, Treasurer Date 04 12 2006

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

MURTHA FOR CONGRESS COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	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
<b>7. Net Operating Expenditures</b>		
(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
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>1482383.19</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>3553.62</b>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
MURTHA FOR CONGRESS COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

79150.00

1217999.00

(ii) Unitemized.....

1730.00

18465.07

(iii) TOTAL of contributions

80880.00

1236464.07

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

31500.00

497100.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

112380.00

1733564.07

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

0.00

4793.53

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

10550.24

37805.83

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

122930.24

1776163.43

**DETAILED SUMMARY PAGE**  
of Disbursements

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

**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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Jon Alchin		Date of Receipt MM / DD / YYYY 03 / 06 / 2006
Mailing Address 241 South 6th Street #2311		Transaction ID: SA11A1.25301
City Philadelphia	State PA	Zip Code 19106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Robert W. Baldi		Date of Receipt MM / DD / YYYY 03 / 08 / 2006
Mailing Address 8286-1 Avenida Navidad		Transaction ID: SA11A1.25208
City San Diego	State CA	Zip Code 92122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer General Atomics	Occupation Asst. Program Manager	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Carol Berman		Date of Receipt MM / DD / YYYY 03 / 06 / 2006
Mailing Address 2801 New Mexico Avenue, N		Transaction ID: SA11A1.25303
City Washington	State DC	Zip Code 20007
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Saul Ewing LLP	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Daryl Bever

Mailing Address 17439 Lyons Creek Road

City State Zip Code  
Jamul CA 91935

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

Name of Employer Occupation  
General Atomics Program Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

Transaction ID: SA11A1.25209

Amount of Each Receipt this Period  
75.00

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

**B.** Full Name (Last, First, Middle Initial)  
Gabriel Bevilacqua

Mailing Address 1000 Susan Road

City State Zip Code  
Philadelphia PA 19115

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

Name of Employer Occupation  
Saul Eqing LLP Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2006

Transaction ID: SA11A1.25305

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Anne Prause Blue

Mailing Address 9756 La Jolla Farms Road

City State Zip Code  
La Jolla CA 92037

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

Name of Employer Occupation  
Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

4100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

Transaction ID: SA11A1.25210

Amount of Each Receipt this Period  
767.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1842.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Anne Prause Blue

Mailing Address 9756 La Jolla Farms Road

City State Zip Code  
La Jolla CA 92037

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

Name of Employer Occupation  
Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

Transaction ID: SA11A1.25211

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Chollada Blue

Mailing Address 8473 Prestwick Diive

City State Zip Code  
LaJolla CA 92121

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

Name of Employer Occupation  
Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1699.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

Transaction ID: SA11A1.25216

Amount of Each Receipt this Period  
1699.50

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

**C.** Full Name (Last, First, Middle Initial)  
James Neal Blue

Mailing Address 9756 La Lolla Farms Road

City State Zip Code  
La Jolla CA 92037

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

Name of Employer Occupation  
General Atomics Chairman CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

Transaction ID: SA11A1.25212

Amount of Each Receipt this Period  
767.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2566.50**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. James Neal Blue		Date of Receipt MM / DD / YYYY 03 / 08 / 2006
Mailing Address 9756 La Lolla Farms Road		Transaction ID: SA11A1.25213
City La Jolla	State CA	Zip Code 92037
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer General Atomics	Occupation Chairman CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00	

Full Name (Last, First, Middle Initial) B. Linden P. Blue		Date of Receipt MM / DD / YYYY 03 / 08 / 2006
Mailing Address 8473 Prestwick Drive		Transaction ID: SA11A1.25214
City La Jolla	State CA	Zip Code 82037
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1100.00	
Name of Employer Reconnaissance Aero Systems	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) C. Linden P. Blue		Date of Receipt MM / DD / YYYY 03 / 08 / 2006
Mailing Address 8473 Prestwick Drive		Transaction ID: SA11A1.25215
City La Jolla	State CA	Zip Code 82037
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 599.50	
Name of Employer Reconnaissance Aero Systems	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2699.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1799.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Linden S. Blue

Mailing Address 3550 General Atomics Court

City San Diego State CA Zip Code 92121

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

Name of Employer General Atomics Occupation Vice Chairman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 08 / 2006

Transaction ID: SA11A1.25218

Amount of Each Receipt this Period  
 867.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. James Brown

Mailing Address 1602 Sorrell Road

City Malvern State PA Zip Code 19355

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

Name of Employer SCP Private Equity Partners Occupation Partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 06 / 2006

Transaction ID: SA11A1.25307

Amount of Each Receipt this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Louis Brown, Jr.

Mailing Address 4801 Maury Lane

City Alexandria State VA Zip Code 22304

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

Name of Employer Autometric, Inc. Occupation Chairman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 20 / 2006

Transaction ID: SA11A1.25247

Amount of Each Receipt this Period  
 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2867.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Wendy Brown

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2006

**Transaction ID:** SA11A1.25248

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Jay Carson

Mailing Address 1237 Buttonwood Court

City State Zip Code  
El Cajon CA 92019

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

Name of Employer Occupation  
General Dynamics - Nassaw VP Engineering

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2006

**Transaction ID:** SA11A1.25250

Amount of Each Receipt this Period  
350.00

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

**C.** Full Name (Last, First, Middle Initial)  
Cristina Cavalieri

Mailing Address 1709 Rittenhouse Square

City State Zip Code  
Philadelphia PA 19103

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2006

**Transaction ID:** SA11A1.25308

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Aaron Cohen</b>		Date of Receipt MM / DD / YYYY 03 / 08 / 2006
Mailing Address 15615 Royal Woods Court		Transaction ID: SA11A1.25219
City San Diego	State CA	Zip Code 92121
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1500.00
Name of Employer General Atomics	Occupation Vice Chairman	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. David Cohen</b>		Date of Receipt MM / DD / YYYY 03 / 06 / 2006
Mailing Address 7309 Huron Lane		Transaction ID: SA11A1.25310
City Philadelphia	State PA	Zip Code 19119
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer Comcast Corp	Occupation Executive VP	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Cordis Colburn</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2006
Mailing Address 7618 Glenville Ct.		Transaction ID: SA11A1.25255
City Springfield	State VA	Zip Code 22153
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer General Dynamics	Occupation Government Relations	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
A. Steven Crown

Mailing Address 222 North LaSalle Street

City Chicago State IL Zip Code 60601

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 08 / 2006

Transaction ID: SA11A1.25221

Amount of Each Receipt this Period  
 2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Rebecca Crown

Mailing Address 17 Woodley Road

City Winnet State IL Zip Code 60093

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 08 / 2006

Transaction ID: SA11A1.25223

Amount of Each Receipt this Period  
 2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Beverly Daly

Mailing Address 12741 Gold Cup Trail

City Manassas State VA Zip Code 20112-3684

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

Name of Employer MTS Technologies Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2006

Transaction ID: SA11A1.25256

Amount of Each Receipt this Period  
 1500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Donald Dame

Mailing Address 6501 Stonehaven Ridge

City Springfield State IL Zip Code 62707

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2006

Transaction ID: SA11A1.25258

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Diana Diamond

Mailing Address 4700 Brandywine Street, NW

City Washington State DC Zip Code 20016-4450

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

Name of Employer Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2006

Transaction ID: SA11A1.25312

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Thomas Dickens

Mailing Address PO Box 1957

City Lauguna Beach State CA Zip Code 92652

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2006

Transaction ID: SA11A1.25260

Amount of Each Receipt this Period  
1500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. David H. Fine</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 109 Lexington Rd.		Transaction ID: SA11A1.24841	
City Lincoln	State MA	Zip Code 01773	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Cytterra Corp.	Occupation CEO		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. S. David Fineman</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6	
Mailing Address 335 Woodley Rd.		Transaction ID: SA11A1.25313	
City Merion Station	State PA	Zip Code 19066	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Fineman & Bach, P.C.	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>C. Daniel Gonzalez</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6	
Mailing Address 3760 A. Calle Tacate		Transaction ID: SA11A1.25262	
City Camarillo	State CA	Zip Code 91935	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer NASSCO	Occupation VP of Operations		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Ms Janice Grace		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address PO Box 1111		Transaction ID: SA11A1.25264	
City State Zip Code Jamul CA 91935	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer NASSCO	Occupation Vice President of Operations		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Anthony Green		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 611 Hazelwood Avenue		Transaction ID: SA11A1.25314	
City State Zip Code Ardmore PA 19003	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer		Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Sam Gurol		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address 7075 Rockrose Terrace		Transaction ID: SA11A1.25225	
City State Zip Code Carlsbad CA 92009-3955	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer General Atomics		Occupation Program Manager	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Frederick Harris

Mailing Address 232 Rosemont Street

City State Zip Code  
LaJolla CA 92037

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

Name of Employer Occupation  
NASSCO President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2006

Transaction ID: SA11A1.25265

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter Hearn, Esq.

Mailing Address 519 Pine Street

City State Zip Code  
Philadelphia PA 19109-1097

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

Name of Employer Occupation  
Peter Hearn, P.C. Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2006

Transaction ID: SA11A1.25316

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Philip Jeter

Mailing Address 14326 Dalhousie Road

City State Zip Code  
San Diego CA 92129-4334

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

Name of Employer Occupation  
General Atomics Lead Engineer-MAGLEV

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

Transaction ID: SA11A1.25227

Amount of Each Receipt this Period  
75.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2075.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Jackson Kemper, III		Date of Receipt MM / DD / YYYY 03 / 20 / 2006
Mailing Address 325 Nickels Dr. SW		Transaction ID: SA11A1.25267
City Leesburg	State VA	Zip Code 20175-4300
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00	
Name of Employer Cryptek	Occupation VP Govt Affairs	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) B. Mr. John Kimball		Date of Receipt MM / DD / YYYY 03 / 06 / 2006
Mailing Address 201 N. Julian Street		Transaction ID: SA11A1.25317
City Ebensburg	State PA	Zip Code 15931
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2100.00	
Name of Employer L. Robert Kimball & Assoc.	Occupation Sr. VP Business Development	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) C. Mr. John Kimball		Date of Receipt MM / DD / YYYY 03 / 06 / 2006
Mailing Address 201 N. Julian Street		Transaction ID: SA11A1.25318
City Ebensburg	State PA	Zip Code 15931
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00	
Name of Employer L. Robert Kimball & Assoc.	Occupation Sr. VP Business Development	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Leonard Klehr</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 260 S. Broad St. 4th Fl		Transaction ID: SA11A1.25319	
City Philadelphia	State PA	Zip Code 19102	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Klehr & Harrison Law Firm	Occupation Partner	Election Cycle-to-Date 2000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Susan Klehr</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 237 S. 18th Street #20B		Transaction ID: SA11A1.25320	
City Philadelphia	State PA	Zip Code 19103	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation Homemaker	Election Cycle-to-Date 2000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mr. Bernard Kohn, III</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 668 Greenwich Street #1031		Transaction ID: SA11A1.25322	
City New York	State NY	Zip Code 10014	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Angelo Gordon & Co.	Occupation VP Finance	Election Cycle-to-Date 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Nancy Kolb

Mailing Address 4003 Mechanicsville Road

City State Zip Code  
Doylestown PA 18901-1619

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

Name of Employer Occupation  
Please Touch Museum CEO

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

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

Transaction ID: SA11A1.25323

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Roger Krone

Mailing Address 2125 Inverness Lane

City State Zip Code  
Berwyn PA 19312

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

Name of Employer Occupation  
Boeing Manager

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2000.00

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

Transaction ID: SA11A1.25325

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert Leathers

Mailing Address 655 W. Valencia Drive

City State Zip Code  
Fullerton CA 92832

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

Name of Employer Occupation  
Cartwright Electronics President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.25229

Amount of Each Receipt this Period  
1500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Robert Lieberman

Mailing Address 1309 Florwood Avenue

City Fullerton State CA Zip Code 90503

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

Name of Employer Intelligent Optical Systems Occupation  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2006

Transaction ID: SA11A1.25230

Amount of Each Receipt this Period  
1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Joseph, Jr. Mahoney

Mailing Address 733 Waverly Road

City Bryn Mawr State PA Zip Code 19010

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

Name of Employer Philadelphia Chamber of Comm. Occupation  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2006

Transaction ID: SA11A1.25326

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Patricia Mahoney

Mailing Address 733 Waverly Road

City Bryn Mawr State PA Zip Code 19010

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

Name of Employer Brooks Gift Gallery Occupation Owner  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2006

Transaction ID: SA11A1.25327

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Alan R. Mauk		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2006
Mailing Address 2121 Jamieson Ave. Unit 1405		Transaction ID: SA11A1.25232
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Alan Mauk, Ltd.	Occupation Lobbyist	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> A. Melissa Maxfield		Date of Receipt M M / D D / Y Y Y Y Y 03 / 06 / 2006
Mailing Address 8947 Donna Lou Drive		Transaction ID: SA11A1.25328
City Odessa	State FL	Zip Code 33556-1908
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Comcast Corp	Occupation Sr Director Govt Affairs	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Joseph McCormick		Date of Receipt M M / D D / Y Y Y Y Y 03 / 06 / 2006
Mailing Address 328 Echo Valley Lane		Transaction ID: SA11A1.25330
City Newtown Square	State PA	Zip Code 19073
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Public Financial Mgmt.	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Vanda McMurtry</b>		Date of Receipt MM / DD / YYYY 03 / 06 / 2006
Mailing Address 2125 Gren Street		Transaction ID: SA11A1.25331
City Philadelphia	State PA	Zip Code 19130-3110
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Univ of Pennsylvania	Occupation VP	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Scott Mirkin</b>		Date of Receipt MM / DD / YYYY 03 / 06 / 2006
Mailing Address 1 Windsor Ct.		Transaction ID: SA11A1.25333
City Sewell	State NJ	Zip Code 08080
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer ESM Productions	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Susan L. Oakley</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2006
Mailing Address 6511 Gretna Green Way		Transaction ID: SA11A1.25268
City Alexandria	State VA	Zip Code 22312
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1500.00
Name of Employer Metropolitan Travel Service	Occupation Travel Agent	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. William Oakley		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006
Mailing Address 6511 Gretna Green Way		Transaction ID: SA11A1.25269
City State Zip Code Alexandria VA 22312	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation MTS Technologies Director	Election Cycle-to-Date 4000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</b> Susan Ohnesorgen		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006
Mailing Address 5954 Wilton Road		Transaction ID: SA11A1.25270
City State Zip Code Alexandria VA 22310	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation MTS Tech Dir of Operations	Election Cycle-to-Date 4000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C.</b> Charles Pizzi		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006
Mailing Address 8601 Thomas Mill Drive		Transaction ID: SA11A1.25336
City State Zip Code Philadelphia PA 19128	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Tasty Baking Co Pres. & CEO	Election Cycle-to-Date 1500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Sue Pontus</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2006
Mailing Address		<b>Transaction ID: SA11A1.25275</b>
City	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. Michael R. Reed</b>		Date of Receipt MM / DD / YYYY 03 / 08 / 2006
Mailing Address 12332 Caminito Esmero		<b>Transaction ID: SA11A1.25233</b>
City	State	Zip Code
San Diego	CA	92130
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer General Atomics	Occupation VP-EMS	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>C. David I. Roberts</b>		Date of Receipt MM / DD / YYYY 03 / 08 / 2006
Mailing Address 647 Dell Street		<b>Transaction ID: SA11A1.25234</b>
City	State	Zip Code
Solana Beach	CA	92075
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer General Atomics	Occupation Senior VP-ATG Group	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Lisa Roper</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 1714 Wichham Way		Transaction ID: SA11A1.25277	
City State Zip Code Crofton MD 21114	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer ISPA Technology	Occupation Managing Partner		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1600.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Ronald Rubin</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 243 Conshohocken State Road		Transaction ID: SA11A1.25337	
City State Zip Code Narberth PA 19072	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer PA Real Estate Investment Trust	Occupation Chairman & CEO		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. Susan Samuelli</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address 537 Newport Center Dr. PMB 372		Transaction ID: SA11A1.25235	
City State Zip Code Newport Beach CA 92660	Amount of Each Receipt this Period 2100.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer H & S Ventures, LLC	Occupation Owner		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Susan Samuelli</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006
Mailing Address 537 Newport Center Dr. PMB 372		Transaction ID: SA11A1.25236
City Newport Beach	State CA	Zip Code 92660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer H & S Ventures, LLC	Occupation Owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. Shelley Schimkus</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006
Mailing Address 8497 Silverview Drive		Transaction ID: SA11A1.25278
City Lorton	State VA	Zip Code 22079
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) <b>C. Timothy Schimkus</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006
Mailing Address 8497 Silverview Drive		Transaction ID: SA11A1.25279
City Lorton	State VA	Zip Code 22079
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer MTS Technologies Inc	Occupation Chief Financial Officer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. James Scrivener</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 8497 Silverview Drive		Transaction ID: SA11A1.25280	
City Lorton	State VA	Zip Code 22182-3357	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer ITAC	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>B. Arthur Serpa</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 20 / 2006	
Mailing Address 74 Cowesett Avenue		Transaction ID: SA11A1.25282	
City West Warwick	State RI	Zip Code 02893	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer		Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Joan Stern, Esq.</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 135 South 19th Street		Transaction ID: SA11A1.25338	
City Philadelphia	State PA	Zip Code 19103	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Blank Rome LLP		Occupation Partner	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Martin Stoops</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006
Mailing Address 10068 Riverhead Drive		Transaction ID: SA11A1.25284
City State Zip Code San Diego CA 92129	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Bayard Storey</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006
Mailing Address 1919 Brandywine Street		Transaction ID: SA11A1.25339
City State Zip Code Philadelphia PA 19118	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Univ. of Pennsylvania Professor Emeritus	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Michael Toner</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006
Mailing Address 23 Niles Road		Transaction ID: SA11A1.25286
City State Zip Code Nystic CT 03655	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation General Dynamics Exec. V P	Election Cycle-to-Date ▼ 2000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. James Walti</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006
Mailing Address 7863 Entrada Angelica		Transaction ID: SA11A1.25237
City State Zip Code San Diego CA 92127	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer General Atomics	Occupation Senior VP	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Joseph Waz</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006
Mailing Address 46 Summit Street		Transaction ID: SA11A1.25341
City State Zip Code Philadelphia PA 19118	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Comcast Corp	Occupation VP External Affairs	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Atty. Stephen R. Wojdak</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006
Mailing Address 200 S. Broad St. #850		Transaction ID: SA11A1.25343
City State Zip Code Philadelphia PA 19102	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer S.R. Wojdak and Associates	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Harold Yoh		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 410 Orchard Way		Transaction ID: SA11A1.25344	
City State Zip Code Saint Davids PA 19087	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Day & Zimmerman, Inc.	Occupation Chairman/CEO		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Michael Yoh		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 1818 Market St. 22 Fl		Transaction ID: SA11A1.25345	
City State Zip Code Philadelphia PA 19103	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Day & Zimmerman	Occupation President Munitions/Logistics		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Walter Zable		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 9333 Balboa Ave		Transaction ID: SA11A1.25287	
City State Zip Code San Diego CA 92123	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Cubic Corp	Occupation COB & CEO		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER: PAGE 31 / 170  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Walter Zable

Mailing Address 9333 Balboa Ave

City State Zip Code  
San Diego CA 92123

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

Name of Employer Cubic Corp      Occupation COB & CEO

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	0	/	2	0	0	6

Transaction ID: SA11A1.25288

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> 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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 170
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. AM GENERAL LLC PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006
Mailing Address 105 NORTH NILES AVENUE		<b>Transaction ID: SA11C.25660</b>
City SOUTH BEND State IN Zip Code 46617	FEC ID number of contributing federal political committee. <b>C</b> C00282210	Amount of Each Receipt this Period 3000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) <b>B. ARAMARK POLITICAL ACTION COMMITTEE (ARAMARK PAC) (FKA ARA PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006
Mailing Address 1101 Market St. Aramark Tower 31st Floor		<b>Transaction ID: SA11C.25669</b>
City Philadelphia State PA Zip Code 19107	FEC ID number of contributing federal political committee. <b>C</b> C00157677	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. BLUE PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006
Mailing Address P.O. BOX 60710		<b>Transaction ID: SA11C.25657</b>
City HARRISBURG State PA Zip Code 17106-0710	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 170
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. COMCAST CORP. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 06 / 2006
Mailing Address 1500 Market Street 35th Floor		<b>Transaction ID:</b> SA11C.25661
City Philadelphia	State PA	Zip Code 19102
FEC ID number of contributing federal political committee. <b>C</b> C00248716		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. COMCAST CORP. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 06 / 2006
Mailing Address 1500 Market Street 35th Floor		<b>Transaction ID:</b> SA11C.25662
City Philadelphia	State PA	Zip Code 19102
FEC ID number of contributing federal political committee. <b>C</b> C00248716		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7500.00	

Full Name (Last, First, Middle Initial) <b>C. COMPUTER SCIENCES CORPORATION PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2006
Mailing Address 2100 East Grand		<b>Transaction ID:</b> SA11C.25659
City El Segundo	State CA	Zip Code 90245
FEC ID number of contributing federal political committee. <b>C</b> C00101410		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 34 / 170  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
CUBIC CORPORATION EMPLOYEES' PAC

Mailing Address 9333 BALBOA AVENUE

City State Zip Code  
SAN DIEGO CA 92123

FEC ID number of contributing federal political committee. **C** C00151787

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2006

**Transaction ID:** SA11C.25655

Amount of Each Receipt this Period  
3000.00

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

**B.** Full Name (Last, First, Middle Initial)  
FLIR SYSTEMS INC EMPLOYEES POLITICAL ACTION COMMITTEE (FLIRPAC)

Mailing Address 251 18TH STREET SOUTH SUITE 1101

City State Zip Code  
ARLINGTON VA 22202

FEC ID number of contributing federal political committee. **C** C00411454

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2006

**Transaction ID:** SA11C.25664

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
OCEAN SYSTEMS ENGINEERING CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 2141 PALOMAR AIRPORT RD SUITE 200

City State Zip Code  
CARLSBAD CA 92009

FEC ID number of contributing federal political committee. **C** C00409151

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2006

**Transaction ID:** SA11C.25665

Amount of Each Receipt this Period  
1500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 170
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. PH&amp;S FEDERAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006
Mailing Address 3000 TWO LOGAN SQUARE 18TH & ARCH STREETS		Transaction ID: SA11C.25663
City PHILADELPHIA   State PA   Zip Code 19103	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00279927		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. PSC H20 PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006
Mailing Address 762 W. LANCASTER AVENUE		Transaction ID: SA11C.25656
City BRYN MAWR   State PA   Zip Code 19010	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00340455		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. RADIX TECHNOLOGIES POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006
Mailing Address 329 N BERNARDO AVE		Transaction ID: SA11C.25666
City MOUNTAIN VIEW   State CA   Zip Code 94043	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00395988		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. SIERRA NEVADA PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2006
Mailing Address P.O. Box 50193		<b>Transaction ID: SA11C.25667</b>
City Sparks	State NV	Zip Code 89434
FEC ID number of contributing federal political committee. <b>C C00367995</b>		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. SIERRA NEVADA PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2006
Mailing Address P.O. Box 50193		<b>Transaction ID: SA11C.25668</b>
City Sparks	State NV	Zip Code 89434
FEC ID number of contributing federal political committee. <b>C C00367995</b>		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>C. TELEDYNE TECHNOLOGIES INCORPORATED PAC/TELEDYNE TECHNOLOGIES INCORPORATED PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2006
Mailing Address 2049 CENTURY PARK E		<b>Transaction ID: SA11C.25658</b>
City LOS ANGELES	State CA	Zip Code 90067
FEC ID number of contributing federal political committee. <b>C C00357285</b>		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>11500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>31500.00</b>

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

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

FOR LINE NUMBER: PAGE 37 / 170  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
First Commonwealth Financial

Mailing Address 217 Franklin Street

City State Zip Code  
Johnstown PA 15901

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Election Cycle-to-Date ▼ 29957.59

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

Transaction ID: SA15.25635

Amount of Each Receipt this Period  
3833.15

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

**B.** Full Name (Last, First, Middle Initial)  
First Commonwealth Financial

Mailing Address 217 Franklin Street

City State Zip Code  
Johnstown PA 15901

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Election Cycle-to-Date ▼ 33255.44

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

Transaction ID: SA15.25636

Amount of Each Receipt this Period  
3297.85

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

**C.** Full Name (Last, First, Middle Initial)  
First Commonwealth Financial

Mailing Address 217 Franklin Street

City State Zip Code  
Johnstown PA 15901

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Election Cycle-to-Date ▼ 36674.68

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

Transaction ID: SA15.25706

Amount of Each Receipt this Period  
3419.24

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10550.24**

**TOTAL** This Period (last page this line number only) ..... ► **10550.24**

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. American Cancer Society</b>		<b>Transaction ID:</b> SB17.25128 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address C/O Frances Kachur 223 Hopwood Fauchanie Road		Amount of Each Disbursement this Period 540.00
City Uniontown State PA Zip Code 15401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Tickets Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. American Heart Assoc.</b>		<b>Transaction ID:</b> SB17.25370 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 400 Luray Avenue		Amount of Each Disbursement this Period 1500.00
City Johnstown State PA Zip Code 15904	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Tickets Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. American Red Cross</b>		<b>Transaction ID:</b> SB17.24926 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address Keystone Chapter 110 Sunray Drive		Amount of Each Disbursement this Period 10.00
City Johnstown State PA Zip Code 15905-3049	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Arcadia Theater</b>		<b>Transaction ID:</b> SB17.25143 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1418 Graham Avenue		Amount of Each Disbursement this Period 192.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Windber State PA Zip Code 15965		
Purpose of Disbursement Tickets Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Army Navy Country Club</b>		<b>Transaction ID:</b> SB17.25384 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 2400 18th Street S		Amount of Each Disbursement this Period 358.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22204		
Purpose of Disbursement Meeting Expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Army Navy Country Club</b>		<b>Transaction ID:</b> SB17.25412 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 2400 18th Street S		Amount of Each Disbursement this Period 163.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22204		
Purpose of Disbursement Meeting Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	714.22
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. A T&amp;T</b>		<b>Transaction ID:</b> SB17.24875 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6	
Mailing Address P.O. Box 9001309		Amount of Each Disbursement this Period 197.44	
City Louisville State KY Zip Code 40290-1309	Purpose of Disbursement Telephone Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. A T&amp;T</b>		<b>Transaction ID:</b> SB17.24937 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6	
Mailing Address P.O. Box 9001309		Amount of Each Disbursement this Period 148.97	
City Louisville State KY Zip Code 40290-1309	Purpose of Disbursement Telephone Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. A T&amp;T</b>		<b>Transaction ID:</b> SB17.25170 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address P.O. Box 9001309		Amount of Each Disbursement this Period 181.56	
City Louisville State KY Zip Code 40290-1309	Purpose of Disbursement Telephone Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	527.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Atlantic Broadband</b>		<b>Transaction ID:</b> SB17.24895 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address 120 Southmont Blvd		Amount of Each Disbursement this Period 67.87
City Johnstown State PA Zip Code 15905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Utilities Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Atlantic Broadband</b>		<b>Transaction ID:</b> SB17.25147 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 120 Southmont Blvd		Amount of Each Disbursement this Period 67.78
City Johnstown State PA Zip Code 15905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Utilities Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Atlantic Broadband</b>		<b>Transaction ID:</b> SB17.25398 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 120 Southmont Blvd		Amount of Each Disbursement this Period 67.78
City Johnstown State PA Zip Code 15905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Utilities Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>203.43</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. B &amp; B Floral</b>		<b>Transaction ID:</b> SB17.24913 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6	
Mailing Address 1199 Scalp Avenue		Amount of Each Disbursement this Period 93.81	
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Floral Arrangements	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. B &amp; B Floral</b>		<b>Transaction ID:</b> SB17.24922 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 1199 Scalp Avenue		Amount of Each Disbursement this Period 160.06	
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Floral Arrangements	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. B &amp; B Floral</b>		<b>Transaction ID:</b> SB17.25391 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6	
Mailing Address 1199 Scalp Avenue		Amount of Each Disbursement this Period 119.78	
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Floral Arrangements	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	373.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. B &amp; B Floral</b>		<b>Transaction ID:</b> SB17.25416 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address 1199 Scalp Avenue		Amount of Each Disbursement this Period 66.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Floral Arrangements Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. B &amp; B Floral</b>		<b>Transaction ID:</b> SB17.25690 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 1199 Scalp Avenue		Amount of Each Disbursement this Period 59.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Floral Arrangements Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Babcor Packaging Corp</b>		<b>Transaction ID:</b> SB17.25688 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 855 South Canal Street		Amount of Each Disbursement this Period 303.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15212	Purpose of Disbursement Campaign Office Exp Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	430.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Barclay Electric Service Inc</b>		<b>Transaction ID:</b> SB17.25196 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 88 Fairfield Avenue		Amount of Each Disbursement this Period 16776.64
City Johnstown State PA Zip Code 15906	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Barclay Electric Service Inc</b>		<b>Transaction ID:</b> SB17.25389 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 88 Fairfield Avenue		Amount of Each Disbursement this Period 1507.76
City Johnstown State PA Zip Code 15906	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bishop McCort High School</b>		<b>Transaction ID:</b> SB17.24904 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address 25 Osborne Street		Amount of Each Disbursement this Period 80.00
City Johnstown State PA Zip Code 15901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Tickets Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>18364.40</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Bishop McCort High School</b>		<b>Transaction ID:</b> SB17.24945 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 25 Osborne Street		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Advertising Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Patrick Brier</b>		<b>Transaction ID:</b> SB17.25423 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address 242 Vassar Avenue		Amount of Each Disbursement this Period 119.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clarks Green State PA Zip Code 18411	Purpose of Disbursement Reimb. Campaign Office Exp Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cam Co Dept of Emer Services</b>		<b>Transaction ID:</b> SB17.25361 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 401 Candlelight Drive Suite 100		Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ebensburg State PA Zip Code 15931-1959	Purpose of Disbursement Campaign Office Exp Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	294.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A. Cash</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1091</p> <p>City Johnstown State PA Zip Code 15907</p> <p>Purpose of Disbursement Campaign Office Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> SB17.25167</p> <p>Date of Disbursement 02 / 22 / 2006</p> <p>Amount of Each Disbursement this Period 150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B. Christian Book Store</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1238 Scalp Avenue</p> <p>City Johnstown State PA Zip Code 15904</p> <p>Purpose of Disbursement Campaign Office Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> SB17.24924</p> <p>Date of Disbursement 01 / 25 / 2006</p> <p>Amount of Each Disbursement this Period 120.43</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C. Christian Book Store</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1238 Scalp Avenue</p> <p>City Johnstown State PA Zip Code 15904</p> <p>Purpose of Disbursement Campaign Office Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> SB17.25169</p> <p>Date of Disbursement 02 / 28 / 2006</p> <p>Amount of Each Disbursement this Period 141.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

412.02

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Chuck Mamula Photography</b>		<b>Transaction ID: SB17.24886</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address 186 Fairfield Avenue		Amount of Each Disbursement this Period 265.00
City Johnstown State PA Zip Code 15906	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Photo Expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cingular</b>		<b>Transaction ID: SB17.24885</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address P.O. Box 129		Amount of Each Disbursement this Period 168.08
City Newark State NJ Zip Code 07101-0129	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cingular</b>		<b>Transaction ID: SB17.25123</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 129		Amount of Each Disbursement this Period 165.71
City Newark State NJ Zip Code 07101-0129	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	598.79
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Cingular</b>		<b>Transaction ID:</b> SB17.25400 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6	
Mailing Address P.O. Box 129		Amount of Each Disbursement this Period 165.57	
City Newark State NJ Zip Code 07101-0129	Purpose of Disbursement Telephone Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Colony Cleaning Company</b>		<b>Transaction ID:</b> SB17.24871 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6	
Mailing Address 160 Engbert Road		Amount of Each Disbursement this Period 151.05	
City Johnstown State PA Zip Code 15902	Purpose of Disbursement Cleaning Service Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Colony Cleaning Company</b>		<b>Transaction ID:</b> SB17.25122 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6	
Mailing Address 160 Engbert Road		Amount of Each Disbursement this Period 120.84	
City Johnstown State PA Zip Code 15902	Purpose of Disbursement Cleaning Service Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	437.46
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Colony Cleaning Company</b>		<b>Transaction ID:</b> SB17.25355 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 160 Engbert Road		Amount of Each Disbursement this Period 127.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15902	Purpose of Disbursement Cleaning Service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Congressional Club</b>		<b>Transaction ID:</b> SB17.24947 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 2001 N. H. Avenue		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20009	Purpose of Disbursement Meals Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Creative Framing</b>		<b>Transaction ID:</b> SB17.24941 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 117 Metzler Street		Amount of Each Disbursement this Period 394.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Campaign Office Exp Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>822.13</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Darra Group Inc</b>		<b>Transaction ID:</b> SB17.24872 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address PO Box 48		Amount of Each Disbursement this Period 106.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Monessen State PA Zip Code 15062		
Purpose of Disbursement Gifts Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Darra Group Inc</b>		<b>Transaction ID:</b> SB17.25363 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address PO Box 48		Amount of Each Disbursement this Period 135.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Monessen State PA Zip Code 15062		
Purpose of Disbursement Gifts Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Darra Group Inc</b>		<b>Transaction ID:</b> SB17.25420 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address PO Box 48		Amount of Each Disbursement this Period 1833.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Monessen State PA Zip Code 15062		
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2074.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Digital Razor</b>		<b>Transaction ID:</b> SB17.24914	
Mailing Address 430 Main Street		Date of Disbursement 01 / 18 / 2006	
City Johnstown	State PA	Zip Code 15901	Amount of Each Disbursement this Period 49.95
Purpose of Disbursement Campaign Office Exp	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) <b>B. Digital Razor</b>		<b>Transaction ID:</b> SB17.25140	
Mailing Address 430 Main Street		Date of Disbursement 02 / 15 / 2006	
City Johnstown	State PA	Zip Code 15901	Amount of Each Disbursement this Period 469.95
Purpose of Disbursement Campaign Office Exp	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) <b>C. Digital Razor</b>		<b>Transaction ID:</b> SB17.25390	
Mailing Address 430 Main Street		Date of Disbursement 03 / 15 / 2006	
City Johnstown	State PA	Zip Code 15901	Amount of Each Disbursement this Period 49.95
Purpose of Disbursement Campaign Office Exp	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/ Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>569.85</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Edward Mitchell Communications</b>		<b>Transaction ID:</b> SB17.24891 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address P.O. Box 2237		Amount of Each Disbursement this Period 9500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilkes-Barre State PA Zip Code 18703		
Purpose of Disbursement Consulting Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Feeder Canal Assoc.</b>		<b>Transaction ID:</b> SB17.24940 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 647 Main Street 4th Floor		Amount of Each Disbursement this Period 1054.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15901		
Purpose of Disbursement Rent Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Feeder Canal Assoc.</b>		<b>Transaction ID:</b> SB17.25172 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 647 Main Street 4th Floor		Amount of Each Disbursement this Period 1054.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15901		
Purpose of Disbursement Rent Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>11608.34</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Feeder Canal Assoc.</b>		<b>Transaction ID:</b> SB17.25686 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 647 Main Street 4th Floor		Amount of Each Disbursement this Period 1054.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15901		
Purpose of Disbursement Rent Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. First Commonwealth Bank</b>		<b>Transaction ID:</b> SB17.24920 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address Credit Card Dept. P.O. Box 0537		Amount of Each Disbursement this Period 18761.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indiana State PA Zip Code 15701-0537		
Purpose of Disbursement See Detail Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Exxonmobile</b>		<b>Transaction ID:</b> SB17.24920.0 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address Service Station		Amount of Each Disbursement this Period 22.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Arlington State VA Zip Code 22210		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	19815.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. AMTRAK</b>		Transaction ID: SB17.24920.2 Date of Disbursement MM / DD / YYYY 01 / 25 / 2006
Mailing Address 60 Massachusetts Avenue		Amount of Each Disbursement this Period 315.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20002		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. AMTRAK</b>		Transaction ID: SB17.24920.4 Date of Disbursement MM / DD / YYYY 01 / 25 / 2006
Mailing Address 60 Massachusetts Avenue		Amount of Each Disbursement this Period 327.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20002		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Exxonmobile</b>		Transaction ID: SB17.24920.5 Date of Disbursement MM / DD / YYYY 01 / 25 / 2006
Mailing Address Service Station		Amount of Each Disbursement this Period 16.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Arlington State VA Zip Code 22210		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Ritz Carlton</b>		Transaction ID: SB17.24920.6 Date of Disbursement 01 / 25 / 2006	
Mailing Address 1250 South Hayes Street		Amount of Each Disbursement this Period 73.86	
City Arlington State VA Zip Code 22202	Purpose of Disbursement Meeting Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. AMTRAK</b>		Transaction ID: SB17.24920.10 Date of Disbursement 01 / 25 / 2006	
Mailing Address 60 Massachusetts Avenue		Amount of Each Disbursement this Period 506.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. AMTRAK</b>		Transaction ID: SB17.24920.11 Date of Disbursement 01 / 31 / 2005	
Mailing Address 60 Massachusetts Avenue		Amount of Each Disbursement this Period 506.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 170

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. AMTRAK</b>		Transaction ID: SB17.24920.12 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 5	
Mailing Address 60 Massachusetts Avenue		Amount of Each Disbursement this Period 506.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Exxonmobile</b>		Transaction ID: SB17.24920.15 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address Service Station		Amount of Each Disbursement this Period 30.50	
City Arlington State VA Zip Code 22210	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Hotel Del Coronado</b>		Transaction ID: SB17.24920.16 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 1500 Orange Avenue		Amount of Each Disbursement this Period 1000.00	
City San Diego State CA Zip Code 92118	Purpose of Disbursement Fund Raiser Recpt Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. BP Oil</b>		Transaction ID: SB17.24920.20 Date of Disbursement 01 / 25 / 2006
Mailing Address Bedford Street		Amount of Each Disbursement this Period 33.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15901		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ritz Carlton 1</b>		Transaction ID: SB17.24920.22 Date of Disbursement 01 / 25 / 2006
Mailing Address 10 Avenue of the Arts		Amount of Each Disbursement this Period 5250.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Philadelphia State PA Zip Code 19182		
Purpose of Disbursement Fund Raiser Recept Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. City View Bar &amp; Grill</b>		Transaction ID: SB17.24920.23 Date of Disbursement 01 / 25 / 2006
Mailing Address Edgehill Drive		Amount of Each Disbursement this Period 39.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Meals Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Sunoco</p>		<p><b>Transaction ID:</b> SB17.24920.24 <b>Date of Disbursement</b></p>	
<p>Mailing Address Walnut Street</p>		<p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p>	
<p>City Johnstown</p>	<p>State PA</p>	<p>Zip Code 15901</p>	
<p>Purpose of Disbursement Travel</p>		<p>Amount of Each Disbursement this Period <input type="text" value="32.75"/></p>	
<p>Candidate Name</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>	<p><b>[MEMO ITEM]</b></p>		

<p><b>B.</b> Full Name (Last, First, Middle Initial) BP Oil</p>		<p><b>Transaction ID:</b> SB17.24920.26 <b>Date of Disbursement</b></p>	
<p>Mailing Address Bedford Street</p>		<p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p>	
<p>City Johnstown</p>	<p>State PA</p>	<p>Zip Code 15901</p>	
<p>Purpose of Disbursement Travel</p>		<p>Amount of Each Disbursement this Period <input type="text" value="22.75"/></p>	
<p>Candidate Name</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>	<p><b>[MEMO ITEM]</b></p>		

<p><b>C.</b> Full Name (Last, First, Middle Initial) Easy Grade Car Wash</p>		<p><b>Transaction ID:</b> SB17.24920.27 <b>Date of Disbursement</b></p>	
<p>Mailing Address 925 Menoher Boulevard</p>		<p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p>	
<p>City Johnstown</p>	<p>State PA</p>	<p>Zip Code 15905</p>	
<p>Purpose of Disbursement Travel</p>		<p>Amount of Each Disbursement this Period <input type="text" value="11.26"/></p>	
<p>Candidate Name</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>	<p><b>[MEMO ITEM]</b></p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Easy Grade Car Wash</b>		Transaction ID: SB17.24920.28 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 925 Menoher Boulevard		Amount of Each Disbursement this Period 7.25	
City Johnstown State PA Zip Code 15905	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. On Star</b>		Transaction ID: SB17.24920.29 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address P.O. Box 278		Amount of Each Disbursement this Period 34.95	
City Sheldon State IA Zip Code 51201	Purpose of Disbursement Telephone	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Eat N Park</b>		Transaction ID: SB17.24920.30 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 1461 Scalp Avenue		Amount of Each Disbursement this Period 30.17	
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Eat N Park</b>		Transaction ID: SB17.24920.31 Date of Disbursement 01 / 25 / 2006	
Mailing Address 1461 Scalp Avenue		Amount of Each Disbursement this Period 21.82	
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ryan's</b>		Transaction ID: SB17.24920.32 Date of Disbursement 01 / 25 / 2006	
Mailing Address Galleria Drive		Amount of Each Disbursement this Period 24.22	
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sheetz</b>		Transaction ID: SB17.24920.37 Date of Disbursement 01 / 25 / 2006	
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 28.00	
City Altoona State PA Zip Code 16602	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Fish Market</b>		Transaction ID: SB17.24920.38 Date of Disbursement 01 / 25 / 2006	
Mailing Address San Polo Sq		Amount of Each Disbursement this Period 257.63	
City Alexandria State VA Zip Code 22202	Purpose of Disbursement Meeting Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>B. Homewood Suites</b>		Transaction ID: SB17.24920.40 Date of Disbursement 01 / 25 / 2006	
Mailing Address 4850 Leesburg Pike		Amount of Each Disbursement this Period 140.61	
City Alexandria State VA Zip Code 22302	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>C. Easy Grade Car Wash</b>		Transaction ID: SB17.24920.41 Date of Disbursement 01 / 25 / 2006	
Mailing Address 925 Menoher Boulevard		Amount of Each Disbursement this Period 14.76	
City Johnstown State PA Zip Code 15905	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

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

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Sunoco</p>		<p><b>Transaction ID:</b> SB17.24920.44 <b>Date of Disbursement</b> 01 / 25 / 2006</p>	
<p>Mailing Address Walnut Street</p>		<p>Amount of Each Disbursement this Period 32.50</p>	
<p>City Johnstown State PA Zip Code 15901</p>	<p>Purpose of Disbursement Travel</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p><b>[MEMO ITEM]</b></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p><b>B.</b> Full Name (Last, First, Middle Initial) Ritz Carlton</p>		<p><b>Transaction ID:</b> SB17.24920.46 <b>Date of Disbursement</b> 01 / 25 / 2006</p>	
<p>Mailing Address 10 Ave of the Arts</p>		<p>Amount of Each Disbursement this Period 531.64</p>	
<p>City Philadelphia State PA Zip Code 19102</p>	<p>Purpose of Disbursement Meeting Expense</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p><b>[MEMO ITEM]</b></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p><b>C.</b> Full Name (Last, First, Middle Initial) Ritz Carlton</p>		<p><b>Transaction ID:</b> SB17.24920.47 <b>Date of Disbursement</b> 01 / 25 / 2006</p>	
<p>Mailing Address 10 Ave of the Arts</p>		<p>Amount of Each Disbursement this Period 453.72</p>	
<p>City Philadelphia State PA Zip Code 19102</p>	<p>Purpose of Disbursement Travel</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p><b>[MEMO ITEM]</b></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Giant Eagle</b>		Transaction ID: SB17.24920.48 Date of Disbursement 01 / 25 / 2006	
Mailing Address Scalp Avenue		Amount of Each Disbursement this Period 24.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
City Johnstown	State PA		Zip Code 15904
Purpose of Disbursement Campaign Office Exp			Category/Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Pigalle</b>		Transaction ID: SB17.24920.49 Date of Disbursement 01 / 25 / 2006	
Mailing Address 75 Charles Street		Amount of Each Disbursement this Period 373.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
City Boston	State MA		Zip Code 02116
Purpose of Disbursement Meeting Expense			Category/Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. Omni Hotels</b>		Transaction ID: SB17.24920.51 Date of Disbursement 01 / 25 / 2006	
Mailing Address Grant Street		Amount of Each Disbursement this Period 270.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
City Pittsburgh	State PA		Zip Code 15501
Purpose of Disbursement Travel			Category/Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Omni Hotels</b>		Transaction ID: SB17.24920.52 Date of Disbursement 01 / 25 / 2006	
Mailing Address Grant Street		Amount of Each Disbursement this Period 35.94	
City Pittsburgh State PA Zip Code 15501	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Mandarin Oriental</b>		Transaction ID: SB17.24920.53 Date of Disbursement 01 / 25 / 2006	
Mailing Address 1330 MARYland Avenue SW		Amount of Each Disbursement this Period 336.50	
City Washington State DC Zip Code 20024	Purpose of Disbursement Meeting Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Sheetz</b>		Transaction ID: SB17.24920.57 Date of Disbursement 01 / 25 / 2006	
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 33.20	
City Altoona State PA Zip Code 16602	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. U.S. Postal Service</b>		<b>Transaction ID:</b> SB17.24920.58	
Mailing Address Locust & Franklin Streets		Date of Disbursement MM / DD / YYYY 01 / 25 / 2006	
City Johnstown	State PA	Zip Code 15901	Amount of Each Disbursement this Period 303.40
Purpose of Disbursement Postage		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b>
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Wal Mart</b>		<b>Transaction ID:</b> SB17.24920.60	
Mailing Address Theatre Drive		Date of Disbursement MM / DD / YYYY 01 / 25 / 2006	
City Johnstown	State PA	Zip Code 15904	Amount of Each Disbursement this Period 119.78
Purpose of Disbursement Campaign Office Exp		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b>
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. The Pic Nic Basket</b>		<b>Transaction ID:</b> SB17.24920.61	
Mailing Address 320 Main Street		Date of Disbursement MM / DD / YYYY 01 / 25 / 2006	
City Youngstown	State PA	Zip Code 15696	Amount of Each Disbursement this Period 718.75
Purpose of Disbursement Meeting Expense		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b>
State:	District:		

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Giant Eagle</b>		Transaction ID: SB17.24920.63 Date of Disbursement 01 / 25 / 2006	
Mailing Address Scalp Avenue		Amount of Each Disbursement this Period 116.80	
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Campaign Office Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Sheetz</b>		Transaction ID: SB17.24920.64 Date of Disbursement 01 / 25 / 2006	
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 24.25	
City Altoona State PA Zip Code 16602	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Capri Pizza</b>		Transaction ID: SB17.24920.65 Date of Disbursement 01 / 25 / 2006	
Mailing Address Main Street		Amount of Each Disbursement this Period 14.27	
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Volunteer Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

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



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.24920.70 Date of Disbursement 01 / 25 / 2006 Amount of Each Disbursement this Period 24.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. U.S. House of Representatives</b> Full Name (Last, First, Middle Initial) Mailing Address Pennsylvania Avenue City Washington State DC Zip Code 20013 Purpose of Disbursement Gifts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.24920.73 Date of Disbursement 01 / 25 / 2006 Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.24920.76 Date of Disbursement 01 / 25 / 2006 Amount of Each Disbursement this Period 25.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. BP Oil</b>		Transaction ID: SB17.24920.77 Date of Disbursement 01 / 25 / 2006	
Mailing Address Bedford Street		Amount of Each Disbursement this Period 12.50	
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sheetz</b>		Transaction ID: SB17.24920.78 Date of Disbursement 01 / 25 / 2006	
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 19.27	
City Altoona State PA Zip Code 16602	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sheetz</b>		Transaction ID: SB17.24920.79 Date of Disbursement 01 / 25 / 2006	
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 9.58	
City Altoona State PA Zip Code 16602	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Capri Pizza</b>		Transaction ID: SB17.24920.81 Date of Disbursement 01 / 25 / 2006	
Mailing Address Main Street		Amount of Each Disbursement this Period 17.12	
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Volunteer Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sheetz</b>		Transaction ID: SB17.24920.82 Date of Disbursement 01 / 25 / 2006	
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 28.41	
City Altoona State PA Zip Code 16602	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Easy Grade Car Wash</b>		Transaction ID: SB17.24920.83 Date of Disbursement 01 / 25 / 2006	
Mailing Address 925 Menoher Boulevard		Amount of Each Disbursement this Period 18.00	
City Johnstown State PA Zip Code 15905	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Ritz Carlton</b>		<b>Transaction ID:</b> SB17.24920.84 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address 1250 South Hayes Street		Amount of Each Disbursement this Period 420.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Arlington State VA Zip Code 22202		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. U.S. House of Representatives</b>		<b>Transaction ID:</b> SB17.24920.85 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address Pennsylvania Avenue		Amount of Each Disbursement this Period 216.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20013		
Purpose of Disbursement Gifts Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sheetz</b>		<b>Transaction ID:</b> SB17.24920.86 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 34.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Altoona State PA Zip Code 16602		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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





# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. EM's Shop Shop</b>		Transaction ID: SB17.24920.90 Date of Disbursement 01 / 25 / 2006
Mailing Address 1111 Scalp Avenue		Amount of Each Disbursement this Period 16.30
City Johnstown State PA Zip Code 15904-3036	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Volunteer Exp Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. U.S. Postal Service</b>		Transaction ID: SB17.24920.91 Date of Disbursement 01 / 25 / 2006
Mailing Address Locust & Franklin Streets		Amount of Each Disbursement this Period 120.03
City Johnstown State PA Zip Code 15901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Wal Mart</b>		Transaction ID: SB17.24920.94 Date of Disbursement 01 / 25 / 2006
Mailing Address Theatre Drive		Amount of Each Disbursement this Period 113.64
City Johnstown State PA Zip Code 15904	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.24920.95 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 36.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. BP Oil</b> Full Name (Last, First, Middle Initial) Mailing Address Bedford Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.24920.96 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 24.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.24920.97 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 39.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A. Sheetz</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		<p><b>Transaction ID:</b> SB17.24920.98</p> <p>Date of Disbursement</p> <p>01 / 25 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>36.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
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<p><b>B. Ritz Carlton</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1250 South Hayes Street</p> <p>City Arlington State VA Zip Code 22202</p> <p>Purpose of Disbursement Fund Raiser Recept Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		<p><b>Transaction ID:</b> SB17.24920.100</p> <p>Date of Disbursement</p> <p>01 / 25 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>2763.06</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
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<p><b>C. Sheetz</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		<p><b>Transaction ID:</b> SB17.24920.103</p> <p>Date of Disbursement</p> <p>01 / 25 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>16.56</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶</p>				<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>				

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Enterprise Rent A Car</b>		<b>Transaction ID:</b> SB17.24920.104 Date of Disbursement 01 / 25 / 2006
Mailing Address Scalp Avenue		Amount of Each Disbursement this Period 144.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Vehicle Rental Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sheetz</b>		<b>Transaction ID:</b> SB17.24920.107 Date of Disbursement 01 / 25 / 2006
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 30.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Altoona State PA Zip Code 16602		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. U.S. Postal Service</b>		<b>Transaction ID:</b> SB17.24920.108 Date of Disbursement 01 / 25 / 2006
Mailing Address Locust & Franklin Streets		Amount of Each Disbursement this Period 16.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15901		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Bilo Foods</b>		Transaction ID: SB17.24920.112 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address Scalp Avenue		Amount of Each Disbursement this Period 8.46	
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Campaign Office Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Sheetz</b>		Transaction ID: SB17.24920.115 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 24.50	
City Altoona State PA Zip Code 16602	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Sheetz</b>		Transaction ID: SB17.24920.116 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 32.00	
City Altoona State PA Zip Code 16602	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. First Commonwealth Bank</b>		<b>Transaction ID:</b> SB17.25139 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address Credit Card Dept. P.O. Box 0537		Amount of Each Disbursement this Period 20367.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indiana State PA Zip Code 15701-0537		
Purpose of Disbursement See Detail Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Texaco Inc</b>		<b>Transaction ID:</b> SB17.25139.1 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 2000 Westchester Avenue		Amount of Each Disbursement this Period 26.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City White Plains State NY Zip Code 10650		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cato Travel</b>		<b>Transaction ID:</b> SB17.25139.2 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1st & C Street NE #24		Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20510		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	20367.46
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Cato Travel</b>		<b>Transaction ID:</b> SB17.25139.3 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1st & C Street NE #24		Amount of Each Disbursement this Period 20.00
City Washington State DC Zip Code 20510	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Purpose of Disbursement Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cato Travel</b>		<b>Transaction ID:</b> SB17.25139.4 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1st & C Street NE #24		Amount of Each Disbursement this Period 20.00
City Washington State DC Zip Code 20510	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Purpose of Disbursement Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Exxonmobile</b>		<b>Transaction ID:</b> SB17.25139.5 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address Service Station		Amount of Each Disbursement this Period 23.50
City Arlington State VA Zip Code 22210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Purpose of Disbursement Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Hotel Del Coronado</b>		<b>Transaction ID:</b> SB17.25139.6 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1500 Orange Avenue		Amount of Each Disbursement this Period 3076.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City San Diego State CA Zip Code 92118		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hotel Del Coronado</b>		<b>Transaction ID:</b> SB17.25139.7 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1500 Orange Avenue		Amount of Each Disbursement this Period 9.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City San Diego State CA Zip Code 92118		
Purpose of Disbursement Meals Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cato Travel</b>		<b>Transaction ID:</b> SB17.25139.8 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1st & C Street NE #24		Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20510		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Cato Travel</b>		Transaction ID: SB17.25139.9 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1st & C Street NE #24		Amount of Each Disbursement this Period 20.00
City Washington State DC Zip Code 20510	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Candidate Name		<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cato Travel</b>		Transaction ID: SB17.25139.10 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1st & C Street NE #24		Amount of Each Disbursement this Period 20.00
City Washington State DC Zip Code 20510	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Candidate Name		<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cato Travel</b>		Transaction ID: SB17.25139.11 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1st & C Street NE #24		Amount of Each Disbursement this Period 20.00
City Washington State DC Zip Code 20510	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Candidate Name		<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Cato Travel</b>		<b>Transaction ID:</b> SB17.25139.12 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1st & C Street NE #24		Amount of Each Disbursement this Period 20.00
City Washington State DC Zip Code 20510	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Purpose of Disbursement Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cato Travel</b>		<b>Transaction ID:</b> SB17.25139.13 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1st & C Street NE #24		Amount of Each Disbursement this Period 20.00
City Washington State DC Zip Code 20510	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Purpose of Disbursement Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hotel Del Coronado</b>		<b>Transaction ID:</b> SB17.25139.17 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1500 Orange Avenue		Amount of Each Disbursement this Period 4762.69
City San Diego State CA Zip Code 92118	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Hotel Del Coronado</b>		<b>Transaction ID:</b> SB17.25139.18 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1500 Orange Avenue		Amount of Each Disbursement this Period 1397.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City San Diego State CA Zip Code 92118		
Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. U.S. House of Representatives</b>		<b>Transaction ID:</b> SB17.25139.19 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address Pennsylvania Avenue		Amount of Each Disbursement this Period 40.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20013		
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hotel Del Coronado</b>		<b>Transaction ID:</b> SB17.25139.20 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1500 Orange Avenue		Amount of Each Disbursement this Period 7770.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City San Diego State CA Zip Code 92118		
Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Hotel Del Coronado</b>		Transaction ID: SB17.25139.21 Date of Disbursement 02 / 15 / 2005	
Mailing Address 1500 Orange Avenue		Amount of Each Disbursement this Period 199.13	
City San Diego State CA Zip Code 92118	Purpose of Disbursement Fund Raiser Recpt Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Cafe Resces</b>		Transaction ID: SB17.25139.23 Date of Disbursement 02 / 15 / 2006	
Mailing Address 209 PA Avenue St		Amount of Each Disbursement this Period 94.78	
City Washing State DC Zip Code 20003	Purpose of Disbursement Meeting Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Sunoco</b>		Transaction ID: SB17.25139.24 Date of Disbursement 02 / 15 / 2006	
Mailing Address Walnut Street		Amount of Each Disbursement this Period 22.85	
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A. On Star</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 278</p> <p>City Sheldon State IA Zip Code 51201</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.25139.25</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="34.95"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>	

<p><b>B. Eat N Park</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1461 Scalp Avenue</p> <p>City Johnstown State PA Zip Code 15904</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.25139.26</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="32.17"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>	

<p><b>C. Easy Grade Car Wash</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 925 Menoher Boulevard</p> <p>City Johnstown State PA Zip Code 15905</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.25139.27</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12.75"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>	

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Eat N Park</b>		<b>Transaction ID:</b> SB17.25139.29 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1461 Scalp Avenue		Amount of Each Disbursement this Period 27.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Meals Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Giant Eagle</b>		<b>Transaction ID:</b> SB17.25139.31 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address Scalp Avenue		Amount of Each Disbursement this Period 34.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. U.S. House of Representatives</b>		<b>Transaction ID:</b> SB17.25139.32 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address Pennsylvania Avenue		Amount of Each Disbursement this Period 216.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20013		
Purpose of Disbursement Gifts Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.25139.33 Date of Disbursement 02 / 15 / 2006 Amount of Each Disbursement this Period 28.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Giant Eagle</b> Full Name (Last, First, Middle Initial) Mailing Address Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.25139.34 Date of Disbursement 02 / 15 / 2005 Amount of Each Disbursement this Period 109.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Wal Mart</b> Full Name (Last, First, Middle Initial) Mailing Address Theatre Drive City Johnstown State PA Zip Code 15904 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.25139.36 Date of Disbursement 02 / 15 / 2005 Amount of Each Disbursement this Period 160.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Capri Pizza</b>		Transaction ID: SB17.25139.38 Date of Disbursement 02 / 15 / 2006	
Mailing Address Main Street		Amount of Each Disbursement this Period 16.60	
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Volunteer Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>B. Sheetz</b>		Transaction ID: SB17.25139.40 Date of Disbursement 02 / 15 / 2006	
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 29.50	
City Altoona State PA Zip Code 16602	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>C. U.S. Postal Service</b>		Transaction ID: SB17.25139.43 Date of Disbursement 02 / 15 / 2006	
Mailing Address Locust & Franklin Streets		Amount of Each Disbursement this Period 195.80	
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. EM's Shop Shop</b>		<b>Transaction ID:</b> SB17.25139.44	
Mailing Address 1111 Scalp Avenue		Date of Disbursement MM / DD / YYYY 02 / 15 / 2006	
City Johnstown	State PA	Zip Code 15904-3036	
Purpose of Disbursement Volunteer Exp		Amount of Each Disbursement this Period 13.31	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>[MEMO ITEM]</b>	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Illy Caffe</b>		<b>Transaction ID:</b> SB17.25139.45	
Mailing Address 800 Westchester Avenue Suite S440		Date of Disbursement MM / DD / YYYY 02 / 15 / 2006	
City New York	State NY	Zip Code 10573	
Purpose of Disbursement Campaign Office Exp		Amount of Each Disbursement this Period 144.00	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>[MEMO ITEM]</b>	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Sheetz</b>		<b>Transaction ID:</b> SB17.25139.46	
Mailing Address 5700 Sixth Avenue		Date of Disbursement MM / DD / YYYY 02 / 15 / 2006	
City Altoona	State PA	Zip Code 16602	
Purpose of Disbursement Travel		Amount of Each Disbursement this Period 24.09	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>[MEMO ITEM]</b>	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:			

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Easy Grade Car Wash</b>		<b>Transaction ID:</b> SB17.25139.49 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 925 Menoher Boulevard		Amount of Each Disbursement this Period 18.00
City Johnstown State PA Zip Code 15905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel	Candidate Name	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Capri Pizza</b>		<b>Transaction ID:</b> SB17.25139.50 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address Main Street		Amount of Each Disbursement this Period 12.15
City Johnstown State PA Zip Code 15901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Volunteer Exp	Candidate Name	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Capri Pizza</b>		<b>Transaction ID:</b> SB17.25139.51 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address Main Street		Amount of Each Disbursement this Period 17.36
City Johnstown State PA Zip Code 15901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Volunteer Exp	Candidate Name	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.25139.52 Date of Disbursement 02 / 15 / 2006 Amount of Each Disbursement this Period 14.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.25139.53 Date of Disbursement 02 / 15 / 2006 Amount of Each Disbursement this Period 28.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Mikasa</b> Full Name (Last, First, Middle Initial) Mailing Address Hagerstown Outlets 495 Prime Outlets Blvd City Hagerstown State MD Zip Code 21740 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.25139.56 Date of Disbursement 02 / 15 / 2006 Amount of Each Disbursement this Period 214.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. U.S. Postal Service</b>		<b>Transaction ID:</b> SB17.25139.58	
Mailing Address Locust & Franklin Streets		Date of Disbursement MM / DD / YYYY 02 / 15 / 2006	
City Johnstown	State PA	Zip Code 15901	
Purpose of Disbursement Postage		Amount of Each Disbursement this Period 395.30	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) <b>B. Wal Mart</b>		<b>Transaction ID:</b> SB17.25139.59	
Mailing Address Theatre Drive		Date of Disbursement MM / DD / YYYY 02 / 15 / 2006	
City Johnstown	State PA	Zip Code 15904	
Purpose of Disbursement Campaign Office Exp		Amount of Each Disbursement this Period 9.21	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) <b>C. Cingular</b>		<b>Transaction ID:</b> SB17.25139.60	
Mailing Address P.O. Box 129		Date of Disbursement MM / DD / YYYY 02 / 15 / 2006	
City Newark	State NJ	Zip Code 07101-0129	
Purpose of Disbursement Telephone		Amount of Each Disbursement this Period 44.51	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/ Type		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A. Sheetz</b></p> <p>Full Name (Last, First, Middle Initial) Sheetz</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> SB17.25139.61</p> <p>Date of Disbursement 02 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 26.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. U.S. Postal Service</b></p> <p>Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address Locust &amp; Franklin Streets</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> SB17.25139.62</p> <p>Date of Disbursement 02 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 10.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Wal Mart</b></p> <p>Full Name (Last, First, Middle Initial) Wal Mart</p> <p>Mailing Address Theatre Drive</p> <p>City Johnstown State PA Zip Code 15904</p> <p>Purpose of Disbursement Campaign Office Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> SB17.25139.63</p> <p>Date of Disbursement 02 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 4.74</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.25139.65 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 33.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Cambria Co. War Memorial</b> Full Name (Last, First, Middle Initial) Mailing Address 326 Napoleon Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.25139.66 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 46.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. The Fish Boat</b> Full Name (Last, First, Middle Initial) Mailing Address Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Meeting Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.25139.68 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 71.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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FOR LINE NUMBER:  
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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Capri Pizza</b>		Transaction ID: SB17.25139.69 Date of Disbursement 02 / 15 / 2006
Mailing Address Main Street		Amount of Each Disbursement this Period 19.04
City Johnstown State PA Zip Code 15901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Volunteer Exp Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. First Commonwealth Bank</b>		Transaction ID: SB17.25438 Date of Disbursement 03 / 15 / 2006
Mailing Address Credit Card Dept. P.O. Box 0537		Amount of Each Disbursement this Period 11381.20
City Indiana State PA Zip Code 15701-0537	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement See Detail Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. On Star</b>		Transaction ID: SB17.25438.0 Date of Disbursement 03 / 15 / 2006
Mailing Address P.O. Box 278		Amount of Each Disbursement this Period 17.48
City Sheldon State IA Zip Code 51201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11381.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Easy Grade Car Wash</b>		<b>Transaction ID:</b> SB17.25438.1	
Mailing Address 925 Menoher Boulevard		Date of Disbursement MM / DD / YYYY 03 / 15 / 2006	
City Johnstown	State PA	Zip Code 15905	Amount of Each Disbursement this Period 15.41
Purpose of Disbursement Travel	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) <b>B. Exxonmobile</b>		<b>Transaction ID:</b> SB17.25438.3	
Mailing Address Service Station		Date of Disbursement MM / DD / YYYY 03 / 15 / 2006	
City Arlington	State VA	Zip Code 22210	Amount of Each Disbursement this Period 30.08
Purpose of Disbursement Travel	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) <b>C. Eat N Park</b>		<b>Transaction ID:</b> SB17.25438.4	
Mailing Address 1461 Scalp Avenue		Date of Disbursement MM / DD / YYYY 03 / 15 / 2006	
City Johnstown	State PA	Zip Code 15904	Amount of Each Disbursement this Period 37.09
Purpose of Disbursement Meals	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/ Type		

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



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. U.S. House Member's Dining</b>		<b>Transaction ID:</b> SB17.25438.13 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address H 118 U.S. Capitol		Amount of Each Disbursement this Period 29.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20515		
Purpose of Disbursement Meeting Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		<b>Transaction ID:</b> SB17.25438.14 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 2345 crystal Drive		Amount of Each Disbursement this Period 1418.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Arlington State VA Zip Code 22227		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		<b>Transaction ID:</b> SB17.25438.15 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 2345 crystal Drive		Amount of Each Disbursement this Period 1418.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Arlington State VA Zip Code 22227		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Texaco Inc</b>		Transaction ID: SB17.25438.16 Date of Disbursement 03 / 15 / 2006	
Mailing Address 2000 Westchester Avenue		Amount of Each Disbursement this Period 24.69	
City White Plains State NY Zip Code 10650	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. American West</b>		Transaction ID: SB17.25438.17 Date of Disbursement 03 / 15 / 2006	
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 1130.60	
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Ritz Carlton</b>		Transaction ID: SB17.25438.18 Date of Disbursement 03 / 15 / 2006	
Mailing Address 1250 South Hayes Street		Amount of Each Disbursement this Period 2000.00	
City Arlington State VA Zip Code 22202	Purpose of Disbursement Lodging	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Ritz Carlton</b>		Transaction ID: SB17.25438.19 Date of Disbursement 03 / 15 / 2006	
Mailing Address 1250 South Hayes Street		Amount of Each Disbursement this Period 211.67	
City Arlington State VA Zip Code 22202	Purpose of Disbursement Lodging	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]		

Full Name (Last, First, Middle Initial) <b>B. U S Airways</b>		Transaction ID: SB17.25438.20 Date of Disbursement 03 / 15 / 2006	
Mailing Address P.O. Box 12346		Amount of Each Disbursement this Period 297.20	
City Pittsburgh State PA Zip Code 15231	Purpose of Disbursement Travel	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]		

Full Name (Last, First, Middle Initial) <b>C. U S Airways</b>		Transaction ID: SB17.25438.21 Date of Disbursement 03 / 15 / 2006	
Mailing Address P.O. Box 12346		Amount of Each Disbursement this Period 181.10	
City Pittsburgh State PA Zip Code 15231	Purpose of Disbursement Travel	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]		

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.25438.24 Date of Disbursement 03 / 15 / 2006 Amount of Each Disbursement this Period 24.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.25438.25 Date of Disbursement 03 / 15 / 2006 Amount of Each Disbursement this Period 27.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.25438.26 Date of Disbursement 03 / 15 / 2006 Amount of Each Disbursement this Period 29.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Giant Eagle</b>		<b>Transaction ID:</b> SB17.25438.27	
Mailing Address Scalp Avenue		Date of Disbursement 03 / 15 / 2006	
City Johnstown	State PA	Zip Code 15904	Amount of Each Disbursement this Period 121.09
Purpose of Disbursement Campaign Office Exp		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Wal Mart</b>		<b>Transaction ID:</b> SB17.25438.28	
Mailing Address Theatre Drive		Date of Disbursement 03 / 15 / 2006	
City Johnstown	State PA	Zip Code 15904	Amount of Each Disbursement this Period 101.57
Purpose of Disbursement Campaign Office Exp		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Sunoco</b>		<b>Transaction ID:</b> SB17.25438.29	
Mailing Address Walnut Street		Date of Disbursement 03 / 15 / 2006	
City Johnstown	State PA	Zip Code 15901	Amount of Each Disbursement this Period 32.80
Purpose of Disbursement Travel		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b>
State: District:			

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A. Lombardo's</b> Full Name (Last, First, Middle Initial) Lombardo's Mailing Address 935 Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.25438.30 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 62.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Capri Pizza</b> Full Name (Last, First, Middle Initial) Capri Pizza Mailing Address Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Volunteer Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.25438.31 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 32.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Circuit City</b> Full Name (Last, First, Middle Initial) Circuit City Mailing Address Galleria Drive City Johnstown State PA Zip Code 15904 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.25438.32 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 2526.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Capri Pizza</b>		<b>Transaction ID:</b> SB17.25438.33 Date of Disbursement 03 / 15 / 2006
Mailing Address Main Street		Amount of Each Disbursement this Period 9.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15901	Category/ Type	
Purpose of Disbursement Volunteer Exp		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. BP Oil</b>		<b>Transaction ID:</b> SB17.25438.34 Date of Disbursement 03 / 15 / 2006
Mailing Address Bedford Street		Amount of Each Disbursement this Period 25.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15901	Category/ Type	
Purpose of Disbursement Travel		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. The Fish Boat</b>		<b>Transaction ID:</b> SB17.25438.37 Date of Disbursement 03 / 15 / 2006
Mailing Address Main Street		Amount of Each Disbursement this Period 25.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15901	Category/ Type	
Purpose of Disbursement Volunteer Exp		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.25438.38 Date of Disbursement 03 / 15 / 2006 Amount of Each Disbursement this Period 27.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.25438.39 Date of Disbursement 03 / 15 / 2006 Amount of Each Disbursement this Period 27.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.25438.40 Date of Disbursement 03 / 15 / 2006 Amount of Each Disbursement this Period 27.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Fish Market</b>		Transaction ID: SB17.25438.41 Date of Disbursement 03 / 15 / 2006
Mailing Address San Polo Sq		Amount of Each Disbursement this Period 96.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Alexandria State VA Zip Code 22202		
Purpose of Disbursement Meeting Expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Easy Grade Car Wash</b>		Transaction ID: SB17.25438.44 Date of Disbursement 03 / 15 / 2006
Mailing Address 925 Menoher Boulevard		Amount of Each Disbursement this Period 18.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sheetz</b>		Transaction ID: SB17.25438.45 Date of Disbursement 03 / 15 / 2006
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 23.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Altoona State PA Zip Code 16602		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A. Sheetz</b> Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.25438.47 Date of Disbursement 03 / 15 / 2006 Amount of Each Disbursement this Period 25.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. The Fish Boat</b> Full Name (Last, First, Middle Initial) Mailing Address Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Volunteer Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.25438.48 Date of Disbursement 03 / 15 / 2006 Amount of Each Disbursement this Period 7.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. The Fish Boat</b> Full Name (Last, First, Middle Initial) Mailing Address Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Meeting Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.25438.49 Date of Disbursement 03 / 15 / 2006 Amount of Each Disbursement this Period 51.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Giant Eagle</b>		Transaction ID: SB17.25438.50 Date of Disbursement 03 / 15 / 2006
Mailing Address Scalp Avenue		Amount of Each Disbursement this Period 42.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Capri Pizza</b>		Transaction ID: SB17.25438.51 Date of Disbursement 03 / 15 / 2006
Mailing Address Main Street		Amount of Each Disbursement this Period 35.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15901		
Purpose of Disbursement Volunteer Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sheetz</b>		Transaction ID: SB17.25438.52 Date of Disbursement 03 / 15 / 2006
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 12.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Altoona State PA Zip Code 16602		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A. Sheetz</b></p> <p>Full Name (Last, First, Middle Initial) Sheetz</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> SB17.25438.53</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="39.65"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. First Commonwealth Financial</b></p> <p>Full Name (Last, First, Middle Initial) First Commonwealth Financial</p> <p>Mailing Address 217 Franklin Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> SB17.24905</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="992.61"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. First Commonwealth Financial</b></p> <p>Full Name (Last, First, Middle Initial) First Commonwealth Financial</p> <p>Mailing Address 217 Franklin Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> SB17.24907</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="180.52"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1173.13"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. First Commonwealth Financial</b>		<b>Transaction ID:</b> SB17.25116 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 217 Franklin Street		Amount of Each Disbursement this Period 1211.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Payroll Withholdings Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. First Commonwealth Financial</b>		<b>Transaction ID:</b> SB17.25383 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 217 Franklin Street		Amount of Each Disbursement this Period 821.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. First Commonwealth Financial</b>		<b>Transaction ID:</b> SB17.25707 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 217 Franklin Street		Amount of Each Disbursement this Period 63.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Campaign Office Exp Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2096.37
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Flower Barn</b>		<b>Transaction ID:</b> SB17.24932 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address Millcreek at Bucknell		Amount of Each Disbursement this Period 58.30
City Johnstown State PA Zip Code 15905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Floral Arrangement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Flower Barn</b>		<b>Transaction ID:</b> SB17.25125 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address Millcreek at Bucknell		Amount of Each Disbursement this Period 63.60
City Johnstown State PA Zip Code 15905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Floral Arrangements	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. GMAC</b>		<b>Transaction ID:</b> SB17.24868 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address GMAC Payment Processing Center P.O. Box 70309		Amount of Each Disbursement this Period 569.80
City Charlotte State NC Zip Code 28272-0309	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Vehicle Rental	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	691.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) GMAC</p>		<p><b>Transaction ID:</b> SB17.25195 <b>Date of Disbursement</b> 02 / 22 / 2006</p>
<p>Mailing Address GMAC Payment Processing Center P.O. Box 70309</p>		<p>Amount of Each Disbursement this Period 402.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Charlotte State NC Zip Code 28272-0309</p>	<p>Purpose of Disbursement Vehicle Rental Candidate Name</p> <p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p><b>B.</b> Full Name (Last, First, Middle Initial) GMAC</p>		<p><b>Transaction ID:</b> SB17.25356 <b>Date of Disbursement</b> 03 / 08 / 2006</p>
<p>Mailing Address GMAC Payment Processing Center P.O. Box 70309</p>		<p>Amount of Each Disbursement this Period 736.41</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Charlotte State NC Zip Code 28272-0309</p>	<p>Purpose of Disbursement Vehicle Rental Candidate Name</p> <p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p><b>C.</b> Full Name (Last, First, Middle Initial) GMAC</p>		<p><b>Transaction ID:</b> SB17.25417 <b>Date of Disbursement</b> 03 / 22 / 2006</p>
<p>Mailing Address GMAC Payment Processing Center P.O. Box 70309</p>		<p>Amount of Each Disbursement this Period 838.01</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Charlotte State NC Zip Code 28272-0309</p>	<p>Purpose of Disbursement Vehicle Rental Candidate Name</p> <p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

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

1977.37

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. GMAC</b>		<b>Transaction ID:</b> SB17.25418 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address GMAC Payment Processing Center P.O. Box 70309		Amount of Each Disbursement this Period 684.55
City Charlotte	State NC	
Zip Code 28272-0309		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Vehicle Rental		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Goodwill Ind. of the Conemaugh Valley</b>		<b>Transaction ID:</b> SB17.24943 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 200 Lincoln Street		Amount of Each Disbursement this Period 500.00
City Johnstown	State PA	
Zip Code 15901		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Advertising		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Greater Johnstown Chamber of Commerce</b>		<b>Transaction ID:</b> SB17.24880 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address One Market Place 111 Market Street		Amount of Each Disbursement this Period 217.00
City Johnstown	State PA	
Zip Code 15901		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Dues		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1401.55
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Greater Johnstown Chamber of Commerce</b>		<b>Transaction ID:</b> SB17.25151 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address One Market Place 111 Market Street		Amount of Each Disbursement this Period 35.00
City Johnstown State PA Zip Code 15901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Tickets Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Holiday Inn</b>		<b>Transaction ID:</b> SB17.25421 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 1487		Amount of Each Disbursement this Period 1542.15
City Johnstown State PA Zip Code 15907-1487	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Entertainment Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Charlie Horner</b>		<b>Transaction ID:</b> SB17.25175 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 2123 Marlboro Drive		Amount of Each Disbursement this Period 2045.68
City Alexandria State VA Zip Code 22304	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3622.83</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. David Howard</b>		<b>Transaction ID: SB17.25166</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 399 Liberty Avenue		Amount of Each Disbursement this Period 92.40
City Johnstown State PA Zip Code 15905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimb. Meals, Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. IKON Office Solutions</b>		<b>Transaction ID: SB17.24877</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address P.O. Box 827468		Amount of Each Disbursement this Period 153.99
City Philadelphia State PA Zip Code 19182-7468	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Indiana Co Chamber of Commerce</b>		<b>Transaction ID: SB17.24879</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address 1019 Philadelphia Street		Amount of Each Disbursement this Period 199.00
City Indiana State PA Zip Code 15701-1689	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Dues Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>445.39</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. James Oswald</b>		<b>Transaction ID:</b> SB17.24928 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address 445 Orchard Street		Amount of Each Disbursement this Period 44.00
City Johnstown State PA Zip Code 15905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Office Exp	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. James Oswald</b>		<b>Transaction ID:</b> SB17.25694 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 445 Orchard Street		Amount of Each Disbursement this Period 66.00
City Johnstown State PA Zip Code 15905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Office Exp	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Johnstown Sportsmen</b>		<b>Transaction ID:</b> SB17.25436 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address Decker Avenue		Amount of Each Disbursement this Period 150.00
City Johnstown State PA Zip Code 15906	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Tickets	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	260.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. LaPorta's</b>		<b>Transaction ID:</b> SB17.24869 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address 342 Washington Street		Amount of Each Disbursement this Period 122.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15901		
Purpose of Disbursement Floral Arrangements	<input type="checkbox"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Latrobe Grand Rental Station</b>		<b>Transaction ID:</b> SB17.24873 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address 216 Kingston Street		Amount of Each Disbursement this Period 312.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Latrobe State PA Zip Code 15650		
Purpose of Disbursement Meeting Expense	<input type="checkbox"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Theresa Lehman</b>		<b>Transaction ID:</b> SB17.24866 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period 1201.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Wages	<input type="checkbox"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1636.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Theresa Lehman</b>		<b>Transaction ID:</b> SB17.24906 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period 1201.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Theresa Lehman</b>		<b>Transaction ID:</b> SB17.24927 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period 346.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement See Reimbursement Detail Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Theresa Lehman</b>		<b>Transaction ID:</b> SB17.24927.0 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period 83.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1548.36
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Theresa Lehman</b>		<b>Transaction ID:</b> SB17.24927.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period 10.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Meals Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Theresa Lehman</b>		<b>Transaction ID:</b> SB17.24927.2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period 22.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Theresa Lehman</b>		<b>Transaction ID:</b> SB17.24927.3 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period 70.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Theresa Lehman</b>		Transaction ID: SB17.24927.4 Date of Disbursement 01 / 25 / 2006	
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period 159.52	
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Meeting Expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Theresa Lehman</b>		Transaction ID: SB17.24927.5 Date of Disbursement 01 / 25 / 2006	
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period 0.35	
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Campaign Office Exp Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Theresa Lehman</b>		Transaction ID: SB17.24933 Date of Disbursement 01 / 31 / 2006	
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period 1201.78	
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Wages Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1201.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Theresa Lehman</b>		<b>Transaction ID:</b> SB17.25138 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period 1188.78
City Johnstown State PA Zip Code 15904	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Theresa Lehman</b>		<b>Transaction ID:</b> SB17.25168 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period 1188.78
City Johnstown State PA Zip Code 15904	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Theresa Lehman</b>		<b>Transaction ID:</b> SB17.25387 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period 1188.78
City Johnstown State PA Zip Code 15904	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3566.34</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Theresa Lehman</b>		<b>Transaction ID:</b> SB17.25685 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 1258 Frances Street		Amount of Each Disbursement this Period 1188.78
City Johnstown State PA Zip Code 15904	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wages Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mary Catherine Voytko</b>		<b>Transaction ID:</b> SB17.24867 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address 920 Fronheiser Street		Amount of Each Disbursement this Period 62.99
City Johnstown State PA Zip Code 15902	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wages Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mary Catherine Voytko</b>		<b>Transaction ID:</b> SB17.25117 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 920 Fronheiser Street		Amount of Each Disbursement this Period 62.99
City Johnstown State PA Zip Code 15902	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wages Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1314.76
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Mary Catherine Voytko</b>		<b>Transaction ID: SB17.25354</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6	
Mailing Address 920 Fronheiser Street		Amount of Each Disbursement this Period 62.99	
City Johnstown State PA Zip Code 15902	Purpose of Disbursement Wages	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. McAneny Brothers, Inc.</b>		<b>Transaction ID: SB17.24889</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6	
Mailing Address 470 Industrial Park Road		Amount of Each Disbursement this Period 2500.35	
City Ebensburg State PA Zip Code 15931-4114	Purpose of Disbursement Gifts	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Neubauer's Flower Inc.</b>		<b>Transaction ID: SB17.25358</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6	
Mailing Address 308 Jefferson Avenue		Amount of Each Disbursement this Period 122.92	
City Moundsville State WV Zip Code 26041	Purpose of Disbursement Floral Arrangements	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2686.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Observer Reporter</b>		<b>Transaction ID:</b> SB17.25422 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 5003 122 South Main St.		Amount of Each Disbursement this Period 188.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State PA Zip Code 15301-1153	Purpose of Disbursement Subscription Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. PA Dept. of Revenue</b>		<b>Transaction ID:</b> SB17.24909 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address Dept. 280401		Amount of Each Disbursement this Period 851.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Harrisburg State PA Zip Code 17128-0401	Purpose of Disbursement PA State Tax W/H Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. PA Dept. of Revenue</b>		<b>Transaction ID:</b> SB17.25637 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address Dept. 280401		Amount of Each Disbursement this Period 144.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Harrisburg State PA Zip Code 17128-0401	Purpose of Disbursement PA State IT W/H Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1184.27
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. PA Dept. of Revenue</b>		<b>Transaction ID:</b> SB17.25638 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6	
Mailing Address Dept. 280401		Amount of Each Disbursement this Period 97.53	
City Harrisburg State PA Zip Code 17128-0401	Purpose of Disbursement PA State IT W/H	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. PAID</b>		<b>Transaction ID:</b> SB17.25374 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6	
Mailing Address 727 Goucher Street		Amount of Each Disbursement this Period 1000.00	
City Johnstown State PA Zip Code 15905	Purpose of Disbursement Tickets	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. PA UC Fund</b>		<b>Transaction ID:</b> SB17.24908 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6	
Mailing Address Seventh & Forster Streets P.O. Box 68568		Amount of Each Disbursement this Period 322.77	
City Harrisburg State PA Zip Code 17106-8568	Purpose of Disbursement Payroll Taxes	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1420.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Penn National Insurance</b>		<b>Transaction ID:</b> SB17.24888 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address P.O. Box 13746		Amount of Each Disbursement this Period 1088.00
City Philadelphia State PA Zip Code 19101-3746	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Vehicle Insurance Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Penns Woods Council - BSA</b>		<b>Transaction ID:</b> SB17.25182 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 664 Old Tire Hill Road		Amount of Each Disbursement this Period 3000.00
City Johnstown State PA Zip Code 15905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Adv. & Tickets Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Petty Cash</b>		<b>Transaction ID:</b> SB17.24878 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 90.35
City Johnstown State PA Zip Code 15907	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meeting Exp, Meals, Car Wash Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4178.35</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Petty Cash</b>		Transaction ID: SB17.24929 Date of Disbursement 01 / 25 / 2006	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 65.37	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement See Detail	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Petty Cash</b>		Transaction ID: SB17.24929.0 Date of Disbursement 01 / 25 / 2006	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 13.18	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Campaign Office Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>C. Petty Cash</b>		Transaction ID: SB17.24929.1 Date of Disbursement 01 / 25 / 2006	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 5.00	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Car Wash	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <b>[MEMO ITEM]</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	65.37
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Petty Cash</b>		Transaction ID: SB17.24929.2 Date of Disbursement 01 / 25 / 2006	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 21.99	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Volunteer Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Petty Cash</b>		Transaction ID: SB17.24929.3 Date of Disbursement 01 / 25 / 2006	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 20.23	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Meeting Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Petty Cash</b>		Transaction ID: SB17.24929.4 Date of Disbursement 01 / 25 / 2006	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 2.97	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Petty Cash</b>		Transaction ID: SB17.24929.5 Date of Disbursement 01 / 25 / 2006	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 2.00	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>B. Petty Cash</b>		Transaction ID: SB17.24942 Date of Disbursement 01 / 31 / 2006	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 72.16	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement See Detail	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>C. Petty Cash</b>		Transaction ID: SB17.24942.0 Date of Disbursement 01 / 31 / 2006	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 57.16	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Meeting Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	72.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Petty Cash</b>		Transaction ID: SB17.24942.1 Date of Disbursement 01 / 31 / 2006	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 3.50	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Campaign Office Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Petty Cash</b>		Transaction ID: SB17.25127 Date of Disbursement 02 / 08 / 2006	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 81.02	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement See Detail	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Petty Cash</b>		Transaction ID: SB17.25127.0 Date of Disbursement 02 / 08 / 2006	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 10.00	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Parking	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	81.02
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Petty Cash</b>		Transaction ID: SB17.25127.1 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 3.95	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Postage	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

Full Name (Last, First, Middle Initial) <b>B. Petty Cash</b>		Transaction ID: SB17.25127.2 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 32.95	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Entertainment	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

Full Name (Last, First, Middle Initial) <b>C. Petty Cash</b>		Transaction ID: SB17.25127.3 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 34.12	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Volunteer Exp	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Petty Cash</b>		Transaction ID: SB17.25198 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 42.28	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement See Detail	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Petty Cash</b>		Transaction ID: SB17.25198.0 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 4.86	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>C. Petty Cash</b>		Transaction ID: SB17.25198.1 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 5.00	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <b>[MEMO ITEM]</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	42.28
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Petty Cash</b>		Transaction ID: SB17.25198.2 Date of Disbursement 02 / 22 / 2006
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 17.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15907		
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Petty Cash</b>		Transaction ID: SB17.25198.3 Date of Disbursement 02 / 22 / 2006
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 14.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15907		
Purpose of Disbursement Volunteer Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Petty Cash</b>		Transaction ID: SB17.25364 Date of Disbursement 03 / 08 / 2006
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 86.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15907		
Purpose of Disbursement See Detail Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	86.44
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Petty Cash</b>		Transaction ID: SB17.25364.0 Date of Disbursement 03 / 08 / 2006	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 4.20	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Postage	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Petty Cash</b>		Transaction ID: SB17.25364.1 Date of Disbursement 03 / 08 / 2006	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 3.00	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Travel	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Petty Cash</b>		Transaction ID: SB17.25364.2 Date of Disbursement 03 / 08 / 2006	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 5.00	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Travel	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Petty Cash</b>		Transaction ID: SB17.25364.3 Date of Disbursement 03 / 08 / 2006
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 5.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15907		
Purpose of Disbursement Meals Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Petty Cash</b>		Transaction ID: SB17.25364.4 Date of Disbursement 03 / 08 / 2006
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 9.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15907		
Purpose of Disbursement Volunteer Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Petty Cash</b>		Transaction ID: SB17.25364.5 Date of Disbursement 03 / 08 / 2006
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 40.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15907		
Purpose of Disbursement Meeting Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Petty Cash</b>		Transaction ID: SB17.25364.6 Date of Disbursement 03 / 08 / 2006	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 18.44	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Campaign Office Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>B. Petty Cash</b>		Transaction ID: SB17.25424 Date of Disbursement 03 / 22 / 2006	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 94.34	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Meeting Exp Camp Off Exp Tickets	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Petty Cash</b>		Transaction ID: SB17.25693 Date of Disbursement 03 / 29 / 2006	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 95.25	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement See Detail	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>189.59</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Petty Cash</b>		Transaction ID: SB17.25693.0 Date of Disbursement 03 / 29 / 2006	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 50.00	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Travel	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>B. Petty Cash</b>		Transaction ID: SB17.25693.1 Date of Disbursement 03 / 29 / 2006	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 6.96	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Meeting Expense	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>C. Petty Cash</b>		Transaction ID: SB17.25693.2 Date of Disbursement 03 / 29 / 2006	
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 6.00	
City Johnstown State PA Zip Code 15907	Purpose of Disbursement Campaign Office Exp	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Petty Cash</b>		Transaction ID: SB17.25693.3 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 32.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15907		
Purpose of Disbursement Meeting Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Pittsburgh Steelers</b>		Transaction ID: SB17.24884 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6
Mailing Address Heinze Field		Amount of Each Disbursement this Period 1220.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15219		
Purpose of Disbursement Tickets Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Precious Metals &amp; Diamond Co.</b>		Transaction ID: SB17.25118 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 1011 Eisenhower Blvd		Amount of Each Disbursement this Period 3412.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15904-3305		
Purpose of Disbursement Gifts Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4632.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Queen City Business Systems</b>		<b>Transaction ID:</b> SB17.24923 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address 1255 Scalp Avenue		Amount of Each Disbursement this Period 280.90
City Johnstown State PA Zip Code 15904	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Robert C. Ondick, CPA, PC</b>		<b>Transaction ID:</b> SB17.24870 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address 551 Main Street, Suite 220		Amount of Each Disbursement this Period 2500.00
City Johnstown State PA Zip Code 15901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Accounting Services Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Robert C. Ondick, CPA, PC</b>		<b>Transaction ID:</b> SB17.25120 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 551 Main Street, Suite 220		Amount of Each Disbursement this Period 2500.00
City Johnstown State PA Zip Code 15901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Accounting Service Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5280.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Robert C. Ondick, CPA, PC</b>		<b>Transaction ID: SB17.25362</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address 551 Main Street, Suite 220		Amount of Each Disbursement this Period 2500.00	
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Accounting Services Candidate Name	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Special Tax Collector</b>		<b>Transaction ID: SB17.24911</b> Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2006	
Mailing Address Bloomfield Street		Amount of Each Disbursement this Period 142.28	
City Johnstown, State PA Zip Code 15904	Purpose of Disbursement Local Income Tax W/H Candidate Name	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sunnehanna Country Club</b>		<b>Transaction ID: SB17.25144</b> Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2006	
Mailing Address 1000 Sunnehanna Drive		Amount of Each Disbursement this Period 85.95	
City Johnstown State PA Zip Code 15905	Purpose of Disbursement Entertainment Candidate Name	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2728.23
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Sunnehanna Country Club</b>		<b>Transaction ID:</b> SB17.25397 Date of Disbursement
Mailing Address 1000 Sunnehanna Drive		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City Johnstown	State PA	Zip Code 15905
Purpose of Disbursement Entertainment	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period <input type="text" value="405.52"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) <b>B. Susan O'Neill &amp; Assoc.</b>		<b>Transaction ID:</b> SB17.24946 Date of Disbursement
Mailing Address 5910 Gloster Road		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City Bethesda	State MD	Zip Code 20816
Purpose of Disbursement Public Relations Expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period <input type="text" value="4166.67"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) <b>C. Susan O'Neill &amp; Assoc.</b>		<b>Transaction ID:</b> SB17.25184 Date of Disbursement
Mailing Address 5910 Gloster Road		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City Bethesda	State MD	Zip Code 20816
Purpose of Disbursement Public Relations Exp	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period <input type="text" value="4166.67"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8738.86"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Susan O'Neill &amp; Assoc.</b>		<b>Transaction ID:</b> SB17.25697 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6	
Mailing Address 5910 Gloster Road		Amount of Each Disbursement this Period 4166.67	
City Bethesda State MD Zip Code 20816	Purpose of Disbursement Public Relations Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. The Congressional Club</b>		<b>Transaction ID:</b> SB17.24921 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 2001 New Hampshire Ave NW		Amount of Each Disbursement this Period 480.00	
City Washington State DC Zip Code 20009	Purpose of Disbursement Gifts	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Thomas Automotive Family</b>		<b>Transaction ID:</b> SB17.25146 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 750 Eisenhower Blvd.		Amount of Each Disbursement this Period 28.57	
City Johnstown State PA Zip Code 15904	Purpose of Disbursement Vehicle Repairs	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4675.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<p><b>A. UPS</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244</p>		<p><b>Transaction ID:</b> SB17.24876 <b>Date of Disbursement</b> 01 / 04 / 2006</p>
<p>City Philadelphia State PA Zip Code 19170-0001</p>	<p>Purpose of Disbursement Freight</p>	<p>Amount of Each Disbursement this Period 41.44</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>B. UPS</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244</p>		<p><b>Transaction ID:</b> SB17.24890 <b>Date of Disbursement</b> 01 / 11 / 2006</p>
<p>City Philadelphia State PA Zip Code 19170-0001</p>	<p>Purpose of Disbursement Freight</p>	<p>Amount of Each Disbursement this Period 50.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>C. UPS</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244</p>		<p><b>Transaction ID:</b> SB17.24912 <b>Date of Disbursement</b> 01 / 18 / 2006</p>
<p>City Philadelphia State PA Zip Code 19170-0001</p>	<p>Purpose of Disbursement Freight</p>	<p>Amount of Each Disbursement this Period 123.97</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>215.83</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A. UPS</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.24925 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 70.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. UPS</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.24939 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 18.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. UPS</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.25119 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 30.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	119.86
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A. UPS</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.25145 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 107.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. UPS</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.25197 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 24.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. UPS</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.25174 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 138.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	270.28
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A. UPS</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.25359 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 42.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. UPS</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.25399 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 56.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. UPS</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.25419 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 51.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	150.44
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A. UPS</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.25689 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 Amount of Each Disbursement this Period 45.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. UPS</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.25695 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 Amount of Each Disbursement this Period 123.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Valenty Bottled Water</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1055 City Northern Cambira State PA Zip Code 15714-3055 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.24893 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 8.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	177.68
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Valenty Bottled Water</b>		<b>Transaction ID:</b> SB17.25121 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 1055		Amount of Each Disbursement this Period 30.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Northern Cambira State PA Zip Code 15714-3055		
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Valenty Bottled Water</b>		<b>Transaction ID:</b> SB17.25357 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 1055		Amount of Each Disbursement this Period 8.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Northern Cambira State PA Zip Code 15714-3055		
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Valley Printing</b>		<b>Transaction ID:</b> SB17.24894 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address 667 Main Street		Amount of Each Disbursement this Period 49.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15901		
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	88.28
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Valley Printing</b>		<b>Transaction ID:</b> SB17.24936	
Mailing Address 667 Main Street		Date of Disbursement 01 / 31 / 2006	
City Johnstown	State PA	Zip Code 15901	Amount of Each Disbursement this Period 188.68
Purpose of Disbursement Campaign Office Exp		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Valley Printing</b>		<b>Transaction ID:</b> SB17.25126	
Mailing Address 667 Main Street		Date of Disbursement 02 / 08 / 2006	
City Johnstown	State PA	Zip Code 15901	Amount of Each Disbursement this Period 56.18
Purpose of Disbursement Campaign Office Exp		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Valley Printing</b>		<b>Transaction ID:</b> SB17.25684	
Mailing Address 667 Main Street		Date of Disbursement 02 / 15 / 2006	
City Johnstown	State PA	Zip Code 15901	Amount of Each Disbursement this Period 617.98
Purpose of Disbursement Campaign Office Exp		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>862.84</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Valley Printing</b>		<b>Transaction ID:</b> SB17.25173 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 667 Main Street		Amount of Each Disbursement this Period 674.16
City Johnstown State PA Zip Code 15901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Valley Printing</b>		<b>Transaction ID:</b> SB17.25360 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 667 Main Street		Amount of Each Disbursement this Period 44.52
City Johnstown State PA Zip Code 15901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Office Exp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Vee Neal Aviation</b>		<b>Transaction ID:</b> SB17.25696 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 200 Pleasant Unity Rd Ste 109		Amount of Each Disbursement this Period 2864.95
City Latrobe State PA Zip Code 15650-9549	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3583.63</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Verizon North</b>		<b>Transaction ID:</b> SB17.24938 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 920041		Amount of Each Disbursement this Period 422.36
City Dallas State TX Zip Code 75392-0041	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Verizon North</b>		<b>Transaction ID:</b> SB17.25171 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 920041		Amount of Each Disbursement this Period 421.70
City Dallas State TX Zip Code 75392-0041	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Verizon North</b>		<b>Transaction ID:</b> SB17.25687 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address P.O. Box 920041		Amount of Each Disbursement this Period 424.19
City Dallas State TX Zip Code 75392-0041	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1268.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Washington Hospital Foundation</b>		<b>Transaction ID:</b> SB17.25411 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 155 Wilson Avenue		Amount of Each Disbursement this Period 225.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State PA Zip Code 15301		
Purpose of Disbursement Tickets Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. West End Lions Club</b>		<b>Transaction ID:</b> SB17.24896 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address 205 Sherwood Drive		Amount of Each Disbursement this Period 240.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Tickets Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Westmont Mobil</b>		<b>Transaction ID:</b> SB17.24892 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address 1735 Goucher Street		Amount of Each Disbursement this Period 38.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	503.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 154 / 170

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Westmont Mobil</b>		<b>Transaction ID:</b> SB17.25148 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1735 Goucher Street		Amount of Each Disbursement this Period 82.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Westmont Mobil</b>		<b>Transaction ID:</b> SB17.25396 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 1735 Goucher Street		Amount of Each Disbursement this Period 8.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Women's Help Center</b>		<b>Transaction ID:</b> SB17.25179 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 809 Napoleon Street		Amount of Each Disbursement this Period 375.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15901-2817		
Purpose of Disbursement Adv. & Tickets Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>466.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>155748.86</b>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. ALAN MOLLOHAN FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB21.25177</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address P. O. Box 1343		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fairmont State WV Zip Code 26555		
Purpose of Disbursement Contribution Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. ALAN MOLLOHAN FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB21.25299</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address P. O. Box 1343		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fairmont State WV Zip Code 26555		
Purpose of Disbursement Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Armstrong Co. Democratic Comm</b>		<b>Transaction ID: SB21.25673</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address Box 172, RR #1		Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Bethlehem State PA Zip Code 16242		
Purpose of Disbursement Tickets Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4020.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Balya for Commissioner Comm.

Mailing Address 605 College Avenue

City Greensburg State PA Zip Code 15601

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.25381

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**B.** Full Name (Last, First, Middle Initial)  
Bracken Burns Commissioner Comm

Mailing Address 55 Eastwood Lane

City Washington State PA Zip Code 15301

Purpose of Disbursement  
Tickets

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.25368

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**C.** Full Name (Last, First, Middle Initial)  
Cambria County Democratic Comm.

Mailing Address 104 S. Center Street  
P.O. Box 92

City Ebensburg State PA Zip Code 15931

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.25149

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. CFU Lodge 194</b>		<b>Transaction ID: SB21.25405</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 1218 Nash Avenue		Amount of Each Disbursement this Period 500.00
City Monessen State PA Zip Code 15062	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Christ Center Community Mission</b>		<b>Transaction ID: SB21.25130</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 250.00
City State Zip Code	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Community Arts Center</b>		<b>Transaction ID: SB21.25153</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1217 Menoher Boulevard P.O. Box 866		Amount of Each Disbursement this Period 250.00
City Johnstown State PA Zip Code 15907	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. D.C.C.C.</b>		<b>Transaction ID: SB21.24883</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address 430 S. Capitol Street, SE		Amount of Each Disbursement this Period 15000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003		
Purpose of Disbursement Excess Contribution Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. D.C.C.C.</b>		<b>Transaction ID: SB21.25135</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 430 S. Capitol Street, SE		Amount of Each Disbursement this Period 15000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003		
Purpose of Disbursement Excess Contribution Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. D.C.C.C.</b>		<b>Transaction ID: SB21.25382</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 430 S. Capitol Street, SE		Amount of Each Disbursement this Period 15000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003		
Purpose of Disbursement Excess Contribution Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>45000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Elect Tom Tangretti Committee</b>		<b>Transaction ID:</b> SB21.25414 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 292		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Greensburg State PA Zip Code 15601	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. F.C.A.T.O.</b>		<b>Transaction ID:</b> SB21.25432 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address 225 Twin Hills Road		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grindstone State PA Zip Code 15442	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Edward P. Wojnaroski</b>		<b>Transaction ID:</b> SB21.25385 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 235 Lincoln Street P.O. Box 82		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15907-0082	Purpose of Disbursement Tickets Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Gtr Johnstown Regional CLC</b>		<b>Transaction ID: SB21.24931</b> Date of Disbursement 01 / 25 / 2006
Mailing Address P.O. Box 658		Amount of Each Disbursement this Period 1000.00
City Johnstown State PA Zip Code 15907	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Junior Achievement</b>		<b>Transaction ID: SB21.24918</b> Date of Disbursement 01 / 18 / 2006
Mailing Address 445 Schoolhouse Road		Amount of Each Disbursement this Period 50.00
City Johnstown State PA Zip Code 15904	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. LUCAS FOR CONGRESS</b>		<b>Transaction ID: SB21.25425</b> Date of Disbursement 03 / 22 / 2006
Mailing Address P. O. Box 730		Amount of Each Disbursement this Period 2000.00
City Portsmouth State VA Zip Code 23705	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. MELISSA BEAN FOR CONGRESS</b>		<b>Transaction ID: SB21.25187</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address POST OFFICE BOX 3068		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City BARRINGTON State IL Zip Code 60010		
Purpose of Disbursement Contribution Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Pallone for PA House</b>		<b>Transaction ID: SB21.25671</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 3154		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arnold State PA Zip Code 15068		
Purpose of Disbursement Contribution Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Portage Senior Community Center</b>		<b>Transaction ID: SB21.25154</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 505 Farren Street		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Postage State PA Zip Code 15946		
Purpose of Disbursement Contribution Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Rendell for Governor</b>		<b>Transaction ID:</b> SB21.24948 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 124 S. 15th Street		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia State PA Zip Code 19102	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Rendell for Governor</b>		<b>Transaction ID:</b> SB21.25435 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 124 S. 15th Street		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia State PA Zip Code 19102	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Somerset Co. Democratic Comm.</b>		<b>Transaction ID:</b> SB21.25428 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address C/O John Vatavuk 1016 Berkey Road		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Windber State PA Zip Code 15963	Purpose of Disbursement Advertising & Tickets Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. St. Vincent DePaul Society</b>		<b>Transaction ID: SB21.24900</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address 927 Franklin Street		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State PA Zip Code 15905	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. The Ann Eppard Mem. Fund</b>		<b>Transaction ID: SB21.25373</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 600		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Loretto State PA Zip Code 15904-0600	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Thomas C. Ceraso Campaign Comm.</b>		<b>Transaction ID: SB21.25186</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address RD 11, Box 478		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Greensburg State PA Zip Code 15601-9133	Purpose of Disbursement Tickets Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Timothy Mahoney for Legislature</b>		<b>Transaction ID: SB21.25366</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 234 Baywood Lane		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Laughlintown	State PA	
Zip Code 15655	Category/Type	
Purpose of Disbursement Tickets		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Valley Printing</b>		<b>Transaction ID: SB21.25142</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 667 Main Street		Amount of Each Disbursement this Period 156.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown	State PA	
Zip Code 15901	Category/Type	
Purpose of Disbursement In Kind Contribution Boy Scouts		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Westmoreland Co Democratic Comm</b>		<b>Transaction ID: SB21.25683</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 14 East Otterman Street		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Greensburg	State PA	
Zip Code 15601	Category/Type	
Purpose of Disbursement Speakers Fee		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1356.88</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)  
**A. World War II Memorial Comm**

Mailing Address Natonal Mall

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.25136

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Christian Book Store	Nature of Debt (Purpose): Campaign Office Exp
Mailing Address 1238 Scalp Avenue	
City State ZIP Code Johnstown PA 15904	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.25703	
Amount Incurred This Period 658.62	Payment This Period 0.00	Outstanding Balance at Close of This Period 658.62

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor McAneny Brothers, Inc.	Nature of Debt (Purpose): Gifts
Mailing Address 470 Industrial Park Road	
City State ZIP Code Ebensburg PA 15931-4114	

Outstanding Balance Beginning This Period 2500.35	<b>Transaction ID:</b> SD10.24834	
Amount Incurred This Period 0.00	Payment This Period 2500.35	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Penn National Insurance	Nature of Debt (Purpose): Vehicle Insurance
Mailing Address P.O. Box 13746	
City State ZIP Code Philadelphia PA 19101-3746	

Outstanding Balance Beginning This Period 1088.00	<b>Transaction ID:</b> SD10.24833	
Amount Incurred This Period 0.00	Payment This Period 1088.00	Outstanding Balance at Close of This Period 0.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	658.62
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 167 / 170
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
MURTHA FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Penn National Insurance	Nature of Debt (Purpose): Insurance
Mailing Address P.O. Box 13746	
City State ZIP Code Philadelphia PA 19101-3746	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: SD10.25702</b>	
Amount Incurred This Period <input type="text" value="895.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="895.00"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Windber Medical Center	Nature of Debt (Purpose): Tickets
Mailing Address 600 Somerset Avenue	
City State ZIP Code Windber PA 15963	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: SD10.25704</b>	
Amount Incurred This Period <input type="text" value="2000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2000.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="2895.00"/>
2) <b>TOTALS</b> This Period (last page this line number only).....	<input type="text" value="3553.62"/>
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

Image# 26950032947

Form/Schedule: **F3N**

Transaction ID:

'BEST EFFORT' MADE TO OBTAIN MISSING INFORMATION. A LETTER IS SENT TO CNTRIBUTOR STATING THAT THE MISSING INFORMATION IS NEEDED BECAUSE IT IS REQUIRED 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**

Transaction ID: **SA11C.25664**

WE WERE NOTIFIED THAT FLIRPAC WAS NOT A MULTI CANDIDATE PAC ON APRIL 10, 2006, AFTER THE CLOSE OF THE FIRST FILING PERIOD. WE HAVE ON APRIL 12, 2006 WROTE A CHECK IN THE AMOUNT \$400 TO FLIRPAC TO REFUND THE OVERAGE. THIS 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**

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