

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

OCT 24 11 24 AM '98

1. NAME OF COMMITTEE (in full)  
MURTHA FOR CONGRESS COMMITTEE

ADDRESS (number and street)  Check if different than previously reported.  
BI FINANCIAL PLAZA - SUITE 220  
551 MAIN STREET

CITY, STATE and ZIP CODE STATE/DISTRICT  
JOHNSTOWN, PA 15901 PA/12TH DISTRICT

2. FEC IDENTIFICATION NUMBER  
041343  
C00018075

3. IS THIS REPORT AN AMENDMENT?  
 YES  NO

### 4. TYPE OF REPORT

April 15 Quarterly Report  12-Day Pre-Election Report for the GENERAL  
(Type of Election)  
election on NOV. 3, 1998 in the State of PENNSYLVANIA

July 15 Quarterly Report

October 15 Quarterly Report  30-Day Post-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_

January 31 Year End Report

July 31 Mid-Year Report (Non-election Year Only)  Termination Report

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

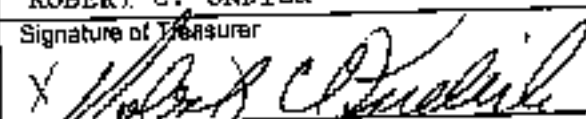
### SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>OCT. 1, 1998</u> through <u>OCTOBER 14, 1998</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	9,250.00	286,394.59
(b) Total Contribution Refunds (from Line 20(d))	-0-	-0-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	9,250.00	286,394.59
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	14,416.23	229,507.24
(b) Total Offsets to Operating Expenditures (from Line 14)	-0-	115.25
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	14,416.23	229,391.99
8. Cash on Hand at Close of Reporting Period (from Line 27)	231,119.56	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	5,855.14	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-219-3420

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

Type or Print Name of Treasurer  
ROBERT C. ONDICK

Signature of Treasurer  Date  
10/15/98

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

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FEC FORM 3  
(revised 4/87)

# DETAILED SUMMARY PAGE

## of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (In full) MURTHA FOR CONGRESS COMMITTEE	Report Covering the Period: From: OCT. 1, 1998 To: OCT. 14, 1998	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	1,750.00	
(ii) Unitemized -----		
(iii) Total of contributions from individuals -----	1,750.00	84,055.00
(b) Political Party Committees -----		189.59
(c) Other Political Committees (such as PACs) -----	7,500.00	202,150.00
(d) The Candidate -----		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----	9,250.00	286,394.59
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----		
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----		
(b) All Other Loans -----		
(c) TOTAL LOANS (add 13(a) and (b)) -----		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----		115.25
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----		1,266.45
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	9,250.00	287,776.29
<b>II. DISBURSEMENTS</b>		
17. OPERATING EXPENDITURES -----	14,416.23	229,507.24
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----		
(b) Of All Other Loans -----		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----		
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----		
21. OTHER DISBURSEMENTS -----	6,980.00	32,969.52
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	21,396.23	262,476.76

### III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 243,265.79
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 9,250.00
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 252,515.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 21,396.23
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 231,119.56

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (in Full)

Murtha for Congress Committee

A. Full Name, Mailing Address and ZIP Code John Dugan, Jr. 8301 Miss Anne Lane Annandale, VA 22003	Name of Employer Lockheed-Martin Corp. 1725 Jefferson Davis Hwy Arlington, VA 22202 Occupation Director-Lee. Affairs	Date (month, day, year) 10/14/98	Amount of Each Receipt this Period \$ 250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 500			
B. Full Name, Mailing Address and ZIP Code Lee Koster 409 North McKean Kittanning, PA 16201	Name of Employer Medical Arts Bldg. 1 Nolte Dr. #520 Kittanning, PA 16201 Occupation Medical Doctor	Date (month, day, year) 10/14/98	Amount of Each Receipt this Period \$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 500			
C. Full Name, Mailing Address and ZIP Code Committee for Sam Gibbons 940 Sterling Avenue Tampa, FL 33629-5127	Name of Employer  Occupation	Date (month, day, year) 10/14/98	Amount of Each Receipt this Period \$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 1,000			
D. Full Name, Mailing Address and ZIP Code For Sam Gibbons: 313 E. Capitol Street Washington, DC 20003	Name of Employer Gibbons & Co. Inc. Willard Bldg. PA Ave #525 Washington, DC 20004 Occupation Lobbyist	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code  VOID	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code  VOID	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code  VOID	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)	\$1,750
TOTAL This Period (last page this line number only)	\$1,750

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)

Murtha for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AICPA Effective Legislative Comm. 100 Pine Street, Suite 275 Harrisburg, PA 17101-1206		10/14/98	\$2,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$2,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edison International PAC 2244 Walnut Grove Ave Rosemead, CA 91770		10/14/98	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$1,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Employees of Northrop Grumman Corp. PAC 1234 Sixth St #204 Santa Monica, CA 90401		10/14/98	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$5,000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rockwell Int'l Good Government Gate 1020 N Fairfax St 5th Floor Alexandria, VA 22314		10/14/98	\$500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tracor PAC 1215 Jefferson Davis Hwy #1109 Arlinton, VA 22202		10/14/98	\$2,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$5,500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Westinghouse Employees PPP 11 Starwix St Pittsburgh, PA 15222		10/14/98	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$4,000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOID			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**

MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
THERESA VOYTKO 920 FRONHEISER ST. JOHNSTOWN, PA 15902	WAGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98	522.76
MARY CATHERINE VOYTKO 920 FRONHEISER STREET JOHNSTOWN, PA 15902	WAGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98	63.22
JOSEPH SCHATZDORFER 220 BEDFORD STREET JOHNSTOWN, PA 15901	WAGES WAGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98 10/14/98	51.72 49.44
ED MITCHELL COMMUNICATIONS 126 SOUTH FRANKLIN P. O. BOX 2237 WILKES BARRE, PA 18703	ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98	5,000.00
SOUTHERN ALLEGHENIES ADVERTISING 667 INDUSTRIAL PARK ROAD EBENSBURG, PA 15931	ADVERTISING ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98 10/14/98	300.00 750.00
AT&T WIRELESS 2630 LIBERTY AVENUE PITTSBURGH, PA 15222	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98	40.80
STAPLES CREDIT PLAN P. O. BOX 30292 SALT LAKE CITY, UTAH 84130	COMPUTER PAYMENT COMPUTER PAYMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98 10/14/98	108.51 500.00
ROBERT C. ONDICK, CPA, P.C. SUITE 220 - BT FINANCIAL PLAZA 551 MAIN STREET JOHNSTOWN, PA 15901	ACCOUNTING SERVICES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98	1,300.00
BENSHOFF PRINTING 46 VALLEY PIKE JOHNSTOWN, PA 15905	CAMPAIGN OFFICE SUPP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98	298.92

SUBTOTAL of Disbursements This Page (optional) .....	8,985.37
TOTAL This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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PAGE 2 OF 4  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MBNA-MASTER CARD FOR THE FOLLOWING: P. O. BOX 15469 WILMINGTON, DE 19886-5469	CHECK DATED 10/8/98 \$630.47 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code EAT N PARK RESTAURANT JOHNSTOWN, PA LINO'S RESTAURANT JOHNSTOWN, PA	MEALS MEALS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/19/98 8/23/98	21.68 47.49
C. Full Name, Mailing Address and ZIP Code THE NEW DEAN'S RESTAURANT INDIANA, PA EAT N PARK RESTAURANT JOHNSTOWN, PA	MEALS MEALS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/26/98 9/09/98	16.84 20.48
D. Full Name, Mailing Address and ZIP Code EAT N PARK RESTAURANT JOHNSTOWN, PA EXXON USA JOHNSTOWN, PA	MEALS TRAVEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/98 8/18/98	21.05 7.00
E. Full Name, Mailing Address and ZIP Code EXXON USA JOHNSTOWN, PA EXXON USA ARLINGTON, VA	TRAVEL TRAVEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/10/98 9/12/98	12.00 12.68
F. Full Name, Mailing Address and ZIP Code SHEETZ, INC. JOHNSTOWN, PA SHEETZ, INC. LIGONIER, PA	TRAVEL TRAVEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/98 9/02/98	12.50 22.04
G. Full Name, Mailing Address and ZIP Code SHEETZ, INC. JOHNSTOWN, PA EASYGRADE AUTO WASH JOHNSTOWN, PA	TRAVEL TRAVEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/06/98 8/31/98	15.71 12.00
H. Full Name, Mailing Address and ZIP Code EASYGRADE AUTO WASH JOHNSTOWN, PA EASYGRADE AUTO WASH JOHNSTOWN, PA	TRAVEL TRAVEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/02/98 9/06/98	12.00 12.00
I. Full Name, Mailing Address and ZIP Code CHEZ ANDREE RESTAURANT ALEXANDRIA, VA U. S. HOUSE-MEMBERS DIN WASHINGTON, DC	MEETING EXPENSE MEETING EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/12/98 9/17/98	189.85 193.15

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

630.47

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 4  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (in Full)**

MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
UPS P. O. BOX 4980 HAGERSTOWN, MD 21747-4980	FREIGHT	10/08/98	53.50
	FREIGHT	10/14/98	166.75
B. Full Name, Mailing Address and ZIP Code GOLD KEY LEASE 300 OXFORD DRIVE, SUITE 310 MONROEVILLE, PA 15146	Purpose of Disbursement VEHICLE RENTAL	Date (month, day, year) 10/08/98	Amount of Each Disbursement This Period 603.30
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code POSTMASTER JOHNSTOWN, PA	Purpose of Disbursement POSTAGE	Date (month, day, year) 10/08/98	Amount of Each Disbursement This Period 960.00
	BOX RENT	10/14/98	20.00
D. Full Name, Mailing Address and ZIP Code AT&T P. O. BOX 371430 PITTSBURGH, PA 15250-7430	Purpose of Disbursement TELEPHONE	Date (month, day, year) 10/08/98	Amount of Each Disbursement This Period 306.82
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code CASH JOHNSTOWN, PA	Purpose of Disbursement CAMPAIGN OFFICE SUPP.	Date (month, day, year) 10/08/98	Amount of Each Disbursement This Period 55.19
	MEETING EXP.	10/14/98	25.00
F. Full Name, Mailing Address and ZIP Code JOHNSTOWN REDEVELOPMENT AUTHORITY 4TH FLOOR-PUBLIC SAFETY BUILDING JOHNSTOWN, PA 15901	Purpose of Disbursement RENT	Date (month, day, year) 10/01/98	Amount of Each Disbursement This Period 660.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code INDIANA COUNTY VETERANS VAN FUND c/o BRENDA STORMER DIRECTOR OF VETERANS AFFAIRS 825 PHILADELPHIA ST. INDIANA, PA 15201	Purpose of Disbursement CONTRI.	Date (month, day, year) 10/14/98	Amount of Each Disbursement This Period 250.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code COMMUNITY FOUNDATION 216 FRANKLIN ST., SUITE 606 JOHNSTOWN, PA 15901	Purpose of Disbursement TICKETS	Date (month, day, year) 10/14/98	Amount of Each Disbursement This Period 150.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code CABLECOMM P. O. BOX 371464 PITTSBURGH, PA 15250-7464	Purpose of Disbursement UTILITIES	Date (month, day, year) 10/14/98	Amount of Each Disbursement This Period 32.91
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

3,283.47

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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PAGE 4 OF 4  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SHARKEY'S BUCKNELL AVENUE & MILLCREEK ROAD JOHNSTOWNE, PA 15905	TRAVEL-GASOLINE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/98	133.70
FLOWER BARN MILLCREEK ROAD AT BUCKNELL AVE. JOHNSTOWN, PA 15905	FLORAL ARRANGE. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/98	87.98
LAUREL BANK 534 MAIN STREET JOHNSTOWN, PA 15901	PAYROLL TAXES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98	470.24
FUND FOR PHILADELPHIA c/o PHYLLIS HALPERN OFFICE OF THE MAYOR ROOM 215 CITY HALL PHILADELPHIA, PA 19107	FUND RAISER RECEP. EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/98	500.00
VOID	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
VOID	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
VOID	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
VOID	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
VOID	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

1,191.92

TOTAL This Period (last page this line number only)

14,091.23



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 21

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**NAME OF COMMITTEE (in Full)**

MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SOMERSET COUNTY DEMOCRAT COMM. 139 W. UNION STREET, P. O. BOX 11 SOMERSET, PA 15501	AD & TICKETS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98	350.00
ARMSTRONG COUNTY DEMOCRAT COMM. c/o STEVE BLANAIK 2237 PARK AVENUE FORD CITY, PA 16226	TICKETS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98	30.00
WESTMORELAND COUNTY DEMOCRAT COMM. 331 SOUTH MAIN STREET GREENSBURG, PA 15601	AD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98	100.00
STUPAK FOR CONGRESS 817-9TH AVENUE, BOX 143 MENOMINEE, MI 49858	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98	1,000.00
LEVIN FOR CONGRESS P. O. BOX 1092 WARREN, MI 48090	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98	1,000.00
MARK UDALL FOR CONGRESS 1871 FOLSOM ST., #105 BOULDER, COLORADO 80302	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/98	1,000.00
SHOWS FOR CONGRESS P. O. BOX 3862 JACKSON, MS 39207	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/98	1,000.00
TAMMY BALDWIN FOR CONGRESS P. O. BOX 696 MADISON, WISCONSIN 53701	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/98	1,000.00
DAN WILLIAMS FOR CONGRESS P. O. BOX 2837 BOISE, ID 83701-2837	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/98	1,000.00

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

6,480.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2  
FOR LINE NUMBER 21

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

**NAME OF COMMITTEE (In Full)**

MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF ED WOJNAROSKI 235 LINCOLN STREET - P. O. BOX 1069 JOHNSTOWN, PA 15901	CONTRI . Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/98	500.00
VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Disbursement This Period
VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Disbursement This Period
VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Disbursement This Period
VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Disbursement This Period
VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Disbursement This Period
VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Disbursement This Period
VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Disbursement This Period
VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....	500.00
TOTAL This Period (last page this line number only) .....	6,980.00

**LOANS**

Name of Committee (In Full) <b>MURTHA FOR CONGRESS COMMITTEE</b>			
<b>A. Full Name, Mailing Address and ZIP Code of Loan Source</b> MBNA AMERICA 1000 SAMOSET DRIVE WILMINGTON, DE 19884-0404  Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Original Amount of Loan</b>  \$20,000.00 MASTER CARD ACCOUNT	<b>Cumulative Payment To Date</b>  .	<b>Balance Outstanding at Close of This Period</b>  \$1,717.94 SEE ATTACHED SCR. C-1
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <span style="float:right"><input type="checkbox"/> Secured</span>			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code JOHN P. MURTHA 109 COLGATE AVENUE JOHNSTOWN, PA 15905	Name of Employer U. S. HOUSE OF REP.  Occupation CONGRESSMAN  Amount Guaranteed Outstanding: \$ SEE SCH. C-1	(This area is shaded to indicate that the information provided in this section is not to be reported on the Schedule C-1.)	
2. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation  Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation  Amount Guaranteed Outstanding: \$		
<b>B. Full Name, Mailing Address and ZIP Code of Loan Source</b>  Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Original Amount of Loan</b>	<b>Cumulative Payment To Date</b>	<b>Balance Outstanding at Close of This Period</b>
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <span style="float:right"><input type="checkbox"/> Secured</span>			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation  Amount Guaranteed Outstanding: \$	(This area is shaded to indicate that the information provided in this section is not to be reported on the Schedule C-1.)	
2. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation  Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation  Amount Guaranteed Outstanding: \$		
<b>JBTOTALS This Period This Page (optional)</b> .....			\$1,717.94
<b>TOTALS This Period (last page in this line only)</b> .....			\$1,717.94
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

NAME OF COMMITTEE (IN FULL) <i>MURKIN FOR CONGRESS COMMITTEE</i>		FEC IDENTIFICATION NUMBER <i>04134300019075</i>	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) <i>MBNA AMERICA 1000 SANOSSET DR WILMINGTON, DE. 19884-0404</i>		AMOUNT OF LOAN <i>MasterCard Account \$20,000</i>	INTEREST RATE (APR) <i>17.9%</i>
		DATE INCURRED OR ESTABLISHED <i>02/27/98</i>	DATE DUE <i>Revolving</i>

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

B. If line of credit, amount of this draw: *N/A*; total outstanding balance: *\$1717.94* 10/14/98  
*TOTAL COMMITMENT \$20,000*

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

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral? \_\_\_\_\_

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

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  
 No  Yes If yes, specify: \_\_\_\_\_ What is the estimated value? \_\_\_\_\_

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

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

G. COMMITTEE TREASURER  
 TYPED NAME *ROBERT C. ONDICK* SIGNATURE *[Signature]* DATE *10/15/98*

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.

II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.

III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE <i>[Signature]</i> TYPED NAME <i>[Name]</i>	TITLE <i>Asst. Sec. AD</i>	DATE <i>10/14/98</i>
-----------------------------------------------------------------------------	-------------------------------	-------------------------

**SCHEDULE D**  
(Revised 3/80)


**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
MURTHA FOR CONGRESS COMMITTEE				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
STAPLES CREDIT PLAN P. O. BOX 30292 SALT LAKE CITY, UTAH 84130	2,000.00	-0-	608.51	1,391.49
Nature of Debt (Purpose):	CONTRI.			
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
IKON-IOS CAPITAL P. O. BOX 9115 MACON, GEORGIA 31210	2,745.71	-0-	-0-	2,745.71
Nature of Debt (Purpose):	LEASE PAYMENT PROTCOPIER & ACCESSORIES			
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
VOID				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
VOID				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
VOID				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
VOID				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				4,137.20
2) TOTALS This Period (last page in this line only)				4,137.20
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				1,717.94
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				5,855.14

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 10/19/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	10/24/98 DATE PREPARED