

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

For An Authorized Committee

Office Use Only

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

MURTHA FOR CONGRESS COMMITTEE

ADDRESS (number and street)
▼

Suite 120, 551 Main Street

☐Check if different
than previously
reported. (ACC)

JOHNSTOWN

PA

15901

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00019075

3. IS THIS
REPORT ☐NEW
(N)

OR

☒AMENDED
(A)

PA

12

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

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

☒

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

04

22

2008

in the
State of

PA

(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

2008

through

04

02

2008

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

Type or Print Name of Treasurer

Robert C. Ondick

Signature of Treasurer

Electronically Filed by Robert C. Ondick

Date

07

25

2008

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

MURTHA FOR CONGRESS COMMITTEE

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 0 8

To:

M M
0 4D D
0 2Y Y Y Y
2 0 0 8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	443634.00	1508315.00
(b) Total Contribution Refunds (from Line 20(d)).....	1300.00	3300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	442334.00	1505015.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	206904.76	1148273.90
(b) Total Offsets to Operating Expenditures (from Line 14).....	2151.80	9693.07
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	204752.96	1138580.83
8. Cash on Hand at Close of Reporting Period (from Line 27).....	687032.93	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	6070.00	

For further information contact:

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

MURTHA FOR CONGRESS COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	4	0	2	2	0	0	8

I. RECEIPTS

COLUMN A
Total This PeriodCOLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

293825.00

987005.00

(ii) Unitemized.....

5309.00

37160.00

(iii) TOTAL of contributions

from individuals..... ▶

299134.00

1024165.00

(b) Political Party Committees.....

0.00

0.00

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

144500.00

484150.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)

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

443634.00

1508315.00

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

2151.80

9693.07

15. OTHER RECEIPTS

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

3196.36

21254.32

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

448982.16

1539262.39

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	206904.76	1148273.90
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.....	900.00	2900.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	400.00	400.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1300.00	3300.00
21. OTHER DISBURSEMENTS.....	83331.42	293043.65
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	291536.18	1444617.55

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	529586.95
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	448982.16
25. SUBTOTAL (add Line 23 and Line 24).....	978569.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	291536.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	687032.93

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

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

FOR LINE NUMBER: PAGE 5 / 284

(check only one)

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

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

NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 Daniel Addison

Mailing Address 2550 M St NW

City State Zip Code
 Washington DC 20037-1301

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Patton Boggs LLP

Occupation
 Partner

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

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35062

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)
 David Andre

Mailing Address 3565 Gerber Avenue

City State Zip Code
 Pittsburgh PA 15212

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BodyMedia

Occupation
 Executive

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

Election Cycle-to-Date ▼
 300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.35612

Amount of Each Receipt this Period

300.00

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

C.

Full Name (Last, First, Middle Initial)
 J. Gordon Arbuckle

Mailing Address 840 Pearl Street
 Ste A

City State Zip Code
 Boulder CO 80302-3601

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Patton Boggs, LLP

Occupation
 Partner

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

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.35614

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 6 / 284

(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)

Phillip Balisle

Mailing Address 2562 Holly Manor Drive

City

Falls Church

State

VA

Zip Code

22043

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRS

Occupation

Sr VP

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.35303

Amount of Each Receipt this Period

1300.00

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

B.

Full Name (Last, First, Middle Initial)

Phillip Balisle

Mailing Address 2562 Holly Manor Drive

City

Falls Church

State

VA

Zip Code

22043

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRS

Occupation

Sr VP

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.35304

Amount of Each Receipt this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)

Michael Bardin

Mailing Address 9989 Bourbon Court

City

San Diego

State

CA

Zip Code

92131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scripps Health

Occupation

Sr Dir Public Affairs

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.35704

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 284

(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)

Julie Barnes

Mailing Address 7819 Abbey Oaks Ct

City State Zip Code
Manassas VA 20112

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Homemaker

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

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 04 2008

Transaction ID: SA11AI.35068

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)

Capt. Thomas Barns, USN

Mailing Address 7819 Abbey Oaks Ct.

City State Zip Code
Manassas VA 20112

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. Navy

Occupation
Retired

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

Election Cycle-to-Date ▼
2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 04 2008

Transaction ID: SA11AI.35066

Amount of Each Receipt this Period

1300.00

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

C.

Full Name (Last, First, Middle Initial)

Capt. Thomas Barns, USN

Mailing Address 7819 Abbey Oaks Ct.

City State Zip Code
Manassas VA 20112

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. Navy

Occupation
Retired

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

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 04 2008

Transaction ID: SA11AI.35067

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Scott Becker

Mailing Address 129 Laurel Way

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conemaugh Health System

Occupation

CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.34893

Amount of Each Receipt this Period

1300.00

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

B.

Full Name (Last, First, Middle Initial)

Scott Becker

Mailing Address 129 Laurel Way

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conemaugh Health System

Occupation

CEO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.34894

Amount of Each Receipt this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)

Gabriel Bevilacqua

Mailing Address 1000 Susan Road

City

Philadelphia

State

PA

Zip Code

19115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saul Ewing LLP

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.35491

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 284

(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)

Kenneth Blank

Mailing Address 3106 W. Coulter Street

City

Philadelphia

State

PA

Zip Code

19129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drexel University

Occupation

Sr VP for Research

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.34952

Amount of Each Receipt this Period

300.00

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

B.

Full Name (Last, First, Middle Initial)

Kenneth Blank

Mailing Address 3106 W. Coulter Street

City

Philadelphia

State

PA

Zip Code

19129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drexel University

Occupation

Sr VP for Research

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: SA11AI.34953

Amount of Each Receipt this Period

700.00

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

C.

Full Name (Last, First, Middle Initial)

Linden S. Blue

Mailing Address 12819 Caminito Del Canto

City

Del Mar

State

CA

Zip Code

92014

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Atomics

Occupation

Vice Chairman

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.35655

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 10 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ray Bologna

Mailing Address PO Box 127

City

Burgettstown

State

PA

Zip Code

15021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bologna Coal

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.35266

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Robert A. Jr. Borski

Mailing Address 4015 Fitler St.

City

Philadelphia

State

PA

Zip Code

19114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Borski Assoc, LLC

Occupation

Member

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.35071

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)

Beau Boulter

Mailing Address 6932 Fairfax Drive #204

City

Arlington

State

VA

Zip Code

22213-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.35267

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)

3000.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 11 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Michael L. Bowman

Mailing Address 8208 East Blvd Dr.

City

Alexandria

State

VA

Zip Code

22308

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRS Technologies

Occupation

Senior Vice President, Washington Oper

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	8

Transaction ID: SA11AI.35349

Amount of Each Receipt this Period

300.00

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

Full Name (Last, First, Middle Initial)

Michael L. Bowman

Mailing Address 8208 East Blvd Dr.

City

Alexandria

State

VA

Zip Code

22308

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRS Technologies

Occupation

Senior Vice President, Washington Oper

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	8

Transaction ID: SA11AI.35350

Amount of Each Receipt this Period

700.00

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

Full Name (Last, First, Middle Initial)

Brian W. Boyle

Mailing Address 7556 Hawks Landing Drive

City

West Palm Beach

State

FL

Zip Code

33412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Acoustic Concep.

Occupation

Executive V.P.

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

Transaction ID: SA11AI.35072

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)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. William Boyle

Mailing Address 2809 Central Avenue

City

Alexandria

State

VA

Zip Code

22302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fibergate, Inc.

Occupation

Vice President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.35305

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)

Marshall Brachman

Mailing Address 634 A Street, NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Lobbyist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35073

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)

Marshall Brachman

Mailing Address 634 A Street, NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Lobbyist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35074

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 13 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Larry Brewer

Mailing Address 5759 Bush Hill Drive

City

Alexandria

State

VA

Zip Code

22310

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRS Technologies

Occupation

Sr VP Govt Relations

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

Transaction ID: SA11AI.35075

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Patrick Brier

Mailing Address 242 Vassar Avenue

City

Clarks Green

State

PA

Zip Code

18411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stevens & Lee, P.C.

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

Transaction ID: SA11AI.35076

Amount of Each Receipt this Period

300.00

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

Full Name (Last, First, Middle Initial)

Patrick Brier

Mailing Address 242 Vassar Avenue

City

Clarks Green

State

PA

Zip Code

18411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stevens & Lee, P.C.

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

Transaction ID: SA11AI.35077

Amount of Each Receipt this Period

700.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Michael Brosig

Mailing Address 240 Theatre Drive

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laurel Holdings Inc.

Occupation

Management

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.34912

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)

Cynthia Brown

Mailing Address 125 11th Street SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Company Inc

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35078

Amount of Each Receipt this Period

1300.00

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

C.

Full Name (Last, First, Middle Initial)

Cynthia Brown

Mailing Address 125 11th Street SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Company Inc

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35079

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 Kelly Brown, Jr.

Mailing Address 12700 Springfield Court

City State Zip Code
 Dunkirk MD 20754

FEC ID number of contributing
federal political committee.

C

Name of Employer
 EM Solutions

Occupation
 CEO

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

Election Cycle-to-Date ▼
 1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.35645

Amount of Each Receipt this Period

1750.00

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

B.

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

Mailing Address 4801 Maury Lane

City State Zip Code
 Alexandria VA 22304

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Autometric, Inc.

Occupation
 Chairman

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

Election Cycle-to-Date ▼
 4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.35642

Amount of Each Receipt this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)
 Robert Brown

Mailing Address 1337 Carpers Farm Way

City State Zip Code
 Vienna VA 22182-1348

FEC ID number of contributing
federal political committee.

C

Name of Employer
 EM Solutions

Occupation
 President

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

Election Cycle-to-Date ▼
 1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.35649

Amount of Each Receipt this Period

1650.00

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

SUBTOTAL of Receipts This Page (optional)

5700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Michael Browne

Mailing Address 545 Venmtura Aveneu

City

San Mateo

State

CA

Zip Code

94403

FEC ID number of contributing
federal political committee.

C

Name of Employer
SA Photonics

Occupation

Executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.35651

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)

Susan Cambon

Mailing Address 908 Croton Drive

City

Alexandria

State

VA

Zip Code

22308

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35080

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)

Jeanne Campbell

Mailing Address The St. Nicholas

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jeanne Campbell Consulting

Occupation

Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.35667

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)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 284

(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)

Martin Cancienne, DMD

Mailing Address 927 Hulton Road

City

Oakmont

State

PA

Zip Code

15139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Private Equity

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35082

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)

Dr. Robert Capretto

Mailing Address 927 Hulton Road

City

Oakmont

State

PA

Zip Code

15139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dentist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35084

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)

Mr. Michael Carnovale

Mailing Address 47 - 18th Ave.

City

Ronkonkoma

State

NY

Zip Code

11779

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Acoustic Concept

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35085

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)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 284

(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)

Neal Carrigan

Mailing Address 48 Little Run Road

City

State

Zip Code

Camp Hill

PA

17011

FEC ID number of contributing
federal political committee.

C

Name of Employer
PA Assoc of the Blind

Occupation

President & CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.34895

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)

Gabrielle Carruth

Mailing Address 6749 Rock Brook Drive

City

State

Zip Code

Clifton

VA

20124-2525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Argon ST

Occupation

VP Govt Relations

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.35689

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Michael M. Casey

Mailing Address 216 H Ave

City

State

Zip Code

Coronado

CA

92118-1222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trident Systems

Occupation

Bus Office Mgr

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.35683

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Nicholas Chabreja

Mailing Address 917 Douglass Drive

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics Corp

Occupation

Chairman & CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.35369

Amount of Each Receipt this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)

Yu-wen Chang

Mailing Address 30136 Avenida DeCalma

City

Rancho Palos Verdo

State

CA

Zip Code

90275

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chang Industry Inc

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.35336

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)

Brian Clark

Mailing Address PO Box 31

City

Tarentum

State

PA

Zip Code

15084

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.35479

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)

4800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Michael Clark

Mailing Address 1201 PA Avenue, NW #300

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mark Corp. Inc.

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35086

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)

Mr. Cordis Colburn

Mailing Address 7618 Glenville Ct.

City

Springfield

State

VA

Zip Code

22153

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics

Occupation
Government Relations

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35087

Amount of Each Receipt this Period

300.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. Cordis Colburn

Mailing Address 7618 Glenville Ct.

City

Springfield

State

VA

Zip Code

22153

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics

Occupation
Government Relations

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35088

Amount of Each Receipt this Period

1200.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 284

(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)
 Nina Collins

Mailing Address 4 N Pine Street
 Unit 2

City State Zip Code
 Salem MA 01970-3219

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Schepens Eye Research Inst

Occupation
 Chief of Staff

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

Election Cycle-to-Date ▼
 2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35089

Amount of Each Receipt this Period

1300.00

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

B.

Full Name (Last, First, Middle Initial)
 Nina Collins

Mailing Address 4 N Pine Street
 Unit 2

City State Zip Code
 Salem MA 01970-3219

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Schepens Eye Research Inst

Occupation
 Chief of Staff

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

Election Cycle-to-Date ▼
 2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35090

Amount of Each Receipt this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)
 Terry Collins

Mailing Address 613 Bellamy Avenue

City State Zip Code
 Springfield VA 22152

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Argon Street

Occupation
 President & Chairman

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

Election Cycle-to-Date ▼
 2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35091

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

3800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 Lt.Gen John Conaway

Mailing Address P.O. Box 3008

City State Zip Code
 Alexandria VA 22302

FEC ID number of contributing
federal political committee.

C

Name of Employer
 The Conaway Group LLC

Occupation
 President / CEO

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

Election Cycle-to-Date ▼
 2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.34913

Amount of Each Receipt this Period

300.00

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

B.

Full Name (Last, First, Middle Initial)
 Lt.Gen John Conaway

Mailing Address P.O. Box 3008

City State Zip Code
 Alexandria VA 22302

FEC ID number of contributing
federal political committee.

C

Name of Employer
 The Conaway Group LLC

Occupation
 President / CEO

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

Election Cycle-to-Date ▼
 3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.34914

Amount of Each Receipt this Period

700.00

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

C.

Full Name (Last, First, Middle Initial)
 James Cupp

Mailing Address 2653 Shelly Drive

City State Zip Code
 Indiana PA 15701

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Ardient Medical Inc

Occupation
 President

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

Election Cycle-to-Date ▼
 1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.35268

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)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 284

(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)

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
Freeman Energy Corp

Occupation

VP of Human Resources

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.35370

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Aaron N. Daniels

Mailing Address 133814 South Springs Drive

City

Clifton

State

VA

Zip Code

20124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Argon ST

Occupation

CFO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.35690

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)

M. Thomas Davis

Mailing Address 4515 32nd Road N.

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics

Occupation

Staff VP & Strategic Plan

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.35591

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 284

(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)

Steven L. Dawson

Mailing Address 289 Autumn Ln

City

Carlisle

State

MA

Zip Code

01741

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHI

Occupation

MD Radiology

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.35371

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Rudy DeLeon

Mailing Address 1200 Wilson Blvd

City

Arlington

State

VA

Zip Code

22209

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Boeing Company

Occupation

Sr VP

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.34936

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Gerard Demuro

Mailing Address 818 Polo Place

City

Great Falls

State

VA

Zip Code

22066

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics

Occupation

Exec. VP

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.35593

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 284

(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)

Gerard Demuro

Mailing Address 818 Polo Place

City

Great Falls

State

VA

Zip Code

22066

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics

Occupation

Exec. VP

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.35656

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

John J. Deschauer, Jr.

Mailing Address 8624 Woodview Dr.

City

Springfield

State

VA

Zip Code

22153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patton Boggs LLP

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35092

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Donald Devorris

Mailing Address C/O 101 Lakemont Park Drive
PO Box 2566

City

Altoona

State

PA

Zip Code

16603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Donald Devorris Realty

Occupation

Developer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.35270

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 26 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Daniel DeVos

Mailing Address 121 Point Circle Drive

City

State

Zip Code

Central City

PA

15926

FEC ID number of contributing
federal political committee.

C

Name of Employer
CTC

Occupation

Executive

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

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

Transaction ID: SA11AI.34937

Amount of Each Receipt this Period

900.00

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

Full Name (Last, First, Middle Initial)

Mr. Daniel DeVos

Mailing Address 121 Point Circle Drive

City

State

Zip Code

Central City

PA

15926

FEC ID number of contributing
federal political committee.

C

Name of Employer
CTC

Occupation

Executive

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.34938

Amount of Each Receipt this Period

400.00

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

Full Name (Last, First, Middle Initial)

Mr. Daniel DeVos

Mailing Address 121 Point Circle Drive

City

State

Zip Code

Central City

PA

15926

FEC ID number of contributing
federal political committee.

C

Name of Employer
CTC

Occupation

Executive

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Date of Receipt

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

Transaction ID: SA11AI.35775

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Robert Diamond

Mailing Address 4700 Brandywine Street, NW

City

Washington

State

DC

Zip Code

20016-4450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whitten & Diamond

Occupation

Retired General

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35093

Amount of Each Receipt this Period

1200.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Robert Diamond

Mailing Address 4700 Brandywine Street, NW

City

Washington

State

DC

Zip Code

20016-4450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whitten & Diamond

Occupation

Retired General

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35413

Amount of Each Receipt this Period

300.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. Douglas Dick

Mailing Address PO Box 18313

City

Pittsburgh

State

PA

Zip Code

15236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dick Corporation

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35094

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Richard Dieugenio

Mailing Address 106 Ramsey Way

City

Boalsburg

State

PA

Zip Code

16827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn State University

Occupation

Special Asst to Pres.

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35095

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

H. Lee Dixon

Mailing Address 2542 Vale Court

City

Davidsonville

State

MD

Zip Code

21035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robinson Intl

Occupation

Director Govt Relations

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35096

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)

Michael Doering

Mailing Address 11972 Marginata Ct

City

San Deigo

State

CA

Zip Code

92131

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics

Occupation

Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.35374

Amount of Each Receipt this Period

300.00

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

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 284

(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)

Robin Dostie

Mailing Address 13600 Northbourne Drive

City

Centreville

State

VA

Zip Code

20120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Interior Decorator

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35097

Amount of Each Receipt this Period

1300.00

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

B.

Full Name (Last, First, Middle Initial)

Robin Dostie

Mailing Address 13600 Northbourne Drive

City

Centreville

State

VA

Zip Code

20120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Interior Decorator

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35098

Amount of Each Receipt this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)

Ronald Dostie

Mailing Address 13600 Northbourne Drive

City

Centreville

State

VA

Zip Code

20120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Progeny Systems

Occupation

Program Manager

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35099

Amount of Each Receipt this Period

1300.00

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

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 284

(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)

Ronald Dostie

Mailing Address 13600 Northbourne Drive

City

Centreville

State

VA

Zip Code

20120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Progeny Systems

Occupation

Program Manager

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35100

Amount of Each Receipt this Period

200.00

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

B.

Full Name (Last, First, Middle Initial)

Mark Drummey

Mailing Address 139 Palliser Street

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Services Inc

Occupation

MD

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35101

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)

Michael Dunn

Mailing Address 1668 Tire Hill Rd

City

Davidsville

State

PA

Zip Code

15928

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windber Research Inst.

Occupation

Chief Medl Officer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.34915

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)

2700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Michael Dunn

Mailing Address 1668 Tire Hill Rd

City

Davidsville

State

PA

Zip Code

15928

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windber Research Inst.

Occupation

Chief Medl Officer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35103

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

James W Dyer

Mailing Address 3833 Whitman Road

City

Annandale

State

VA

Zip Code

22003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cralic & Weinstock Inc

Occupation

Managing Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.35616

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)

Brent Eastman

Mailing Address PO Box 1248

City

Rancho Santa Fe

State

CA

Zip Code

92067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scripps Health

Occupation

CMO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.35702

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 284

(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)

Henry Eickelberg

Mailing Address 20440 Swan Creek Ct

City

Sterling

State

VA

Zip Code

20165-4759

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics Group

Occupation

VP

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.35594

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. James Ervin

Mailing Address 116 Queen Street

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
ETA, Inc.

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35108

Amount of Each Receipt this Period

1200.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. James Ervin

Mailing Address 116 Queen Street

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
ETA, Inc.

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35302

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Charles F. Feldmayer

Mailing Address 4309 Southwood Dr

City

Alexandria

State

VA

Zip Code

22309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Talley Defense Systems

Occupation

Dir. of Mkt & Govt Affairs

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

Date of Receipt

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

Transaction ID: SA11AI.34939

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)

Victor Fishman

Mailing Address 110 Wildernd Lane

City

Port Matilda

State

PA

Zip Code

16870

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn State University

Occupation

Sr. Research Assoc

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35109

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)

Daniel Flynn

Mailing Address 419 Arbor Drive

City

Mars

State

PA

Zip Code

16046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Accipiter Systems Inc

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35111

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)

4000.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 34 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Alan B. Frank

Mailing Address 3903 Lavaine Court

City

Annandale

State

VA

Zip Code

22003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capital Commercial Proper-
ties

Occupation

General Counsel

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	8

Transaction ID: SA11AI.34567

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. Alan J. Friedman

Mailing Address 10905 Hunter Station Road

City

Vienna

State

VA

Zip Code

22181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Planning Systems Inc.

Occupation

President/CEO

Receipt For: 2008

☐ Primary
 ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.35113

Amount of Each Receipt this Period

2300.00

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

Full Name (Last, First, Middle Initial)

Veronica Z. Froman

Mailing Address 4386 Trias Street

City

San Diego

State

CA

Zip Code

92103

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Atomic

Occupation

Sr. VP

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.35673

Amount of Each Receipt this Period

400.00

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

SUBTOTAL of Receipts This Page (optional)

3700.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 35 / 284

(check only one)

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

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

Full Name (Last, First, Middle Initial)

Mr. David Fyock

Mailing Address PO Box 5383

City

Johnstown

State

PA

Zip Code

15904-5383

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mountaintop Technologies

Occupation

Chairman / CEO

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

Transaction ID: SA11AI.35114

Amount of Each Receipt this Period

1100.00

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

Full Name (Last, First, Middle Initial)

Mr. David Fyock

Mailing Address PO Box 5383

City

Johnstown

State

PA

Zip Code

15904-5383

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mountaintop Technologies

Occupation

Chairman / CEO

Receipt For: 2008

☐ Primary
 ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

Transaction ID: SA11AI.35115

Amount of Each Receipt this Period

400.00

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

Full Name (Last, First, Middle Initial)

Lee Geanuleas

Mailing Address 1819 S. Arlington Ridge Road

City

Arlington

State

VA

Zip Code

22202

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRS - Power Systems

Occupation

VP - Business Development

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

Transaction ID: SA11AI.35116

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 284

(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)

Kamal Gella

Mailing Address 926 Windan Lane

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
CTC

Occupation

Dir of Prog. of Innovation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.34897

Amount of Each Receipt this Period

1100.00

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

B.

Full Name (Last, First, Middle Initial)

Kamal Gella

Mailing Address 926 Windan Lane

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
CTC

Occupation

Dir of Prog. of Innovation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.34898

Amount of Each Receipt this Period

400.00

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

C.

Full Name (Last, First, Middle Initial)

Christopher Gessner

Mailing Address 5133 Karrington Dr

City

Gibsonia

State

PA

Zip Code

15044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's Hospital of Pgh

Occupation

Healthcare Administrator

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35120

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr Michael Gilmore

Mailing Address 22 Garden Street

City

Boston

State

MA

Zip Code

02114-3079

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schepens Eye Research Ins

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35121

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)

Brian Glackin

Mailing Address 5716 Country Drive

City

Lothian

State

MD

Zip Code

20711

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRS Tech

Occupation

VP Govt Relations

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35122

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)

Daniel Glosser

Mailing Address 821 Stanford Avenue

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
M. Glosser & Sons Inc.

Occupation

Executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.34917

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Daniel Gonzalez

Mailing Address 3760 A. Calle Tacate

City State Zip Code
Camarillo CA 91935

FEC ID number of contributing
federal political committee.

C

Name of Employer
NASSCO

Occupation
VP of Operations

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

Election Cycle-to-Date ▼
1000.00

Date of Receipt

04 / 02 / 2008

Transaction ID: SA11AI.35699

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Robert Gottfried

Mailing Address 37 Red Fox Drive

City State Zip Code
New Hope PA 18938

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cross Current Corp

Occupation
President

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

Election Cycle-to-Date ▼
2000.00

Date of Receipt

03 / 04 / 2008

Transaction ID: SA11AI.35124

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)

Kevin Graney

Mailing Address 2627 El Granada Road

City State Zip Code
Chula Vista CA 91914

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics

Occupation
VP Engineering

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

Election Cycle-to-Date ▼
500.00

Date of Receipt

03 / 12 / 2008

Transaction ID: SA11AI.35378

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Douglas Gregory

Mailing Address 8602 Chase Pointe Way

City

Fairfax Station

State

VA

Zip Code

22039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Van Scoyoc Assoc

Occupation

VP

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.35271

Amount of Each Receipt this Period

1300.00

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

B.

Full Name (Last, First, Middle Initial)

Douglas Gregory

Mailing Address 8602 Chase Pointe Way

City

Fairfax Station

State

VA

Zip Code

22039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Van Scoyoc Assoc

Occupation

VP

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.35272

Amount of Each Receipt this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)

Jay R. Grove

Mailing Address 7467 Circulo Sequoia

City

Carlsbad

State

CA

Zip Code

92009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Argon ST

Occupation

Engineer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.35685

Amount of Each Receipt this Period

1000.00

Contribution

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 284

(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)

Vera Guerin

Mailing Address 15571 Collina Strada

City

Los Angeles

State

CA

Zip Code

90177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.35596

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Hazel Gunnlaugson

Mailing Address 1257 Laurelview Dr

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
DR Brian Gunnlaugson

Occupation

Housewife - Office Work

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.34918

Amount of Each Receipt this Period

125.00

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

C.

Full Name (Last, First, Middle Initial)

Theodore Hack

Mailing Address 1314 21st Street S

City

Arlington

State

VA

Zip Code

22202

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics

Occupation

Govt Relations Dir

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.35340

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 William Hale

Mailing Address 1239 Trieste Drive

City State Zip Code
 San Diego CA 92107

FEC ID number of contributing
federal political committee.

C

Name of Employer
 General Dynamics

Occupation
 Director

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

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.35380

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)
 Rebecca L. Halkias

Mailing Address 317 C St. N.E.

City State Zip Code
 Washington DC 20002

FEC ID number of contributing
federal political committee.

C

Name of Employer
 U.S. Government

Occupation
 Tom Ridge Aide

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

Election Cycle-to-Date ▼
 4300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35125

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)
 Charles Hall

Mailing Address 2400 Pond Vallee

City State Zip Code
 Oakland Twp. MI 48363

FEC ID number of contributing
federal political committee.

C

Name of Employer
 General Dynamics Land Sys

Occupation
 President

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

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.35356

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)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Gary Hall

Mailing Address 4113 Scotland Road

City

Alexandria

State

VA

Zip Code

22309

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Potomac Advocats

Occupation
Retired USN

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35126

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. Kip Hansen

Mailing Address 4238 Summer Ridge Ct.

City

Woodbridge

State

VA

Zip Code

22192

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRS Technologies

Occupation
VP-Government Relations

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.35355

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)

J. Joseph Hardy

Mailing Address PO Box 584, Soute 519

City

Eighty Four

State

PA

Zip Code

15330

FEC ID number of contributing
federal political committee.

C

Name of Employer
84 Lumber Co

Occupation
CEO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

Date of Receipt

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

Transaction ID: SA11AI.34940

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Marshall Harmon

Mailing Address 5847 Douglas Street

City

Pittsburgh

State

PA

Zip Code

15217

FEC ID number of contributing
federal political committee.

C

Name of Employer
JL Lee Group Inc

Occupation

VP

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

Transaction ID: SA11AI.35127

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)

Stanford Harmon

Mailing Address 43985 Riverpoint Drive

City

Leesburg

State

VA

Zip Code

20176

FEC ID number of contributing
federal political committee.

C

Name of Employer
Argon ST

Occupation

Executive

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

Transaction ID: SA11AI.35129

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)

Frederick T. Harris

Mailing Address 14210 Caminito Vistana

City

San Diego

State

CA

Zip Code

92130

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics

Occupation

President

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	0	8

Transaction ID: SA11AI.35382

Amount of Each Receipt this Period

2000.00

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

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Karl Harris

Mailing Address 2542 Derby Court

City

Wexford

State

PA

Zip Code

15090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn State University

Occupation
Engineer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35131

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Karl Harris

Mailing Address 2542 Derby Court

City

Wexford

State

PA

Zip Code

15090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn State University

Occupation
Engineer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35132

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)

Mrs. Wendy Harrison

Mailing Address 4801 Maury Lane

City

Alexandria

State

VA

Zip Code

22304

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Housewife

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.35644

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

4300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 284

(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)

Kimberly Harshman

Mailing Address 217 Murdock Way

City

Greensburg

State

PA

Zip Code

15601

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.34555

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)

Scott Harshman

Mailing Address 217 Murdock Way

City

Greensburg

State

PA

Zip Code

15601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harshman Consulting

Occupation

Self Employed

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35133

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)

Col. Dennis Herbert

Mailing Address RR 1 Box 523-B

City

Centre Hall

State

PA

Zip Code

16828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marine Corps Research Univ

Occupation

Assoc. Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35134

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms Frances Hesselbein

Mailing Address 302 Brynwood Drive

City

Easton

State

PA

Zip Code

18045-2207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drucker Foundation

Occupation
Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.34919

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)

Michael Hettman

Mailing Address 13609 Heritage Farms Drive

City

Gainesville

State

VA

Zip Code

20155

FEC ID number of contributing
federal political committee.

C

Name of Employer
Argon ST

Occupation
Executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35135

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Robert P Hillstrom

Mailing Address 12787 Monterm Cypress Way

City

San Diego

State

CA

Zip Code

92130

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics

Occupation
VP Programs

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.35384

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

John F. Hollway

Mailing Address 520 El Camino Del Mar

City State Zip Code
San Francisco CA 94121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Calif. Institute of Tech.

Occupation
Sr VP Corp Devel

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

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.35695

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Richard V. Homan

Mailing Address 1600 Arch Street
 Apt 1218

City State Zip Code
Philadelphia PA 19103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drexel Univ Coll of Medic-
ine

Occupation
Dean

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

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

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

Transaction ID: SA11AI.34559

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)

Jill Yacone Hopper

Mailing Address 815 South Columbus St.

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Battelle

Occupation
Director/Gov't Relations

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

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35138

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Michael Hruska

Mailing Address 2748 Jerome Hill Road

City

Hollsopple

State

PA

Zip Code

15937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intelligent Security Tech

Occupation

President & CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.35482

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)

Johnny Huard

Mailing Address 210 Pine Cone Court

City

Wexford

State

PA

Zip Code

15090

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPMC

Occupation

Ph D

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35139

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Ellen Hubbard

Mailing Address 16000 Bent Tree Forest Cir A

City

Dallas

State

TX

Zip Code

75248

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Housewife

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.35308

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)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 284

(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)

Jimmy Hubbard

Mailing Address 16000 Bent Tree Forest Cir A

City State Zip Code
Dallas TX 75248

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFRM

Occupation
Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.35306

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)

Mr. Steven Hyjek

Mailing Address 8615 Hampton Way

City State Zip Code
Fairfax Station VA 22039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hyjek & Fix Inc.

Occupation
Partner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35142

Amount of Each Receipt this Period

1300.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. Steven Hyjek

Mailing Address 8615 Hampton Way

City State Zip Code
Fairfax Station VA 22039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hyjek & Fix Inc.

Occupation
Partner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35143

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Richard L. Jackson

Mailing Address 1110 Janney St SW

City

Leesburg

State

VA

Zip Code

20175

FEC ID number of contributing
federal political committee.

C

Name of Employer
Planning Systems Inc.

Occupation
Controller

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35144

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. F. Nicholas Jacobs

Mailing Address 120 Glory Drive

City

Windber

State

PA

Zip Code

15963

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windber Medical Center

Occupation
President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

Date of Receipt

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

Transaction ID: SA11AI.34941

Amount of Each Receipt this Period

1020.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. F. Nicholas Jacobs

Mailing Address 120 Glory Drive

City

Windber

State

PA

Zip Code

15963

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windber Medical Center

Occupation
President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4280.00

Date of Receipt

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

Transaction ID: SA11AI.34942

Amount of Each Receipt this Period

480.00

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

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

William Jonas

Mailing Address 6609 Weatherford Ct

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Mfg

Occupation

VP Health Logistics

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35147

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)

Amy L. Kaminski

Mailing Address 5363 Greenridge Drive

City

Pittsburgh

State

PA

Zip Code

15236

FEC ID number of contributing
federal political committee.

C

Name of Employer
GSP Consulting

Occupation

Principal

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35149

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Amy L. Kaminski

Mailing Address 5363 Greenridge Drive

City

Pittsburgh

State

PA

Zip Code

15236

FEC ID number of contributing
federal political committee.

C

Name of Employer
GSP Consulting

Occupation

Principal

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35151

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

4300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 284

(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)

Louis Kaminsky

Mailing Address PO Box 97577

City

Las Vegas

State

NV

Zip Code

89193-7577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aircraft MARKeting Ltd

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.35617

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Mark Scott Kamlet

Mailing Address 5305 Ellsworth Ave.

City

Pittsburgh

State

PA

Zip Code

15232-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnegie Mellon University

Occupation
PROVOST

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.35311

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)

Walter J Keller, III

Mailing Address 103 Firwood Drive

City

Bridgeville

State

PA

Zip Code

15017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nokomis Inc

Occupation
President & CEO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35152

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)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Kevin F. Kelly

Mailing Address 1105 Basil Rd.

City State Zip Code
McLean VA 22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Van Scoyoc Associates, In-
c.

Occupation
Vice President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35153

Amount of Each Receipt this Period

1300.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Kevin F. Kelly

Mailing Address 1105 Basil Rd.

City State Zip Code
McLean VA 22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Van Scoyoc Associates, In-
c.

Occupation
Vice President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35154

Amount of Each Receipt this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)

Shoun Kerbaugh

Mailing Address 428 Pine Valley Drive

City State Zip Code
Bridgeville PA 15017-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alstom Power Conversion
Inc

Occupation
President & CEO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.34920

Amount of Each Receipt this Period

1200.00

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

SUBTOTAL of Receipts This Page (optional)

2700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 284

(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)

Shoun Kerbaugh

Mailing Address 428 Pine Valley Drive

City

Bridgeville

State

PA

Zip Code

15017-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alstom Power Conversion
Inc

Occupation

President & CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.34921

Amount of Each Receipt this Period

300.00

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

B.

Full Name (Last, First, Middle Initial)

Daniel Kiely

Mailing Address 1313 Park Hills Avenue

City

State College

State

PA

Zip Code

16803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn State University

Occupation

Sr Research Assoc

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35155

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Jeffrey Kimball

Mailing Address 132 West Highand Avenue

City

Ebensburg

State

PA

Zip Code

15931

FEC ID number of contributing
federal political committee.

C

Name of Employer
L Robert Kimball & Assoc
Inc

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.35273

Amount of Each Receipt this Period

1300.00

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

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. L. Robert Kimball

Mailing Address 619 West Horner Street

City

Ebensburg

State

PA

Zip Code

15931

FEC ID number of contributing
federal political committee.

C

Name of Employer

L. Robert Kimball & Assoc.

Occupation

Chairman & CEO

Receipt For:

2008

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.35275

Amount of Each Receipt this Period

200.00

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

B.

Full Name (Last, First, Middle Initial)

Jean M. Kitionis

Mailing Address 9760 Tico Ln.

City

Bristow

State

VA

Zip Code

20136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Progeny Systems

Occupation

Administrator

Receipt For:

2008

☐

Primary

☒

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35159

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)

Walter P. Kitionis, III

Mailing Address 9760 Tico Lnc.

City

Bristow

State

VA

Zip Code

20136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Progeny Systems

Occupation

President

Receipt For:

2008

☐

Primary

☒

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35160

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)

3200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 284

(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)

Hon. Ron Klink

Mailing Address 3410 Lashan Drive

City

Murrysville

State

PA

Zip Code

15668-9480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bucephalus, LLC

Occupation

Sole Proprietorship/Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.35357

Amount of Each Receipt this Period

300.00

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

B.

Full Name (Last, First, Middle Initial)

Hon. Ron Klink

Mailing Address 3410 Lashan Drive

City

Murrysville

State

PA

Zip Code

15668-9480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bucephalus, LLC

Occupation

Sole Proprietorship/Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.35358

Amount of Each Receipt this Period

1200.00

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

C.

Full Name (Last, First, Middle Initial)

Alan Kobran

Mailing Address 22552 Hillside Circle

City

Leesburg

State

VA

Zip Code

20175

FEC ID number of contributing
federal political committee.

C

Name of Employer
Planning Sys Inc

Occupation

Sr. Manager

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35161

Amount of Each Receipt this Period

300.00

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

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 284

(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)

Alan Kobran

Mailing Address 22552 Hillside Circle

City

Leesburg

State

VA

Zip Code

20175

FEC ID number of contributing
federal political committee.

C

Name of Employer
Planning Sys Inc

Occupation

Sr. Manager

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35162

Amount of Each Receipt this Period

700.00

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

B.

Full Name (Last, First, Middle Initial)

Ronald Kolson

Mailing Address 3460 Monarch Dr

City

Edgewater

State

MD

Zip Code

21037-2748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fibergate

Occupation

Vice President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.35312

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)

Michelle Kruger

Mailing Address 2116 Millcreek Way

City

Palmdale

State

CA

Zip Code

93551-4142

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics

Occupation

Outfitting Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.35388

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1950.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 284

(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)

Jeffrey Kudlac

Mailing Address 6250 Little Ox Road

City

Fairfax Station

State

VA

Zip Code

22039-1664

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics

Occupation
VP

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.35598

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Charles Kunkle

Mailing Address 122 Boulder Drive

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.34922

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Dorothy Kunkle

Mailing Address 122 Boulder Drive

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.35774

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Kim Kunkle

Mailing Address 2221 Crabtree Lane

City

Johnstown

State

PA

Zip Code

15905-1641

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laurel Holdings Inc

Occupation

CEO/President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.34923

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)

Mr. Tom Kurtz

Mailing Address 124 Seminole Street

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conemaugh Health System

Occupation

Executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35165

Amount of Each Receipt this Period

1300.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. Tom Kurtz

Mailing Address 124 Seminole Street

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conemaugh Health System

Occupation

Executive

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35166

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

John Law

Mailing Address 514 Palisades Beach Road

City

Santa Monica

State

CA

Zip Code

90402-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warland Investments

Occupation

Managing Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

03 / 26 / 2008

Transaction ID: SA11AI.35600

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. Fred Lebder

Mailing Address 14 Judith Street

City

Uniontown

State

PA

Zip Code

15401

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

03 / 04 / 2008

Transaction ID: SA11AI.35168

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)

Mrs. Darlene Lenz

Mailing Address 1303 Aldbury Way

City

Reston

State

VA

Zip Code

20194

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mobilvox, Inc

Occupation

Officer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

03 / 04 / 2008

Transaction ID: SA11AI.35169

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)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 284

(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)
 Enrique Lenz

Mailing Address 1303 Aldbury Way

City State Zip Code
 Reston VA 20194

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Mobilvox, Inc

Occupation
 Mobility Tech

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

Election Cycle-to-Date ▼
 1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35170

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)
 Zel Lipsen, Esq.

Mailing Address 6719 Curran Street

City State Zip Code
 McLean VA 22102

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Office of Zel Lipsen

Occupation
 Attorney

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

Election Cycle-to-Date ▼
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.35277

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. Edward Liszka

Mailing Address 610 N. Burrowes Street

City State Zip Code
 State College PA 16803-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Penn State University

Occupation
 Researcher

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

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35167

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Robert Livingston

Mailing Address 499 S Capital Street SW

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Livingston Group

Occupation
Executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.35313

Amount of Each Receipt this Period

1300.00

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

B.

Full Name (Last, First, Middle Initial)

Robert Livingston

Mailing Address 499 S Capital Street SW

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Livingston Group

Occupation
Executive

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.35314

Amount of Each Receipt this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)

Edward Long

Mailing Address 430 North Jackson St

City

Arlington

State

VA

Zip Code

22201-1720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol Assoc Inc

Occupation
Sr VP

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35171

Amount of Each Receipt this Period

750.00

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

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 63 / 284

(check only one)

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

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

Full Name (Last, First, Middle Initial)

Thomas Lopez

Mailing Address 3050 Chainbridge Road

City	State	Zip Code
Fairfax	VA	22030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Mfg CorpOccupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

Transaction ID: SA11AI.35172

Amount of Each Receipt this Period

1300.00

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

Full Name (Last, First, Middle Initial)

Thomas Lopez

Mailing Address 3050 Chainbridge Road

City	State	Zip Code
Fairfax	VA	22030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Mfg CorpOccupation
President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

Transaction ID: SA11AI.35173

Amount of Each Receipt this Period

200.00

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

Full Name (Last, First, Middle Initial)

Thomas Loughran

Mailing Address 647 Meadow Rose Ct.

City	State	Zip Code
Hummelstown	PA	17036

FEC ID number of contributing
federal political committee.

C

Name of Employer
PSU Cancer InstituteOccupation
Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

Transaction ID: SA11AI.35174

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 64 / 284

(check only one)

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

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

Full Name (Last, First, Middle Initial)

John Lyle

Mailing Address 3861 Peony Drive

City

Fallbrook

State

CA

Zip Code

92028

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamcis NASSCO

Occupation

Director Ship Mgt

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	0	8

Transaction ID: SA11AI.35602

Amount of Each Receipt this Period

300.00

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

Full Name (Last, First, Middle Initial)

Theodore Lynch

Mailing Address 10507 Clipper Drive

City

Fairfax Station

State

VA

Zip Code

22039-1909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strategic Marketing

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.35176

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)

John P. Mack

Mailing Address PO Box 700

City

Annandale

State

VA

Zip Code

22003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cox & Assoc.

Occupation

Legislative Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	0	8

Transaction ID: SA11AI.35679

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)

3300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 284

(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)

Alan Magerman

Mailing Address 193 Glen Eagles Court

City State Zip Code
Blue Bell PA 19422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Xenonics Inc

Occupation
Chairman/CEO

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

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 03 / 2008

Transaction ID: SA11AI.35278

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)

Butch Maki

Mailing Address 118 W San Mateo Road

City State Zip Code
Sante Fe NM 87505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Self Employed

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

Election Cycle-to-Date ▼
2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2008

Transaction ID: SA11AI.35177

Amount of Each Receipt this Period

1300.00

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

C.

Full Name (Last, First, Middle Initial)

Butch Maki

Mailing Address 118 W San Mateo Road

City State Zip Code
Sante Fe NM 87505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Self Employed

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

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2008

Transaction ID: SA11AI.35178

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Patrick Marion

Mailing Address 6326 Baily Trl.

City State Zip Code
Inver Grove Height MN 55077

FEC ID number of contributing
federal political committee.

C

Name of Employer
 DRS Laurel Technologies

Occupation
 VP & GM

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.34924

Amount of Each Receipt this Period

1100.00

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

B.

Full Name (Last, First, Middle Initial)

Patrick Marion

Mailing Address 6326 Baily Trl.

City State Zip Code
Inver Grove Height MN 55077

FEC ID number of contributing
federal political committee.

C

Name of Employer
 DRS Laurel Technologies

Occupation
 VP & GM

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.34925

Amount of Each Receipt this Period

400.00

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

C.

Full Name (Last, First, Middle Initial)

Charlie McBride

Mailing Address 1702 19th St NW
 NW # 705

City State Zip Code
Washington DC 20009

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Capital Tech Group Inc.

Occupation
 Partner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35183

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)

3000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas McCaffrey, Jr.

Mailing Address 6716 Eilerson Street

City State Zip Code
 Clinton MD 20735

FEC ID number of contributing
federal political committee.

C

Name of Employer
Production Technology Inc.

Occupation
Business Manager

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

Election Cycle-to-Date ▼
 3800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35264

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)

Joel McCleary

Mailing Address Roland Farm

City State Zip Code
 The Plains VA 22171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Consultant

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

Election Cycle-to-Date ▼
 1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35184

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)

James McGinnis

Mailing Address 285 Ben Franklin Road

City State Zip Code
 Indiana PA 15701

FEC ID number of contributing
federal political committee.

C

Name of Employer
EP Global Communications
Inc

Occupation
VP of Operations CFO

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

Election Cycle-to-Date ▼
 2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.34899

Amount of Each Receipt this Period

1100.00

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

SUBTOTAL of Receipts This Page (optional)

4100.00

TOTAL This Period (last page this line number only)

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John McInnis

Mailing Address 1522 Cheltenham Ct. West

City State Zip Code
Crownsville MD 21032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Production Technology Inc.

Occupation
Engineering Mgr./CEO

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

Election Cycle-to-Date ▼
 3800.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 04 2008

Transaction ID: SA11AI.35185

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)

Beatriz McNelly

Mailing Address 20974 Rootstown Terrace

City State Zip Code
Ashburn VA 20147

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fibergate Inc

Occupation
VP

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

Election Cycle-to-Date ▼
 4300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 11 2008

Transaction ID: SA11AI.35315

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)

Christopher Mellon

Mailing Address 1157 Stringer Bottom

City State Zip Code
Laughlintown PA 15655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mellon Consulting

Occupation
President

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

Election Cycle-to-Date ▼
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 03 2008

Transaction ID: SA11AI.35279

Amount of Each Receipt this Period

2000.00

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

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(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)

Jason Mitchell

Mailing Address 7750 Via Belfiore
Unit #1

City State Zip Code
San Diego CA 92129

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics

Occupation
Ship Manager

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.35394

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)

Kevin Mooney

Mailing Address 9672 Deer Trail Dr

City State Zip Code
San Diego CA 92127-3463

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics

Occupation
Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.35396

Amount of Each Receipt this Period

300.00

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

C.

Full Name (Last, First, Middle Initial)

Gregory Mooradian

Mailing Address 5274 Del Mar Mesa Rd

City State Zip Code
San Diego CA 92130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apogen Tech

Occupation
EVP & CSO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.35700

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)

1550.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 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)

Zachery Moore

Mailing Address 3308 Military Dr.

City

Falls Church

State

VA

Zip Code

22044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moore Federal Solutions

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35186

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)

John Mullett

Mailing Address 3809 Maryland Street

City

Alexandria

State

VA

Zip Code

22309

FEC ID number of contributing
federal political committee.

C

Name of Employer
BAE Systems L&A

Occupation
VP Govt Affairs

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.34944

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)

Richard Munro

Mailing Address 140 Eastbury

City

Williamsburg

State

VA

Zip Code

23188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Template Software

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.35647

Amount of Each Receipt this Period

1700.00

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

SUBTOTAL of Receipts This Page (optional)

4200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Martha Munsch

Mailing Address 1689 Sturbridge Drive

City

Sewickley

State

PA

Zip Code

15143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reed Smith LLP

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35187

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. Ronald Newbower

Mailing Address 159 Nagog Hill Road

City

Acton

State

MA

Zip Code

01720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Partners Healthcare System

Occupation
VP for Research

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35188

Amount of Each Receipt this Period

300.00

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

C.

Full Name (Last, First, Middle Initial)

Edward Nichols

Mailing Address 2125 New Texas Road

City

Pittsburgh

State

PA

Zip Code

15239-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trident

Occupation
Engineer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.35281

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

William Nichols

Mailing Address 8204 Roseland Drive

City

Fairfax Station

State

VA

Zip Code

22039

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRASAM

Occupation
Partner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35189

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Phebe Novakovic

Mailing Address 960 Towlston Road

City

McLean

State

VA

Zip Code

22102

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics

Occupation
Sr VP

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.35398

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)

Mr. Christopher O'Neill

Mailing Address 5419 Albia Road

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing
federal political committee.

C

Name of Employer
O'Neill Athy & Casey

Occupation
Partner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35190

Amount of Each Receipt this Period

300.00

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

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 73 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Christopher O'Neill

Mailing Address 5419 Albia Road

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing
federal political committee.

C

Name of Employer
O'Neill Athy & Casey

Occupation

Partner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.35191

Amount of Each Receipt this Period

1200.00

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

Full Name (Last, First, Middle Initial)

Jospeh P. O'Neill

Mailing Address 6448 Brooks Lane

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Public Strategies Washing-
ton Inc.

Occupation

President/CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.35192

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Richard Oglevee

Mailing Address 138 Oglevee Lane

City

Connellsville

State

PA

Zip Code

15425

FEC ID number of contributing
federal political committee.

C

Name of Employer
United 1st Responders

Occupation

Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.34569

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional)

2400.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(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 Oliver

Mailing Address 8535 Old Dominion Drive

City State Zip Code
McLean VA 22102

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics

Occupation
Sr VP Human Resources

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.35604

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)

Todd Orange

Mailing Address 259 Rebecca Avenue

City State Zip Code
Leechburg PA 15656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mobilvox, Inc

Occupation
Manager

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35193

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)

Pauli Overdorff

Mailing Address 425 East 58th Street

City State Zip Code
New York NY 10022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alarian

Occupation
Executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.35484

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Roger A Oxendale

Mailing Address 714 Parkwood Ct.

City

Wexford

State

PA

Zip Code

15090

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Childrens Hospital

Occupation

President & CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35195

Amount of Each Receipt this Period

1300.00

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

B.

Full Name (Last, First, Middle Initial)

Roger A Oxendale

Mailing Address 714 Parkwood Ct.

City

Wexford

State

PA

Zip Code

15090

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Childrens Hospital

Occupation

President & CEO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35196

Amount of Each Receipt this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)

Leon Panetta

Mailing Address 15 Panetta Rd

City

Carmel Valley

State

CA

Zip Code

93924

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pamema Institute

Occupation

Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: SA11AI.34945

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 76 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Louis Panza, Jr.

Mailing Address 1163 Country Club Road

City

Monongahela

State

PA

Zip Code

15063

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monongahela Valley Hospital

Occupation

CEO

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.35351

Amount of Each Receipt this Period

750.00

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

Full Name (Last, First, Middle Initial)

Dr. John Parrish

Mailing Address 32 Fruit Street

City

Boston

State

MA

Zip Code

02114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mass. General Hospital

Occupation

M.D.-Dept. of Dermatology

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.35197

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. Mark Pasquerilla

Mailing Address 945 Menoher Blvd.

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crown American

Occupation

CEO & President

Receipt For: 2008

☐ Primary
 ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

Date of Receipt

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

Transaction ID: SA11AI.34946

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)

3250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr Harold Paz

Mailing Address 185 Arretton Road

City

Princeton

State

NJ

Zip Code

08540-1428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn State Coll of Medicine

Occupation
Dean

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35198

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)

Kendell M. Pease, Jr.

Mailing Address 3509 Nodding Pine Ct

City

Fairfax

State

VA

Zip Code

22033

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics

Occupation
VP

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.35400

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. George Pedersen

Mailing Address 700 Potomac Knolls Dr.

City

McLean

State

VA

Zip Code

22102-1422

FEC ID number of contributing
federal political committee.

C

Name of Employer
ManTech Intl

Occupation
Chairman of Board/CEO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.35316

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)

2750.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 78 / 284

(check only one)

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

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

Full Name (Last, First, Middle Initial)

Mrs. Marilyn Pedersen

Mailing Address 700 Potomac Knolls Dr.

City

McLean

State

VA

Zip Code

22102-1422

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/AOccupation
Housewife

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	8

Transaction ID: SA11AI.35317

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)

Daniel T. Perkins

Mailing Address 1602 Ivanhoe Ct

City

Alexandria

State

VA

Zip Code

22304

FEC ID number of contributing
federal political committee.

C

Name of Employer
MTS TechOccupation
CEO & President

Receipt For: 2008

☐ Primary
 ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34947

Amount of Each Receipt this Period

600.00

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

Full Name (Last, First, Middle Initial)

David Perlmutter, MD

Mailing Address 5420 Dunmoyle Street

City

Pittsburgh

State

PA

Zip Code

15217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of PittsburghOccupation
Physician

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

Transaction ID: SA11AI.35200

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Frank N. Piasecki

Mailing Address Tunbridge Rd.

City State Zip Code
Haverford PA 19041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piasecki Aircraft Corp.

Occupation
President

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

Election Cycle-to-Date ▼
 4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 14 2008

Transaction ID: SA11AI.35331

Amount of Each Receipt this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)

Frederick W. Piasecki

Mailing Address 1 Buck Lane

City State Zip Code
Haverford PA 19041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piasecki Aircraft Corp.

Occupation
Executive

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

Election Cycle-to-Date ▼
 2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 04 2008

Transaction ID: SA11AI.35202

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)

Frederick W. Piasecki

Mailing Address 1 Buck Lane

City State Zip Code
Haverford PA 19041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piasecki Aircraft Corp.

Occupation
Executive

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

Election Cycle-to-Date ▼
 2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 04 2008

Transaction ID: SA11AI.35203

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

3800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

David M. Pickett

Mailing Address 21024 Fox Hollow Ln.

City

Leesburg

State

VA

Zip Code

20175

FEC ID number of contributing
federal political committee.

C

Name of Employer
Planning Systems Inc.

Occupation

VP

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35204

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Elizabeth Pierce

Mailing Address 114 Forelle Lane

City

Ligonier

State

PA

Zip Code

15658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Timken Latrobe Steel

Occupation

Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.35709

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Dean Pitchford

Mailing Address 1701 Queens Road

City

Los Angeles

State

CA

Zip Code

90069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Self Employed

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.35669

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 81 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

John Polacek

Mailing Address 221 Curtis Drive

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing
federal political committee.

C

Name of Employer
JWF Defense

Occupation

COO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	0	8

Transaction ID: SA11AI.35282

Amount of Each Receipt this Period

800.00

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

Full Name (Last, First, Middle Initial)

John Polacek

Mailing Address 221 Curtis Drive

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing
federal political committee.

C

Name of Employer
JWF Defense

Occupation

COO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	0	8

Transaction ID: SA11AI.35283

Amount of Each Receipt this Period

700.00

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

Full Name (Last, First, Middle Initial)

William Polacek

Mailing Address 187 Wyndemere Dr.

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing
federal political committee.

C

Name of Employer
JWFI

Occupation

Business Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	0	8

Transaction ID: SA11AI.35284

Amount of Each Receipt this Period

1300.00

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

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 82 / 284

(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)

Colette Marchesini Pollock

Mailing Address 1202 Walter St., SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Van Scoyoc Assoc. Inc.

Occupation

Associate Vice President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35205

Amount of Each Receipt this Period

1300.00

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

B.

Full Name (Last, First, Middle Initial)

Colette Marchesini Pollock

Mailing Address 1202 Walter St., SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Van Scoyoc Assoc. Inc.

Occupation

Associate Vice President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35206

Amount of Each Receipt this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. George Poole

Mailing Address 2350 S Arlington Ridge Rd

City

Arlington

State

VA

Zip Code

22202

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35207

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)

3000.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 83 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

John B. Pursley

Mailing Address 125 N. Champions Way #312

City State Zip Code
St. Augustine FL 32092
FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker CTCOccupation
Exec VP

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.34561

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)

Lloyd Hugh Redd, II

Mailing Address 11619 Rolling Meadows Dr

City State Zip Code
Great Falls VA 22066
FEC ID number of contributing
federal political committee.

C

Name of Employer
General DynamicsOccupation
SVP & FCO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.35653

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. John Rezk

Mailing Address 127 Fees Road

City State Zip Code
Carrolltown PA 15722
FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambria Medical SupplyOccupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.34948

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

4300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 84 / 284

(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)

Barry Rhoads

Mailing Address 679 23 Father John Ct

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Rhoads Group

Occupation

Government Relations

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.35712

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Robert Richardson

Mailing Address 15823 Quiet Valley Lane

City

Powey

State

CA

Zip Code

92064

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics

Occupation

Dir of Engineering

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.35344

Amount of Each Receipt this Period

300.00

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

C.

Full Name (Last, First, Middle Initial)

Daniel Rihn

Mailing Address 7621 Roslyn Street

City

Pittsburgh

State

PA

Zip Code

15218

FEC ID number of contributing
federal political committee.

C

Name of Employer
GIS Assoc Inc

Occupation

Govt Info Specialist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35208

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)

2300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 85 / 284

(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)

Jay B. Roberts

Mailing Address 1680 Cemetery Road

City State Zip Code

Portage PA 15946

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis Univ.

Occupation
Admin.

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.34949

Amount of Each Receipt this Period

1100.00

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

B.

Full Name (Last, First, Middle Initial)

Jay B. Roberts

Mailing Address 1680 Cemetery Road

City State Zip Code

Portage PA 15946

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis Univ.

Occupation
Admin.

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Date of Receipt

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

Transaction ID: SA11AI.34950

Amount of Each Receipt this Period

400.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. S. Kent Rockwell

Mailing Address 960 Penn Avenue #800

City State Zip Code

Pittsburgh PA 15222

FEC ID number of contributing
federal political committee.

C

Name of Employer
SenSy Tech.

Occupation
Chairman

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35209

Amount of Each Receipt this Period

1300.00

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

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. S. Kent Rockwell

Mailing Address 960 Penn Avenue #800

City State Zip Code
Pittsburgh PA 15222

FEC ID number of contributing
federal political committee.

C

Name of Employer
SenSy Tech.

Occupation
Chairman

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

Election Cycle-to-Date ▼
 2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35210

Amount of Each Receipt this Period

200.00

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

B.

Full Name (Last, First, Middle Initial)

Richard Rodgers, USN

Mailing Address 9591 Larkview Ct

City State Zip Code
Fairfax Station VA 22039

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Livingston Group LLC

Occupation
Principal

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

Election Cycle-to-Date ▼
 750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35211

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Phillip Roman

Mailing Address 5670 Wilshire Blvd #2420

City State Zip Code
Los Angeles CA 90036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Phillip Roman & Co.

Occupation
Owner

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

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.35677

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Clofford Rowe, Jr.

Mailing Address 707 Amberson Avenue

City State Zip Code
Pittsburgh PA 15232

FEC ID number of contributing
federal political committee.

C

Name of Employer
 PJ Dick Inc

Occupation
 CEO

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

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.34927

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)

Kerry M. Rowe

Mailing Address 3504 Commodore Ct

City State Zip Code
Oak Hill VA 20171-1724

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Argon ST

Occupation
 President

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

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.35687

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Robert Russo

Mailing Address 103 Colony Dr.

City State Zip Code
Holbrook NJ 11741

FEC ID number of contributing
federal political committee.

C

Name of Employer
 DRS Technologies

Occupation
 Sr. Vice President

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

Election Cycle-to-Date ▼
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.35287

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 88 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

David Savner

Mailing Address 916 Helga Place

City

McLean

State

VA

Zip Code

22102

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics

Occupation

Sr VP

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.35346

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)

Victor Sellier

Mailing Address 710 Springvale Road

City

Great Falls

State

VA

Zip Code

22066-2904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Argon Street

Occupation

VP

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35212

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)

Arthur Serpa

Mailing Address 74 Cowesett Avenue

City

West Warwick

State

RI

Zip Code

02893

FEC ID number of contributing
federal political committee.

C

Name of Employer
Natl Steel & Shipbuilding

Occupation

VP

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.35606

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 89 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Scott Shaw

Mailing Address 10514 Norman Avenue

City

Fairfax

State

VA

Zip Code

22030-2927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Planning Systems Inc

Occupation

Director Business Devel

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35213

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Edward Sheehan

Mailing Address 809 Luzerne Street

City

Johnstown

State

PA

Zip Code

15905-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Concurrent Technologies
Corp.

Occupation

Executive

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.34929

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)

Robert Shelton

Mailing Address 117 Knights Lane

City

Lancaster

State

PA

Zip Code

17601

FEC ID number of contributing
federal political committee.

C

Name of Employer
World Tech Evaluation Ctr

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.34908

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 90 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Robert Shelton

Mailing Address 117 Knights Lane

City

Lancaster

State

PA

Zip Code

17601

FEC ID number of contributing
federal political committee.

C

Name of Employer
World Tech Evaluation Ctr

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	1	/	2	0	0	8

Transaction ID: SA11AI.35486

Amount of Each Receipt this Period

600.00

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

Full Name (Last, First, Middle Initial)

Robert Shelton

Mailing Address 117 Knights Lane

City

Lancaster

State

PA

Zip Code

17601

FEC ID number of contributing
federal political committee.

C

Name of Employer
World Tech Evaluation Ctr

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.35714

Amount of Each Receipt this Period

700.00

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

Full Name (Last, First, Middle Initial)

Betty Shumar

Mailing Address 140 Bunker Hill Road

City

New Salem

State

PA

Zip Code

15468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Housewife

Occupation

N/A

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.35214

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)

2800.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 91 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Kelly H. Shuster

Mailing Address 320 N. 30th St.

City

Camp Hill

State

PA

Zip Code

17011-2807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

N/A

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

Transaction ID: SA11AI.35263

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)

Robert Shuster

Mailing Address 320 N. 30th Street

City

Camp Hill

State

PA

Zip Code

17011-2807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Klett Lieber Ronney & Sch-
orlin

Occupation

Attorney

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

Transaction ID: SA11AI.35215

Amount of Each Receipt this Period

800.00

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

Full Name (Last, First, Middle Initial)

Robert Shuster

Mailing Address 320 N. 30th Street

City

Camp Hill

State

PA

Zip Code

17011-2807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Klett Lieber Ronney & Sch-
orlin

Occupation

Attorney

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

Transaction ID: SA11AI.35216

Amount of Each Receipt this Period

700.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 92 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

John A. Skiavo

Mailing Address 32 Timber Trail Dr.

City

Greensburg

State

PA

Zip Code

15601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Economic Growth Connection

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.35288

Amount of Each Receipt this Period

900.00

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

B.

Full Name (Last, First, Middle Initial)

John A. Skiavo

Mailing Address 32 Timber Trail Dr.

City

Greensburg

State

PA

Zip Code

15601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Economic Growth Connection

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.35289

Amount of Each Receipt this Period

600.00

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

C.

Full Name (Last, First, Middle Initial)

Gary Smith

Mailing Address 12538 Philmont Drive

City

Herndon

State

VA

Zip Code

20170

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRS Tech

Occupation

VP Business Dev & Prog

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.35290

Amount of Each Receipt this Period

1300.00

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

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 93 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Gary Smith

Mailing Address 12538 Philmont Drive

City

Herndon

State

VA

Zip Code

20170

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRS Tech

Occupation

VP Business Dev & Prog

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.35291

Amount of Each Receipt this Period

200.00

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

B.

Full Name (Last, First, Middle Initial)

Robert E. Smith

Mailing Address 2575 Pine Glen Ln

City

El Cajon

State

CA

Zip Code

92019

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics

Occupation

CFO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.35404

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Ryan Smith

Mailing Address 107 Foxwood Lane

City

Greensburg

State

PA

Zip Code

15601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winter Weather Services
Inc

Occupation

Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.35352

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ryan Smith

Mailing Address 107 Foxwood Lane

City

Greensburg

State

PA

Zip Code

15601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winter Weather Services
Inc

Occupation

Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.35354

Amount of Each Receipt this Period

1700.00

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

B.

Full Name (Last, First, Middle Initial)

Sheila Smith

Mailing Address 2800 N Lake Shore Drive

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Consult Ltd

Occupation

Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.35487

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. James Snyder

Mailing Address 171 Fieldgate Drive

City

Pittsburgh

State

PA

Zip Code

15241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Assad Iron & Metals Inc.

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35217

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)

3200.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. James Snyder

Mailing Address 171 Fieldgate Drive

City State Zip Code
Pittsburgh PA 15241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Assad Iron & Metals Inc.

Occupation
President

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

Election Cycle-to-Date ▼
 2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35218

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Bradford A. Speer

Mailing Address 13676 Gloncliff Way

City State Zip Code
San Diego CA 92134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apogen Tech Inc

Occupation
Group VP & GM

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

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.35706

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)

M. Stamm

Mailing Address 1864 51st Street

City State Zip Code
Brooklyn NY 11201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Polytechnic University

Occupation
Physicians Asst

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

Election Cycle-to-Date ▼
 2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35221

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

3800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(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)

M. Stamm

Mailing Address 1864 51st Street

City

Brooklyn

State

NY

Zip Code

11201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Polytechnic University

Occupation

Physicians Asst

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35223

Amount of Each Receipt this Period

1700.00

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

B.

Full Name (Last, First, Middle Initial)

A. Donald Steinman

Mailing Address 19202 Chartier Drive

City

Leesburg

State

VA

Zip Code

20176

FEC ID number of contributing
federal political committee.

C

Name of Employer
Planing Systems Inc

Occupation

Defense Seivces & Products

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35224

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Dr Richard Stern

Mailing Address 1150 Linden Hall Road

City

Boalsburg

State

PA

Zip Code

16827-1707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn State Univeristy

Occupation

Assoc Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35225

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)

3700.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

John Stivorc

Mailing Address 9631 Highland Road

City State Zip Code
Pittsburgh PA 15237

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Bodymedia

Occupation
 Chief Tech Officer

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

Election Cycle-to-Date ▼
 400.00

Date of Receipt

03 / 25 / 2008

Transaction ID: SA11AI.35618

Amount of Each Receipt this Period

400.00

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

B.

Full Name (Last, First, Middle Initial)

Stephen M. Stroebel

Mailing Address 463 Cherry Hills Ln

City State Zip Code
Bonita CA 91902-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
 General Dynamics

Occupation
 VP

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

Election Cycle-to-Date ▼
 500.00

Date of Receipt

03 / 12 / 2008

Transaction ID: SA11AI.35408

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. John Sweet

Mailing Address 10 Ridgeview Drive

City State Zip Code
Uniontown PA 15401

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SenSy. Tech.

Occupation
 Vice-President

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

Election Cycle-to-Date ▼
 2300.00

Date of Receipt

03 / 04 / 2008

Transaction ID: SA11AI.35227

Amount of Each Receipt this Period

800.00

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

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John Sweet

Mailing Address 10 Ridgeview Drive

City

Uniontown

State

PA

Zip Code

15401

FEC ID number of contributing
federal political committee.

C

Name of Employer
SenSy. Tech.

Occupation

Vice-President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35228

Amount of Each Receipt this Period

700.00

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

B.

Full Name (Last, First, Middle Initial)

William Sylvester, Jr.

Mailing Address 7886 Pembridge Road

City

Manassas

State

VA

Zip Code

20110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Progeny Systems

Occupation

VP Systems Engineer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35231

Amount of Each Receipt this Period

1300.00

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

C.

Full Name (Last, First, Middle Initial)

William Sylvester, Jr.

Mailing Address 7886 Pembridge Road

City

Manassas

State

VA

Zip Code

20110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Progeny Systems

Occupation

VP Systems Engineer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35232

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Lisa E. Sylvester

Mailing Address 7886 Pembridge Rd

City

Manassas

State

VA

Zip Code

20110

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35229

Amount of Each Receipt this Period

1300.00

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

B.

Full Name (Last, First, Middle Initial)

Lisa E. Sylvester

Mailing Address 7886 Pembridge Rd

City

Manassas

State

VA

Zip Code

20110

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35230

Amount of Each Receipt this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)

Robert Tamaru

Mailing Address 11978 Grey Squirrel Lane

City

Reston

State

VA

Zip Code

20194-1726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Argon ST

Occupation

VP

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35233

Amount of Each Receipt this Period

1300.00

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

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Robert Tamaru

Mailing Address 11978 Grey Squirrel Lane

City

Reston

State

VA

Zip Code

20194-1726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Argon ST

Occupation

VP

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35234

Amount of Each Receipt this Period

200.00

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

B.

Full Name (Last, First, Middle Initial)

Debra Tekavec

Mailing Address 1510 N Rolfe Street
#8

City

Arlington

State

VA

Zip Code

22209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnegie Mellon Univeristy

Occupation

Govt Relations

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35235

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

William Thomasmeyer

Mailing Address 218 Timberridge Rd

City

Pittsburgh

State

PA

Zip Code

15238

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Robotics Foundry

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35236

Amount of Each Receipt this Period

1300.00

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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☒ 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)

Linda Thomson

Mailing Address 1411 Paulton Street

City

Johnstown

State

PA

Zip Code

15905-1953

FEC ID number of contributing
federal political committee.

C

Name of Employer
JARI

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.35292

Amount of Each Receipt this Period

1100.00

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

B.

Full Name (Last, First, Middle Initial)

Linda Thomson

Mailing Address 1411 Paulton Street

City

Johnstown

State

PA

Zip Code

15905-1953

FEC ID number of contributing
federal political committee.

C

Name of Employer
JARI

Occupation
President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.35293

Amount of Each Receipt this Period

400.00

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

C.

Full Name (Last, First, Middle Initial)

D'Anna Tindel

Mailing Address 3310 N Trinidad Street

City

Falls Church

State

VA

Zip Code

22043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stanfield Tindal Inc

Occupation
Congressional Liason

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.35294

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)

3000.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Michael Toner

Mailing Address 23 Niles Road

City

Nystic

State

CT

Zip Code

03655

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics

Occupation
Exec. V P

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.35348

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Richard Troiano

Mailing Address 205 Longfellow Street

City

Vandergrift

State

PA

Zip Code

15690

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Engineer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35237

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)

Massimo Trucco

Mailing Address 4309 Parkman Avenue

City

Pittsburgh

State

PA

Zip Code

15213

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPMC

Occupation
MD

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35238

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Hang Truong

Mailing Address 1462 Park Garden Lane

City

Reston

State

VA

Zip Code

20194-1993

FEC ID number of contributing
federal political committee.

C

Name of Employer
Planning Systems Inc

Occupation

Dir Human Resources

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35239

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)

Patricia Turner

Mailing Address 4021 Vacation Lane

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Way

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.35489

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

James Vasilko

Mailing Address 257 Churchill Street

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johnstown Construction Co.

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35240

Amount of Each Receipt this Period

800.00

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

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

James Vasilko

Mailing Address 257 Churchill Street

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johnstown Construction Co.

Occupation
President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35241

Amount of Each Receipt this Period

700.00

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

B.

Full Name (Last, First, Middle Initial)

Van Walker

Mailing Address 130 Tanglewood Drive

City

Valencia

State

PA

Zip Code

16059

FEC ID number of contributing
federal political committee.

C

Name of Employer
AEA Technology

Occupation
CEO/President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.35295

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Michael Wallace

Mailing Address 2926 Amberleigh Way

City

Fairfax

State

VA

Zip Code

22031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mobilvox

Occupation
Dir of Software Devel

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35242

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)

3200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(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)

Dean E. Walters

Mailing Address 518 Palmate Drive

City State Zip Code
Cranberry Twp PA 16066

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Childrens Hospital of Pgh

Occupation
 VP of Public Affairs

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35245

Amount of Each Receipt this Period

1300.00

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

B.

Full Name (Last, First, Middle Initial)

Dean E. Walters

Mailing Address 518 Palmate Drive

City State Zip Code
Cranberry Twp PA 16066

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Childrens Hospital of Pgh

Occupation
 VP of Public Affairs

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35246

Amount of Each Receipt this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)

James M. Walton

Mailing Address 525 William Penn Place

City State Zip Code
Pittsburgh PA 15219

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employee

Occupation
 Businessman

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.35318

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

William Watson

Mailing Address 25005 Dunterry Court

City

Gaithersburg

State

MD

Zip Code

20882

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRS Tech

Occupation

Exec. Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.35296

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)

Richard Weiss

Mailing Address 106 Canfield Hill Drive

City

Gaithersburg

State

MD

Zip Code

20878

FEC ID number of contributing
federal political committee.

C

Name of Employer
KSA Consulting

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35247

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Richard Weiss

Mailing Address 106 Canfield Hill Drive

City

Gaithersburg

State

MD

Zip Code

20878

FEC ID number of contributing
federal political committee.

C

Name of Employer
KSA Consulting

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35248

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Barton Whitman

Mailing Address 3100 White Daisy Place

City State Zip Code
Fairfax VA 22031

FEC ID number of contributing
federal political committee.

C

Name of Employer
MTS Technologies

Occupation
Vice President

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

Election Cycle-to-Date ▼
 5100.00

Date of Receipt

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

Transaction ID: SA11AI.34951

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)

Mr. Richard C. Whitner

Mailing Address 2300 Clarendon Blvd
 Ste 401

City State Zip Code
Arlington VA 22201-3367

FEC ID number of contributing
federal political committee.

C

Name of Employer
RC Whitner & Associates

Occupation
President

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

Election Cycle-to-Date ▼
 3800.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.35249

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)

James L. Whitten, Jr.

Mailing Address 1725 Desales St NW
 Ste 800

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whitten & Diamond

Occupation
Attorney

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

Election Cycle-to-Date ▼
 3300.00

Date of Receipt

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

Transaction ID: SA11AI.34562

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Wood

Mailing Address 1120 Club Drive

City

Johnstown

State

PA

Zip Code

15905-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRS Technologies

Occupation

VP Operations

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.34930

Amount of Each Receipt this Period

1100.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Wood

Mailing Address 1120 Club Drive

City

Johnstown

State

PA

Zip Code

15905-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRS Technologies

Occupation

VP Operations

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.34931

Amount of Each Receipt this Period

400.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

293825.00

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) **ACTION COMMITTEE FOR RURAL ELECTRIFICATION (ACRE) NATIONAL RURAL ELECTRIC COOP. ASSOC.**

Mailing Address **4301 Wilson Boulevard**

City State Zip Code
Arlington VA 22203

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 1 / 2 0 0 8

Transaction ID: SA11C.34957

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) **ALLEGHENY ENERGY INC. FEDERAL POLITICAL ACTION COMMITTEE (ALLEGHENY POWERPAC - FEDERAL)**

Mailing Address **800 Cabin Hill Drive**

City State Zip Code
Greensburg PA 15601

FEC ID number of contributing federal political committee. **C C00335232**

Name of Employer Occupation

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

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11C.35251

Amount of Each Receipt this Period

5000.00

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

C. Full Name (Last, First, Middle Initial) **ALLIANT TECHSYSTEMS INC EMPLOYEE CITIZENSHIP FUND**

Mailing Address **600 SECOND ST. NE
MN11-1210**

City State Zip Code
HOPKINS MN 55343

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼
10000.00

Date of Receipt

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

Transaction ID: SA11C.34955

Amount of Each Receipt this Period

5000.00

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

SUBTOTAL of Receipts This Page (optional)

11500.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 110 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE**A.**Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF TEACHERS COMMITTEE ON POLITICAL EDUCATION

Mailing Address 555 NEW JERSEY AVENUE N W

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing
federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: SA11C.34564

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)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 VERMONT AVENUE NW

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing
federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 8

Transaction ID: SA11C.35320

Amount of Each Receipt this Period

3000.00

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

Mailing Address 40 GENERAL WARREN BOULEVARD

City	State	Zip Code
MALVERN	PA	19355

FEC ID number of contributing
federal political committee. **C** C00370023

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11C.35252

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)

6000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☐ 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)
ANALYTICAL GRAPHICS INC PAC (AGI PAC)

Mailing Address **40 GENERAL WARREN BOULEVARD**

City State Zip Code
MALVERN PA 19355

FEC ID number of contributing federal political committee. **C C00370023**

Name of Employer Occupation

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

Election Cycle-to-Date ▼
5000.00

Date of Receipt

03 / 25 / 2008

Transaction ID: SA11C.35609

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)
ANALYTICAL GRAPHICS INC PAC (AGI PAC)

Mailing Address **40 GENERAL WARREN BOULEVARD**

City State Zip Code
MALVERN PA 19355

FEC ID number of contributing federal political committee. **C C00370023**

Name of Employer Occupation

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

Election Cycle-to-Date ▼
6000.00

Date of Receipt

03 / 25 / 2008

Transaction ID: SA11C.35610

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)
ASEA BROWN BOVERI (ABB) POLICY IMPROVEMENT PROGRAM

Mailing Address **1455 PENNSYLVANIA AVENUE NW
WILLARD BUILDING SUITE 210**

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00041947**

Name of Employer Occupation

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

Election Cycle-to-Date ▼
500.00

Date of Receipt

03 / 03 / 2008

Transaction ID: SA11C.35299

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 112 / 284

(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)
BAE Systems USA PAC

Mailing Address **1215 Jefferson Davis Hwy. #1500**

City State Zip Code
Arlington VA 22202

FEC ID number of contributing
federal political committee.

C C00281212

Name of Employer

Occupation

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

Election Cycle-to-Date ▼
 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 11 2008

Transaction ID: SA11C.35321

Amount of Each Receipt this Period

2500.00

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

B.

Full Name (Last, First, Middle Initial)
BAE Systems USA PAC

Mailing Address **1215 Jefferson Davis Hwy. #1500**

City State Zip Code
Arlington VA 22202

FEC ID number of contributing
federal political committee.

C C00281212

Name of Employer

Occupation

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

Election Cycle-to-Date ▼
 7500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 14 2008

Transaction ID: SA11C.35365

Amount of Each Receipt this Period

2500.00

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

C.

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

Mailing Address **Two Liberty Place
 1601 Chestnut St-TL16B**

City State Zip Code
Philadelphia PA 19192

FEC ID number of contributing
federal political committee.

C C00085316

Name of Employer

Occupation

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

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 11 2008

Transaction ID: SA11C.35322

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)

6000.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 113 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

COALPAC A POLITICAL ACTION COMMITTEE OF THE NATIONAL MINING ASSOCIATION

Mailing Address 1130 17TH STREET NW

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.**C** C00109819

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

Transaction ID: SA11C.35253

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)

COMCAST CORP. POLITICAL ACTION COMMITTEE

Mailing Address 1500 Market Street
35th Floor

City

Philadelphia

State

PA

Zip Code

19102

FEC ID number of contributing
federal political committee.**C** C00248716

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

Transaction ID: SA11C.35254

Amount of Each Receipt this Period

5000.00

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

Full Name (Last, First, Middle Initial)

DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOBILE DEALERS ASSOCIATION

Mailing Address 8400 WESTPARK DRIVE

City

MCLEAN

State

VA

Zip Code

22102

FEC ID number of contributing
federal political committee.**C** C00040998

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	0	8

Transaction ID: SA11C.35662

Amount of Each Receipt this Period

5000.00

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

11000.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 114 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE**A.**Full Name (Last, First, Middle Initial)
DELOITTE & TOUCHE FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address P.O. Box 365

City	State	Zip Code
Washington	DC	20044

FEC ID number of contributing
federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
0 3	/	1 4	/	2 0 0 8

Transaction ID: SA11C.35363

Amount of Each Receipt this Period

4000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)
DRS TECHNOLOGIES INC. GOOD GOVERNMENT FUNDMailing Address 5 Sylvan Way
SUITE 500

City	State	Zip Code
Parsippany	NJ	07054

FEC ID number of contributing
federal political committee. **C** C00275123

Name of Employer Occupation

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

Date of Receipt

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

Transaction ID: SA11C.34956

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**C.**Full Name (Last, First, Middle Initial)
DUANE MORRIS GOVERNMENT COMMITTEEMailing Address Attn: Charles J. O'Donnell
One Liberty Place

City	State	Zip Code
Philadelphia	PA	19103

FEC ID number of contributing
federal political committee. **C** C00364133

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
1700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
0 3	/	2 6	/	2 0 0 8

Transaction ID: SA11C.35608

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)

10500.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 115 / 284

(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)

EDO CORPORATION PAC

Mailing Address 60 E 42ND STREET SUITE 5010
SUITE 5010City State Zip Code
NEW YORK NY 10165FEC ID number of contributing
federal political committee.**C** C00329318

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	0	8

Transaction ID: SA11C.35411

Amount of Each Receipt this Period

5000.00

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

Full Name (Last, First, Middle Initial)

GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN

Mailing Address 3190 FAIRVIEW PARK DRIVE

City State Zip Code
FALLS CHURCH VA 22042FEC ID number of contributing
federal political committee.**C** C00078451

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

9000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	0	8

Transaction ID: SA11C.35255

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)

GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN

Mailing Address 3190 FAIRVIEW PARK DRIVE

City State Zip Code
FALLS CHURCH VA 22042FEC ID number of contributing
federal political committee.**C** C00078451

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	2	/	2	0	0	8

Transaction ID: SA11C.35681

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)

7500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 116 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1299 Pennsylvania Ave NW
STE 1100

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C C00024869

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 8

Transaction ID: SA11C.34902

Amount of Each Receipt this Period

5000.00

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

B.

Full Name (Last, First, Middle Initial)

GOODRICH POLITICAL ACTION COMMITTEE

Mailing Address 2730 WEST TYVOLA ROAD
FOUR COLISEUM CENTRE

City State Zip Code
CHARLOTTE NC 28217

FEC ID number of contributing
federal political committee.

C C00101725

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Transaction ID: SA11C.35611

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)

International Union of Engineers PAC

Mailing Address 1125 Seventeenth Street, NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee.

C C00029504

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 8

Transaction ID: SA11C.34558

Amount of Each Receipt this Period

2500.00

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

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 117 / 284

(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)
KEEP MCDADE IN CONGRESS COMMITTEE

Mailing Address **11TH FLOOR BANK TOWERS**
321 SPRUCE STREET

City State Zip Code
SCRANTON PA 18503

FEC ID number of contributing
federal political committee. **C C00047548**

Name of Employer Occupation

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

Election Cycle-to-Date ▼
2000.00

Date of Receipt

03 / 14 / 2008

Transaction ID: SA11C.35368

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)
L-3 COMMUNICATIONS CORPORATION PAC

Mailing Address **600 THIRD AVENUE**

City State Zip Code
NEW YORK NY 10016

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼
10000.00

Date of Receipt

03 / 04 / 2008

Transaction ID: SA11C.35256

Amount of Each Receipt this Period

2500.00

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

C.

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

Mailing Address **1725 JEFFERSON DAVIS HIGHWAY**
CRYSTAL SQUARE TWO SUITE 300

City State Zip Code
ARLINGTON VA 22202

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼
10000.00

Date of Receipt

03 / 04 / 2008

Transaction ID: SA11C.35257

Amount of Each Receipt this Period

5000.00

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

SUBTOTAL of Receipts This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 118 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE**A.**Full Name (Last, First, Middle Initial)
MACHINE TOOL PAC

Mailing Address 7901 WESTPARK DR.

City	State	Zip Code
MCLEAN	VA	22102

FEC ID number of contributing
federal political committee. **C** C00034173

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 3		0 4		2 0 0 8

Transaction ID: SA11C.35258

Amount of Each Receipt this Period

2500.00

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

Mailing Address 12015 LEE JACKSON HIGHWAY STE 128

City	State	Zip Code
FAIRFAX	VA	22033

FEC ID number of contributing
federal political committee. **C** C00208983

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 3		1 1		2 0 0 8

Transaction ID: SA11C.35324

Amount of Each Receipt this Period

2500.00

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

Mailing Address 12015 LEE JACKSON HIGHWAY STE 128

City	State	Zip Code
FAIRFAX	VA	22033

FEC ID number of contributing
federal political committee. **C** C00208983

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
7500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 3		1 1		2 0 0 8

Transaction ID: SA11C.35325

Amount of Each Receipt this Period

2500.00

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

SUBTOTAL of Receipts This Page (optional) ▶

7500.00

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

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

FOR LINE NUMBER: PAGE 119 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MINEPAC A POLITICAL ACTION COMMITTEE OF THE NATIONAL MINING ASSOCIATION

Mailing Address 101 Constituion Ave NW
Suite 500 EastCity State Zip Code
Washington DC 20001FEC ID number of contributing
federal political committee.**C** C00304634

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11C.35259

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

MOUNTAINTOP TECHNOLOGIES INC POLITICAL ACTION COMMITTEE

Mailing Address 647 MAIN STREET SUITE 310

City State Zip Code
JOHNSTOWN PA 15901FEC ID number of contributing
federal political committee.**C** C00396176

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 8

Transaction ID: SA11C.34905

Amount of Each Receipt this Period

400.00

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

Full Name (Last, First, Middle Initial)

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

Mailing Address 1150 17TH STREET NW SUITE 701

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

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11C.35698

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)

2400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 120 / 284

(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) NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMMITTEE

Mailing Address 2901 TELESTAR COURT

City State Zip Code
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C C00005249**

Name of Employer Occupation

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

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11C.35364

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) NRA POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL ROAD

City State Zip Code
FAIRFAX VA 22030

FEC ID number of contributing federal political committee. **C C00053553**

Name of Employer Occupation

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

Election Cycle-to-Date ▼
 2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11C.35671

Amount of Each Receipt this Period

2500.00

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

C. Full Name (Last, First, Middle Initial) OSHKOSH TRUCK CORP EMPLOYEES POLITICAL ACTION COMMITTEE (OTCEPAC)

Mailing Address 2307 OREGON ST
 PO BOX 2566

City State Zip Code
OSHKOSH WI 54901

FEC ID number of contributing federal political committee. **C C00304477**

Name of Employer Occupation

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

Election Cycle-to-Date ▼
 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 8

Transaction ID: SA11C.35326

Amount of Each Receipt this Period

5000.00

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

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 121 / 284

(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)
PARAMETRIC TECHNOLOGY CORPORATION (PTC) PAC

Mailing Address **1850 CENTENNIAL PARK DRIVE STE 500**

City State Zip Code
RESTON VA 20191

FEC ID number of contributing federal political committee. **C C00410688**

Name of Employer Occupation

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

Election Cycle-to-Date ▼
5000.00

Date of Receipt

03 / 14 / 2008

Transaction ID: SA11C.35366

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)
PARAMETRIC TECHNOLOGY CORPORATION (PTC) PAC

Mailing Address **1850 CENTENNIAL PARK DRIVE STE 500**

City State Zip Code
RESTON VA 20191

FEC ID number of contributing federal political committee. **C C00410688**

Name of Employer Occupation

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

Election Cycle-to-Date ▼
7000.00

Date of Receipt

03 / 14 / 2008

Transaction ID: SA11C.35367

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)
PARSONS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address **100 WEST WALNUT STREET**

City State Zip Code
PASADENA CA 91124

FEC ID number of contributing federal political committee. **C C00103549**

Name of Employer Occupation

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

Election Cycle-to-Date ▼
5000.00

Date of Receipt

03 / 28 / 2008

Transaction ID: SA11C.35663

Amount of Each Receipt this Period

2500.00

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

SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 122 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE**A.**Full Name (Last, First, Middle Initial)
PARSONS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 100 WEST WALNUT STREET

City	State	Zip Code
PASADENA	CA	91124

FEC ID number of contributing
federal political committee. **C** C00103549

Name of Employer Occupation

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

 Election Cycle-to-Date ▼
 7500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
0 3		2 8		2 0 0 8

Transaction ID: SA11C.35664

Amount of Each Receipt this Period

2500.00

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

Mailing Address 141 Spring Street

City	State	Zip Code
Lexington	MA	02421

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

Name of Employer Occupation

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

 Election Cycle-to-Date ▼
 10000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
0 3		0 3		2 0 0 8

Transaction ID: SA11C.35300

Amount of Each Receipt this Period

5000.00

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

Mailing Address 430 NORTH MICHIGAN AVE

City	State	Zip Code
CHICAGO	IL	60611

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

Name of Employer Occupation

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

 Election Cycle-to-Date ▼
 5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
0 2		1 9		2 0 0 8

Transaction ID: SA11C.34934

Amount of Each Receipt this Period

4000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

11500.00

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

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

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

FOR LINE NUMBER: PAGE 123 / 284

(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)
ROCKWELL COLLINS INC. GOOD GOVERNMENT COMMITTEE

Mailing Address **1300 Wilson Boulevard #200**

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C C00365684**

Name of Employer Occupation

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

Election Cycle-to-Date ▼
2000.00

Date of Receipt

03 / 28 / 2008

Transaction ID: SA11C.35660

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)
ROETZEL & ANDRESS CO., LPA FSL PAC

Mailing Address **222 S. Main Street**

City State Zip Code
Akron OH 44308

FEC ID number of contributing federal political committee. **C C00228379**

Name of Employer Occupation

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

Election Cycle-to-Date ▼
1000.00

Date of Receipt

01 / 02 / 2008

Transaction ID: SA11C.34565

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)
SERVICE EMPLOYEES INTERNATIONAL UNION

Mailing Address **1313 L STREET NW**

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C70003124**

Name of Employer Occupation

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

Election Cycle-to-Date ▼
5000.00

Date of Receipt

02 / 21 / 2008

Transaction ID: SA11C.34958

Amount of Each Receipt this Period

5000.00

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

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 124 / 284

(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)
SERVICE EMPLOYEES INTERNATIONAL UNION

Mailing Address **1313 L STREET NW**

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C70003124**

Name of Employer Occupation

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

Election Cycle-to-Date ▼
6600.00

Date of Receipt

02 / 26 / 2008

Transaction ID: SA11C.34903

Amount of Each Receipt this Period

1600.00

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

B.

Full Name (Last, First, Middle Initial)
SPECTRUM GROUP POLITICAL ACTION COMMITTEE (SPECAPAC)

Mailing Address **11 CANAL CENTER PLAZA SUITE 110**

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00326488**

Name of Employer Occupation

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

Election Cycle-to-Date ▼
1000.00

Date of Receipt

03 / 11 / 2008

Transaction ID: SA11C.35327

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)
TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN

Mailing Address **1519 Washington Street
 2nd Floor Suite 200**

City State Zip Code
Laredo TX 78042

FEC ID number of contributing federal political committee. **C C00371302**

Name of Employer Occupation

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

Election Cycle-to-Date ▼
1000.00

Date of Receipt

04 / 02 / 2008

Transaction ID: SA11C.35693

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3600.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 125 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE**A.**Full Name (Last, First, Middle Initial)
TEXTRON INC POLITICAL ACTION COMMITTEEMailing Address 40 WESTMINSTER STREET
PO Box 878City State Zip Code
PROVIDENCE RI 02903FEC ID number of contributing
federal political committee. **C** C00123612

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
7500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 8

Transaction ID: SA11C.34901

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)
TRANSPORT WORKERS UNION POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 80 WEST END AVENUE

City State Zip Code
NEW YORK NY 10023FEC ID number of contributing
federal political committee. **C** C00008268

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11C.35672

Amount of Each Receipt this Period

2500.00

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

Mailing Address One Unisys Way

City State Zip Code
Blue Bell PA 19424FEC ID number of contributing
federal political committee. **C** C00345603

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 8

Transaction ID: SA11C.35665

Amount of Each Receipt this Period

2000.00

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

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 126 / 284

(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)
UNITED MINE WORKERS OF AMERICA - COAL MINERS POLITICAL ACTION COMMITTEE

Mailing Address **8315 LEE HIGHWAY, FIFTH FLOOR**

City State Zip Code
FAIRFAX VA 22031

FEC ID number of contributing federal political committee. **C C00013342**

Name of Employer Occupation

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

Election Cycle-to-Date ▼
5000.00

Date of Receipt

03 / 11 / 2008

Transaction ID: SA11C.35328

Amount of Each Receipt this Period

2500.00

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

B.

Full Name (Last, First, Middle Initial)
UNITED MINE WORKERS OF AMERICA - COAL MINERS POLITICAL ACTION COMMITTEE

Mailing Address **8315 LEE HIGHWAY, FIFTH FLOOR**

City State Zip Code
FAIRFAX VA 22031

FEC ID number of contributing federal political committee. **C C00013342**

Name of Employer Occupation

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

Election Cycle-to-Date ▼
7500.00

Date of Receipt

03 / 11 / 2008

Transaction ID: SA11C.35329

Amount of Each Receipt this Period

2500.00

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

C.

Full Name (Last, First, Middle Initial)
UNITED TECHNOLOGIES CORPORATION, PAC

Mailing Address **1401 EYE STREET NW SUITE 600**

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00035683**

Name of Employer Occupation

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

Election Cycle-to-Date ▼
10000.00

Date of Receipt

03 / 03 / 2008

Transaction ID: SA11C.35301

Amount of Each Receipt this Period

5000.00

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

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 127 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

UNITED TRANSPORTATION UNION (UTU) TRANSPORTATION POLITICAL EDUCATION LEAGUE

Mailing Address 14600 DETROIT AVENUE

City

CLEVELAND

State

OH

Zip Code

44107

FEC ID number of contributing
federal political committee.**C** C00001636

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11C.34935

Amount of Each Receipt this Period

4000.00

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

Full Name (Last, First, Middle Initial)

VEN-PAC

Mailing Address PO BOX 70002

City

WASHINGTON

State

DC

Zip Code

20024

FEC ID number of contributing
federal political committee.**C** C00369660

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11C.35265

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)

5500.00

TOTAL This Period (last page this line number only)

144500.00

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

FOR LINE NUMBER: PAGE 128 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

John Hugya

Mailing Address 473 Pheasant Road

City

Hollsopple

State

PA

Zip Code

15935

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Election Cycle-to-Date ▼

2151.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	0	8

Transaction ID: SA14.35743

Amount of Each Receipt this Period

2151.80

Refund Adv.-Gift

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

SUBTOTAL of Receipts This Page (optional)

2151.80

TOTAL This Period (last page this line number only)

2151.80

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

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

FOR LINE NUMBER: PAGE 129 / 284

(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 First Commonwealth Bank

Mailing Address 1047 Franklin Street
 8th Ward Office

City State Zip Code
 Johnstown PA 15905

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

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

Election Cycle-to-Date ▼

19338.05

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 3 1 / 2 0 0 8

Transaction ID: SA15.35474

Amount of Each Receipt this Period

1280.09

Interest Income

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

B.

Full Name (Last, First, Middle Initial)
 First Commonwealth Bank

Mailing Address 1047 Franklin Street
 8th Ward Office

City State Zip Code
 Johnstown PA 15905

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

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

Election Cycle-to-Date ▼

20262.95

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 2 9 / 2 0 0 8

Transaction ID: SA15.35475

Amount of Each Receipt this Period

924.90

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 Bank

Mailing Address 1047 Franklin Street
 8th Ward Office

City State Zip Code
 Johnstown PA 15905

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

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

Election Cycle-to-Date ▼

21254.32

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 8

Transaction ID: SA15.35715

Amount of Each Receipt this Period

991.37

Interest Income

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

SUBTOTAL of Receipts This Page (optional)

3196.36

TOTAL This Period (last page this line number only)

3196.36

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 130 / 284

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
1 - 104th Aviation Fam. Support Group

Mailing Address 218 Aviation Drive

City State Zip Code
Johnstown PA 15902

Purpose of Disbursement
Tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34608

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Patrick J. Alwine

Mailing Address 437 Southmont Blvd

City State Zip Code
Johnstown PA 15905

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34577

Date of Disbursement

/ /

Amount of Each Disbursement this Period

53.79

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
American Cancer Society

Mailing Address C/O Frances Kachur
223 Hopwood Fauchanie Road

City State Zip Code
Uniontown PA 15401

Purpose of Disbursement
Tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34849

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1653.79

TOTAL This Period (last page this line number only)

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) American Cancer Society	Transaction ID: SB17.34871 Date of Disbursement <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y 0 2 2 5 2 0 0 8 </div>	
Mailing Address C/O Frances Kachur 223 Hopwood Fauchanie Road	Amount of Each Disbursement this Period <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: right; font-weight: bold;">700.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City State Zip Code Uniontown PA 15401		
Purpose of Disbursement Tickets		<div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Candidate Name		<div style="border: 1px solid black; width: 50px; height: 20px;"></div> 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. Full Name (Last, First, Middle Initial) Army Navy Country Club	Transaction ID: SB17.34666 Date of Disbursement <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y 0 1 3 0 2 0 0 8 </div>	
Mailing Address 2400 18th Street S	Amount of Each Disbursement this Period <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: right; font-weight: bold;">118.31</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City State Zip Code Arlington VA 22204		
Purpose of Disbursement Meeting Expense		<div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Candidate Name		<div style="border: 1px solid black; width: 50px; height: 20px;"></div> 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) ▼
C. Full Name (Last, First, Middle Initial) A T&T	Transaction ID: SB17.34606 Date of Disbursement <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y 0 1 0 9 2 0 0 8 </div>	
Mailing Address P.O. Box 9001309	Amount of Each Disbursement this Period <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: right; font-weight: bold;">213.06</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City State Zip Code Louisville KY 40290-1309		
Purpose of Disbursement Telephone		<div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Candidate Name		<div style="border: 1px solid black; width: 50px; height: 20px;"></div> 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) ▼
SUBTOTAL of Disbursements This Page (optional) ▶		1031.37
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

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(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) A T&T Mailing Address P.O. Box 9001309	Transaction ID: SB17.34630 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Louisville State KY Zip Code 40290-1309 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>574.21</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) A T&T Mailing Address P.O. Box 9001309	Transaction ID: SB17.34671 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 8</div> </div>
City Louisville State KY Zip Code 40290-1309 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>160.86</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) A T&T Mailing Address P.O. Box 9001309	Transaction ID: SB17.34847 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div>
City Louisville State KY Zip Code 40290-1309 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>61.02</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

796.09

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) A T&T Mailing Address P.O. Box 9001309	Transaction ID: SB17.35427 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 8</div> </div>
City Louisville State KY Zip Code 40290-1309 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>182.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) A T&T Mailing Address P.O. Box 9001309 City Louisville State KY Zip Code 40290-1309 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35445 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>296.48</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Atlantic Broadband Mailing Address 120 Southmont Blvd City Johnstown State PA Zip Code 15905 Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34614 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>71.70</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

550.93

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

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Atlantic Broadband Mailing Address 120 Southmont Blvd	Transaction ID: SB17.34841 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15905 Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>71.49</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Atlantic Broadband Mailing Address 120 Southmont Blvd City Johnstown State PA Zip Code 15905 Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35443 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>71.49</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) B & B Floral Mailing Address 1199 Scalp Avenue 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) ▼	Transaction ID: SB17.34650 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>75.79</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

218.77

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

B & B Floral

Mailing Address 1199 Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Floral Arrangements

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34663

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)

B & B Floral

Mailing Address 1199 Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Floral Arrangements

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34876

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)

B & B Floral

Mailing Address 1199 Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Floral Arrangements

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.35721

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)

269.24

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Babcor Packaging Corp	Transaction ID: SB17.34811 Date of Disbursement
Mailing Address 855 South Canal Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 6 / 2 0 0 8</div> </div>
City Pittsburgh State PA Zip Code 15212 Purpose of Disbursement Gifts Candidate Name <div>Category/Type</div>	Amount of Each Disbursement this Period <div>477.20</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Bill Fitz - Patrick Photography	Transaction ID: SB17.35440 Date of Disbursement
Mailing Address 3609 Jennifer Street, NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20015 Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name <div>Category/Type</div>	Amount of Each Disbursement this Period <div>660.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Bittner Long Floral & Greenhouse	Transaction ID: SB17.34580 Date of Disbursement
Mailing Address 339 Stoystown Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 8</div> </div>
City Somerset State PA Zip Code 15501 Purpose of Disbursement Floral Arrangements Candidate Name <div>Category/Type</div>	Amount of Each Disbursement this Period <div>90.55</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

1227.75

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Bittner Long Floral & Greenhouse

Mailing Address 339 Stoystown Road

City Somerset State PA Zip Code 15501

Purpose of Disbursement
Floral Arrangements

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34631

Date of Disbursement

/ /

Amount of Each Disbursement this Period

92.45

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Bittner Long Floral & Greenhouse

Mailing Address 339 Stoystown Road

City Somerset State PA Zip Code 15501

Purpose of Disbursement
Floral Arrangements

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.35458

Date of Disbursement

/ /

Amount of Each Disbursement this Period

79.20

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Cambria Business Machines

Mailing Address P.O. Box 456

City Johnstown State PA Zip Code 15907-0456

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.35461

Date of Disbursement

/ /

Amount of Each Disbursement this Period

294.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

465.65

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Cam Co Dept of Emer Services</p> <hr/> <p>Mailing Address 401 Candlelight Drive Suite 100</p> <hr/> <p>City Ebensburg State PA Zip Code 15931-1959</p> <hr/> <p>Purpose of Disbursement Campaign Office Exp</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35449</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div> <div></div> <div>75.00</div> </div> </p> <hr/> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Central Tax Bureau of PA, Inc.</p> <hr/> <p>Mailing Address 1610 Bedford Street</p> <hr/> <p>City Johnstown State PA Zip Code 15902</p> <hr/> <p>Purpose of Disbursement Local Payroll Taxes W/H</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34618</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div> <div></div> <div>184.60</div> </div> </p> <hr/> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Christian Book Store</p> <hr/> <p>Mailing Address 1238 Scalp Avenue</p> <hr/> <p>City Johnstown State PA Zip Code 15904</p> <hr/> <p>Purpose of Disbursement Campaign Office Exp</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34652</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 3 / 2 0 0 8</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div> <div></div> <div>754.31</div> </div> </p> <hr/> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

1013.91

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Christian Book Store <hr/> Mailing Address 1238 Scalp Avenue	Transaction ID: SB17.34873 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15904 Purpose of Disbursement Campaign Office Exp Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> State: District:	Amount of Each Disbursement this Period <div>227.30</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Colony Cleaning Company <hr/> Mailing Address 160 Engbert Road	Transaction ID: SB17.34613 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15902 Purpose of Disbursement Cleaning Expense Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> State: District:	Amount of Each Disbursement this Period <div>154.24</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Colony Cleaning Company <hr/> Mailing Address 160 Engbert Road	Transaction ID: SB17.34817 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 6 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15902 Purpose of Disbursement Cleaning Expense Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> State: District:	Amount of Each Disbursement this Period <div>154.24</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

535.78

TOTAL This Period (last page this line number only)

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

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for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Colony Cleaning Company Mailing Address 160 Engbert Road	Transaction ID: SB17.35450 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
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) ▼	Amount of Each Disbursement this Period <div>192.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Conemaugh Gap Chapter Ducks Unlimited Mailing Address 139 Forest Edge Drive City Johnstown State PA Zip Code 15905 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) ▼	Transaction ID: SB17.35727 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>120.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Congressional Club Mailing Address 2001 N. H. Avenue City Washington State DC Zip Code 20009 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: SB17.34648 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>200.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional) ▶	<div>512.80</div>
TOTAL This Period (last page this line number only) ▶	

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Crown American	Transaction ID: SB17.34629 Date of Disbursement
Mailing Address Pasquerilla Plaza	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
Purpose of Disbursement Entertainment	<div> <div>2368.49</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Crystal Concepts	Transaction ID: SB17.34851 Date of Disbursement
Mailing Address 604 N. Geary Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 0 / 2 0 0 8</div> </div>
City Mt. Pleasant State PA Zip Code 15666	Amount of Each Disbursement this Period
Purpose of Disbursement Gifts	<div> <div>644.48</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Crystal Strings	Transaction ID: SB17.34853 Date of Disbursement
Mailing Address 11105 Hudee Ct	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 0 / 2 0 0 8</div> </div>
City Bowie State MD Zip Code 20721	Amount of Each Disbursement this Period
Purpose of Disbursement Fund Raiser Rcpt Exp	<div> <div>650.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3662.97

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Digital Razor Mailing Address 430 Main Street	Transaction ID: SB17.34632 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>24.96</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Digital Razor Mailing Address 430 Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34840 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>24.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Donora Fire Dept. Mailing Address 605 Meldon Avenue City Donora State PA Zip Code 15033-0811 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35432 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>250.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

299.91

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Glen Embree Mailing Address RD 1, Box 353	Transaction ID: SB17.35437 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Mt Pleasant State PA Zip Code 15666 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) ▼	Amount of Each Disbursement this Period <div>200.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Glen Embree Mailing Address RD 1, Box 353	Transaction ID: SB17.35454 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Mt Pleasant State PA Zip Code 15666 Purpose of Disbursement Reimb. Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>63.05</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Fayette Co. Friends of NRA Mailing Address 1192 University Drive	Transaction ID: SB17.34823 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 6 / 2 0 0 8</div> </div>
City Dunbar State PA Zip Code 15431 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) ▼	Amount of Each Disbursement this Period <div>750.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1013.05

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Feeder Canal Assoc. Inc Mailing Address 647 Main Street 4th Floor	Transaction ID: SB17.34656 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 3 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1145.83</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Feeder Canal Assoc. Inc Mailing Address 647 Main Street 4th Floor	Transaction ID: SB17.34856 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 0 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1145.83</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Feeder Canal Assoc. Inc Mailing Address 647 Main Street 4th Floor	Transaction ID: SB17.35626 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1463.18</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3754.84

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

First Commonwealth Bank

Mailing Address Credit Card Dept.
P.O. Box 0537

City Indiana State PA Zip Code 15701-0537

Purpose of Disbursement
See Detail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34607

Date of Disbursement

/ /

Amount of Each Disbursement this Period

402.69

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

First Commonwealth Bank

Mailing Address Credit Card Dept.
P.O. Box 0537

City Indiana State PA Zip Code 15701-0537

Purpose of Disbursement
See Detail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34623

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15783.95

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

On Star

Mailing Address P.O. Box 278

City Sheldon State IA Zip Code 51201

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34623.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

28.90

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

16186.64

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Texaco Inc Mailing Address 2000 Westchester Avenue	Transaction ID: SB17.34623.1 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City State Zip Code White Plains NY 10650 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>23.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) First Commonwealth Bank Mailing Address Credit Card Dept. P.O. Box 0537 City State Zip Code Indiana PA 15701-0537 Purpose of Disbursement Bank Charges 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: SB17.34623.2 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>137.97</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) U S Airways Mailing Address P.O. Box 12346 City State Zip Code Pittsburgh PA 15231 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: SB17.34623.3 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>644.79</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Amoco Oil Mailing Address PO Box 3385	Transaction ID: SB17.34623.4 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Tulsa State OK Zip Code 74102 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>30.50</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Sassy's Airport Restaurant Mailing Address Airport Road City Johnstown State PA Zip Code 15904 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: SB17.34623.5 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>86.91</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) First Commonwealth Bank Mailing Address Credit Card Dept. P.O. Box 0537 City Indiana State PA Zip Code 15701-0537 Purpose of Disbursement Bank Charges Candidate Name Office Sought: <input type="checkbox"/> House <input 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: SB17.34623.6 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>54.86</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address 700 Cranberry Woods Drive

City State Zip Code
Cranberry Twp. PA 16066

Purpose of Disbursement

Telephone

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34623.8

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	0	8

Amount of Each Disbursement this Period

100.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Amoco Oil

Mailing Address PO Box 3385

City State Zip Code
Tulsa OK 74102

Purpose of Disbursement

Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34623.9

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	0	8

Amount of Each Disbursement this Period

6.92

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

On Star

Mailing Address P.O. Box 278

City State Zip Code
Sheldon IA 51201

Purpose of Disbursement

Telephone

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34623.10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	0	8

Amount of Each Disbursement this Period

84.93

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) On Star Mailing Address P.O. Box 278	Transaction ID: SB17.34623.11 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Sheldon State IA Zip Code 51201 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>28.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Symon's Auto Wash Mailing Address Menoher Blvd City Johnstown State PA Zip Code 15905 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34623.13 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>15.42</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34623.14 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>8.43</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶	<div>0.00</div>
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Symon's Auto Wash	Transaction ID: SB17.34623.15 Date of Disbursement
Mailing Address Menoher Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15905 Purpose of Disbursement Travel Candidate Name	Amount of Each Disbursement this Period <div>12.99</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) First Commonwealth Bank	Transaction ID: SB17.34623.16 Date of Disbursement
Mailing Address Credit Card Dept. P.O. Box 0537	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Indiana State PA Zip Code 15701-0537 Purpose of Disbursement Finance Charges Candidate Name	Amount of Each Disbursement this Period <div>0.86</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Radio Shack	Transaction ID: SB17.34623.17 Date of Disbursement
Mailing Address 300 Radio Shack Circle	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Fort Worth State TX Zip Code 76102 Purpose of Disbursement Campaign Office Exp Candidate Name	Amount of Each Disbursement this Period <div>211.49</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Safeway Store <hr/> Mailing Address 1201 E Street NW <hr/> City Washington State DC Zip Code 20240 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/>	Transaction ID: SB17.34623.18 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
<hr/> Amount of Each Disbursement this Period <div>100.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
B. Full Name (Last, First, Middle Initial) U.S. House Member's Dining <hr/> Mailing Address H 118 U.S. Capitol <hr/> City Washington State DC Zip Code 20515 <hr/> Purpose of Disbursement Meeting Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/>	Transaction ID: SB17.34623.19 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
<hr/> Amount of Each Disbursement this Period <div>64.05</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
C. Full Name (Last, First, Middle Initial) U.S. Postal Service <hr/> Mailing Address Locust & Franklin Streets <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/>	Transaction ID: SB17.34623.21 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
<hr/> Amount of Each Disbursement this Period <div>0.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Coffee Whiz.Com Mailing Address 221 Church Street	Transaction ID: SB17.34623.22 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Philadelphia State PA Zip Code 19107 Purpose of Disbursement Meeting Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>62.54</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Amoco Oil Mailing Address PO Box 3385 City Tulsa State OK Zip Code 74102 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34623.24 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>28.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) First Commonwealth Bank Mailing Address Credit Card Dept. P.O. Box 0537 City Indiana State PA Zip Code 15701-0537 Purpose of Disbursement Finance Charges 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: SB17.34623.25 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>14.20</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶	<div>0.00</div> TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code
Altoona PA 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34623.26
Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code
Altoona PA 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34623.27
Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Giant Eagle

Mailing Address Scalp Avenue

City State Zip Code
Johnstown PA 15904

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34623.28
Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue	Transaction ID: SB17.34623.29 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>7.55</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Park n Dine Mailing Address 189 E Main Street City Hancock State MD Zip Code 21750 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34623.30 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>33.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34623.34 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>41.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Homewood Suites

Mailing Address 4850 Leesburg Pike

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34623.35

Date of Disbursement

/ /

Amount of Each Disbursement this Period

438.18

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Homewood Suites

Mailing Address 4850 Leesburg Pike

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34623.36

Date of Disbursement

/ /

Amount of Each Disbursement this Period

438.18

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34623.37

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.67

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34623.44
Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34623.45
Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Westin Hotels

Mailing Address 17 Chestnut Lane

City Philadelphia State PA Zip Code 19115

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34623.46
Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Sheetz <hr/> Mailing Address 5700 Sixth Avenue	Transaction ID: SB17.34623.49 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Meals Candidate Name <div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: </div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>5.22</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Sheetz <hr/> Mailing Address 5700 Sixth Avenue	Transaction ID: SB17.34623.50 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name <div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: </div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>32.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Sheetz <hr/> Mailing Address 5700 Sixth Avenue	Transaction ID: SB17.34623.51 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name <div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: </div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>7.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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for each category of the
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34623.52
Date of Disbursement

/ /

Amount of Each Disbursement this Period

45.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34623.53
Date of Disbursement

/ /

Amount of Each Disbursement this Period

56.26

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34623.55
Date of Disbursement

/ /

Amount of Each Disbursement this Period

64.99

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue	Transaction ID: SB17.34623.56 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>36.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Park n Dine Mailing Address 189 E Main Street City Hancock State MD Zip Code 21750 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34623.58 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>25.71</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Symon's Auto Wash Mailing Address Menoher Blvd City Johnstown State PA Zip Code 15905 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34623.59 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>19.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

FEC Schedule B (Form 3) (Revised 02/2003)

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

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

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Giant Eagle

Mailing Address Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34623.68

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.39

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34623.69

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

A T&T

Mailing Address P.O. Box 9001309

City Louisville State KY Zip Code 40290-1309

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34623.71

Date of Disbursement

/ /

Amount of Each Disbursement this Period

222.58

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Exxonmobile	Transaction ID: SB17.34623.75 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
Mailing Address Service Station	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">51.26</div>
City State Zip Code Arlington VA 22210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement Travel	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>
Candidate Name	Category/ Type
Office Sought: Disbursement For: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>	
State: District:	
B. Full Name (Last, First, Middle Initial) Sheetz	Transaction ID: SB17.34623.76 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
Mailing Address 5700 Sixth Avenue	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">9.00</div>
City State Zip Code Altoona PA 16602	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement Travel	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>
Candidate Name	Category/ Type
Office Sought: Disbursement For: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>	
State: District:	
C. Full Name (Last, First, Middle Initial) Sheetz	Transaction ID: SB17.34623.80 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
Mailing Address 5700 Sixth Avenue	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">33.00</div>
City State Zip Code Altoona PA 16602	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement Travel	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>
Candidate Name	Category/ Type
Office Sought: Disbursement For: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>	
State: District:	
<div style="display: flex; justify-content: space-between;"> <div> SUBTOTAL of Disbursements This Page (optional) </div> <div style="border: 1px solid black; padding: 5px; text-align: right;">0.00</div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> TOTAL This Period (last page this line number only) </div> <div style="border: 1px solid black; padding: 5px; text-align: right;">0.00</div> </div>	

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Westin Hotels</p> <p>Mailing Address 17 Chestnut Lane</p> <p>City Philadelphia State PA Zip Code 19115</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34623.81</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>386.46</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Westin Hotels</p> <p>Mailing Address 17 Chestnut Lane</p> <p>City Philadelphia State PA Zip Code 19115</p> <p>Purpose of Disbursement Fund Raiser Recpt Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34623.82</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>8795.52</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address Locust & 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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34623.83</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>76.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional) ►</p>	
<p>TOTAL 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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) EM's Sub Shop Mailing Address 1111 Scalp Avenue	Transaction ID: SB17.34623.85 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15904-3036 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) ▼	Amount of Each Disbursement this Period <div>17.64</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34623.86 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>30.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34623.87 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>30.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code
Altoona PA 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34623.88

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code
Altoona PA 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34623.89

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Giant Eagle

Mailing Address Scalp Avenue

City State Zip Code
Johnstown PA 15904

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34623.90

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Giant Eagle

Mailing Address Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Campaign Office Exp
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34623.91
Date of Disbursement

/ /

Amount of Each Disbursement this Period

38.07

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Wal Mart

Mailing Address Theatre Drive

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Campaign Office Exp
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34623.92
Date of Disbursement

/ /

Amount of Each Disbursement this Period

23.44

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Symon's Auto Wash

Mailing Address Menoher Blvd

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Travel
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34623.93
Date of Disbursement

/ /

Amount of Each Disbursement this Period

19.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Johnstown Phoenix Bar Mailing Address 200 Broad Street	Transaction ID: SB17.34623.94 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15906 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) ▼	Amount of Each Disbursement this Period <div>69.06</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) EM's Sub Shop Mailing Address 1111 Scalp Avenue City Johnstown State PA Zip Code 15904-3036 Purpose of Disbursement Meeting 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: SB17.34623.95 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>120.52</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) EM's Sub Shop Mailing Address 1111 Scalp Avenue City Johnstown State PA Zip Code 15904-3036 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) ▼	Transaction ID: SB17.34623.96 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>5.49</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

Use separate schedule(s)
for each category of the
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34623.97
Date of Disbursement

/ /

Amount of Each Disbursement this Period

37.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Giant Eagle

Mailing Address Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34623.98
Date of Disbursement

/ /

Amount of Each Disbursement this Period

83.75

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Symon's Auto Wash

Mailing Address Menoher Blvd

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34623.99
Date of Disbursement

/ /

Amount of Each Disbursement this Period

19.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Symon's Auto Wash	Transaction ID: SB17.34623.100 Date of Disbursement 01 / 16 / 2008
	Mailing Address Menoher Blvd	
	City Johnstown State PA Zip Code 15905	Amount of Each Disbursement this Period 38.00
	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Get Go	Transaction ID: SB17.34623.101 Date of Disbursement 01 / 16 / 2008
	Mailing Address 3143 NATl Pike Road	
	City Richeyville State PA Zip Code 15358	Amount of Each Disbursement this Period 34.72
	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) Johnstown Phoenix Bar	Transaction ID: SB17.34623.103 Date of Disbursement 01 / 16 / 2008
	Mailing Address 200 Broad Street	
	City Johnstown State PA Zip Code 15906	Amount of Each Disbursement this Period 35.57
	Purpose of Disbursement Meeting Exp	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)		

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue	Transaction ID: SB17.34623.104 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>16.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Sunoco Mailing Address Walnut Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34623.106 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>13.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Symon's Auto Wash Mailing Address Menoher Blvd City Johnstown State PA Zip Code 15905 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34623.108 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>19.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEEFEC Schedule B (Form 3) (Revised 02/2003)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

First Commonwealth Bank

Mailing Address Credit Card Dept.
P.O. Box 0537

City Indiana State PA Zip Code 15701-0537

Purpose of Disbursement

Finance Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34623.112

Date of Disbursement

/ /

Amount of Each Disbursement this Period

220.34

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

First Commonwealth Bank

Mailing Address Credit Card Dept.
P.O. Box 0537

City Indiana State PA Zip Code 15701-0537

Purpose of Disbursement

See Detail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7611.84

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Exxonmobile

Mailing Address Service Station

City Arlington State VA Zip Code 22210

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

22.38

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

7611.84

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Athena Pallas <hr/> Mailing Address 556 22nd Street	Transaction ID: SB17.34839.1 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div>
City Arlington State VA Zip Code 22202 Purpose of Disbursement Meeting Expense Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>118.59</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) On Star <hr/> Mailing Address P.O. Box 278	Transaction ID: SB17.34839.2 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div>
City Sheldon State IA Zip Code 51201 Purpose of Disbursement Telephone Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>28.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Exxonmobile <hr/> Mailing Address Service Station	Transaction ID: SB17.34839.3 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div>
City Arlington State VA Zip Code 22210 Purpose of Disbursement Travel Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>36.33</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ► <div>0.00</div>	
TOTAL This Period (last page this line number only) ►	

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Alpine Restaurant Mailing Address 4770 Lee Hwy	Transaction ID: SB17.34839.4 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div>
City State Zip Code Arlington VA 22207 Purpose of Disbursement Meeting Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>748.44</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) First Commonwealth Bank Mailing Address 1047 Franklin Street 8th Ward Office City State Zip Code Johnstown PA 15905 Purpose of Disbursement Bank Charges 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: SB17.34839.5 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>5.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) First Commonwealth Bank Mailing Address Credit Card Dept. P.O. Box 0537 City State Zip Code Indiana PA 15701-0537 Purpose of Disbursement Finance Charges 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: SB17.34839.6 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>21.03</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶	<div>0.00</div> <div></div>
TOTAL This Period (last page this line number only) ▶	<div></div>

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

First Commonwealth Bank

Mailing Address Credit Card Dept.
P.O. Box 0537

City Indiana State PA Zip Code 15701-0537

Purpose of Disbursement

Finance Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34839.7

Date of Disbursement

02 / 13 / 2008

Amount of Each Disbursement this Period

54.86

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

American Airlines

Mailing Address 4333 Amon Carter Blvd

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34839.9

Date of Disbursement

02 / 13 / 2008

Amount of Each Disbursement this Period

554.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Capitol Hills Suites

Mailing Address 200 C St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34839.10

Date of Disbursement

02 / 13 / 2008

Amount of Each Disbursement this Period

375.57

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

First Commonwealth Bank

Mailing Address Credit Card Dept.
P.O. Box 0537

City Indiana State PA Zip Code 15701-0537

Purpose of Disbursement

Finance Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.13

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

First Commonwealth Bank

Mailing Address Credit Card Dept.
P.O. Box 0537

City Indiana State PA Zip Code 15701-0537

Purpose of Disbursement

Finance Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.14

Date of Disbursement

/ /

Amount of Each Disbursement this Period

23.95

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.15

Date of Disbursement

/ /

Amount of Each Disbursement this Period

34.93

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code
Altoona PA 16602

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34839.16
Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
On Star

Mailing Address P.O. Box 278

City State Zip Code
Sheldon IA 51201

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34839.17
Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
First Commonwealth Bank

Mailing Address Credit Card Dept.
P.O. Box 0537

City State Zip Code
Indiana PA 15701-0537

Purpose of Disbursement
Finance Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34839.18
Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) First Commonwealth Bank <hr/> Mailing Address Credit Card Dept. P.O. Box 0537 <hr/> <div style="display: flex; justify-content: space-between;"> City Indiana State PA Zip Code 15701-0537 </div> <hr/> <div style="display: flex;"> <div style="flex: 1;"> Purpose of Disbursement Finance Charges Candidate Name </div> <div style="flex: 0.5; border-left: 1px solid black; align-self: center; padding-left: 5px;"> <input type="text"/> Category/ Type </div> </div> <hr/> <div style="display: flex;"> <div style="flex: 1;"> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 10px;"> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>	Transaction ID: SB17.34839.19 Date of Disbursement <div style="display: flex; justify-content: space-around; font-family: monospace;"> M M / D D / Y Y Y Y </div> <div style="display: flex; justify-content: space-around; border: 1px solid gray; padding: 2px;"> 0 2 1 3 2 0 0 8 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid gray; height: 20px; margin-top: 5px;"></div> <div style="text-align: right; margin-right: 10px;">3.35</div> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
B. Full Name (Last, First, Middle Initial) Coffee Whiz.Com <hr/> Mailing Address 221 Church Street <hr/> <div style="display: flex; justify-content: space-between;"> City Philadelphia State PA Zip Code 19107 </div> <hr/> <div style="display: flex;"> <div style="flex: 1;"> Purpose of Disbursement Campaign Office Exp Candidate Name </div> <div style="flex: 0.5; border-left: 1px solid black; align-self: center; padding-left: 5px;"> <input type="text"/> Category/ Type </div> </div> <hr/> <div style="display: flex;"> <div style="flex: 1;"> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 10px;"> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>	Transaction ID: SB17.34839.21 Date of Disbursement <div style="display: flex; justify-content: space-around; font-family: monospace;"> M M / D D / Y Y Y Y </div> <div style="display: flex; justify-content: space-around; border: 1px solid gray; padding: 2px;"> 0 2 1 3 2 0 0 8 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid gray; height: 20px; margin-top: 5px;"></div> <div style="text-align: right; margin-right: 10px;">83.92</div> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) U.S. House Member's Dining <hr/> Mailing Address H 118 U.S. Capitol <hr/> <div style="display: flex; justify-content: space-between;"> City Washington State DC Zip Code 20515 </div> <hr/> <div style="display: flex;"> <div style="flex: 1;"> Purpose of Disbursement Meeting Exp Candidate Name </div> <div style="flex: 0.5; border-left: 1px solid black; align-self: center; padding-left: 5px;"> <input type="text"/> Category/ Type </div> </div> <hr/> <div style="display: flex;"> <div style="flex: 1;"> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 10px;"> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>	Transaction ID: SB17.34839.22 Date of Disbursement <div style="display: flex; justify-content: space-around; font-family: monospace;"> M M / D D / Y Y Y Y </div> <div style="display: flex; justify-content: space-around; border: 1px solid gray; padding: 2px;"> 0 2 1 3 2 0 0 8 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid gray; height: 20px; margin-top: 5px;"></div> <div style="text-align: right; margin-right: 10px;">184.35</div> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<div style="display: flex; justify-content: space-between;"> <div> SUBTOTAL of Disbursements This Page (optional) ▶ TOTAL This Period (last page this line number only) ▶ </div> <div style="border: 1px solid gray; width: 150px; height: 30px; margin-top: 5px;"></div> <div style="text-align: right; margin-right: 10px;">0.00</div> </div>	

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue	Transaction ID: SB17.34839.23 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>51.78</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) First Commonwealth Bank Mailing Address Credit Card Dept. P.O. Box 0537 City Indiana State PA Zip Code 15701-0537 Purpose of Disbursement Finance Charges 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: SB17.34839.24 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>5.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) First Commonwealth Bank Mailing Address Credit Card Dept. P.O. Box 0537 City Indiana State PA Zip Code 15701-0537 Purpose of Disbursement Finance Charges 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: SB17.34839.25 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>4.96</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶	<div>0.00</div> <div></div>
TOTAL This Period (last page this line number only) ▶	<div></div>

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Radio Shack Mailing Address 300 Radio Shack Circle	Transaction ID: SB17.34839.26 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div>
City Fort Worth State TX Zip Code 76102 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>121.60</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) U.S. Capitol Historical Society Mailing Address 200 Maryland Ave N.E. City Washington State DC Zip Code 20000 Purpose of Disbursement Gifts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34839.27 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>149.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Safeway Store Mailing Address 1201 E Street NW City Washington State DC Zip Code 20240 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: SB17.34839.29 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>22.91</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Alpine Restaurant Mailing Address 4770 Lee Hwy	Transaction ID: SB17.34839.30 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div>
City State Zip Code Arlington VA 22207 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) ▼	Amount of Each Disbursement this Period <div>100.44</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) U.S. Capitol Historical Society Mailing Address 200 Maryland Ave N.E. City State Zip Code Washington DC 20000 Purpose of Disbursement Gifts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34839.31 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>364.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Borders Books Mailing Address 600 14 Street NW City State Zip Code Washington DC 20005 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: SB17.34839.32 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>759.29</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR 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**A.**

Full Name (Last, First, Middle Initial)

U.S. Postal Service

Mailing Address Locust & Franklin Streets

City State Zip Code
Johnstown PA 15901Purpose of Disbursement
Postage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34839.33

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	0	8

Amount of Each Disbursement this Period

209.56

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Amoco Oil

Mailing Address PO Box 3385

City State Zip Code
Tulsa OK 74102Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34839.36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	0	8

Amount of Each Disbursement this Period

5.67

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Amoco Oil

Mailing Address PO Box 3385

City State Zip Code
Tulsa OK 74102Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34839.37

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	0	8

Amount of Each Disbursement this Period

22.21

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Sunoco Mailing Address Walnut Street	Transaction ID: SB17.34839.42 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>35.26</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Capri Pizza 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) ▼	Transaction ID: SB17.34839.43 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>21.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address Locust & Franklin Streets City Johnstown State PA Zip Code 15901 Purpose of Disbursement Postage 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: SB17.34839.45 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>492.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Johnston the Florist

Mailing Address P.O. Box 100

City State Zip Code
McKeesport PA 15134

Purpose of Disbursement
Floral Arrangements

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.47
Date of Disbursement

/ /

Amount of Each Disbursement this Period

97.46

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Johnstown Phoenix Bar

Mailing Address 200 Broad Street

City State Zip Code
Johnstown PA 15906

Purpose of Disbursement
Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.48
Date of Disbursement

/ /

Amount of Each Disbursement this Period

31.48

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Sunoco

Mailing Address Walnut Street

City State Zip Code
Johnstown PA 15901

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.50
Date of Disbursement

/ /

Amount of Each Disbursement this Period

35.04

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Gallina's Pizza

Mailing Address Market Street

City State Zip Code
Johnstown PA 15901

Purpose of Disbursement
Volunteer Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.52
Date of Disbursement

/ /

Amount of Each Disbursement this Period

24.14

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Johnstown Phoenix Bar

Mailing Address 200 Broad Street

City State Zip Code
Johnstown PA 15906

Purpose of Disbursement
Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.53
Date of Disbursement

/ /

Amount of Each Disbursement this Period

52.47

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Amoco Oil

Mailing Address PO Box 3385

City State Zip Code
Tulsa OK 74102

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.54
Date of Disbursement

/ /

Amount of Each Disbursement this Period

11.98

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Amoco Oil Mailing Address PO Box 3385	Transaction ID: SB17.34839.55 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div>
City State Zip Code Tulsa OK 74102 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>56.22</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) U.S. Capitol Historical Society Mailing Address 200 Maryland Ave N.E. City State Zip Code Washington DC 20000 Purpose of Disbursement Gifts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.34839.57 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>477.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) First Commonwealth Bank Mailing Address Credit Card Dept. P.O. Box 0537 City State Zip Code Indiana PA 15701-0537 Purpose of Disbursement Finance Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.34839.58 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>5.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

First Commonwealth Bank

Mailing Address Credit Card Dept.
P.O. Box 0537

City Indiana State PA Zip Code 15701-0537

Purpose of Disbursement

Finance Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.59

Date of Disbursement

/ /

Amount of Each Disbursement this Period

32.67

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Giant Eagle

Mailing Address Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement

Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.60

Date of Disbursement

/ /

Amount of Each Disbursement this Period

96.44

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.62

Date of Disbursement

/ /

Amount of Each Disbursement this Period

38.45

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Sunoco

Mailing Address Walnut Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.63
Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Symon's Auto Wash

Mailing Address Menoher Blvd

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.64
Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Symon's Auto Wash

Mailing Address Menoher Blvd

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.65
Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Sunoco Mailing Address Walnut Street	Transaction ID: SB17.34839.66 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>59.65</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Wal Mart 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: SB17.34839.67 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>8.23</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Giant Eagle Mailing Address Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34839.68 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>60.99</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Keurig at Home

Mailing Address 101 Edgewater

City State Zip Code
Wakefield MA 01880

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.69

Date of Disbursement

/ /

Amount of Each Disbursement this Period

166.03

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Angelos Restaurant

Mailing Address 955 W Chestnut Street

City State Zip Code
Washington PA 15301

Purpose of Disbursement
Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.71

Date of Disbursement

/ /

Amount of Each Disbursement this Period

221.54

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code
Altoona PA 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.72

Date of Disbursement

/ /

Amount of Each Disbursement this Period

48.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Sunoco

Mailing Address Walnut Street

City State Zip Code
Johnstown PA 15901

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34839.73
Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code
Altoona PA 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34839.75
Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Giant Eagle

Mailing Address Scalp Avenue

City State Zip Code
Johnstown PA 15904

Purpose of Disbursement
Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34839.76
Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Athena Pallas Mailing Address 556 22nd Street	Transaction ID: SB17.34839.78 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div>
City Arlington State VA Zip Code 22202 Purpose of Disbursement Meeting Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>107.73</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue	Transaction ID: SB17.34839.79 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 7</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>64.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue	Transaction ID: SB17.34839.81 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>41.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Giant Eagle

Mailing Address Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Campaign Office Exp
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.82
Date of Disbursement

/ /

Amount of Each Disbursement this Period

8.78

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Giant Eagle

Mailing Address Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Campaign Office Exp
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.84
Date of Disbursement

/ /

Amount of Each Disbursement this Period

230.61

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.85
Date of Disbursement

/ /

Amount of Each Disbursement this Period

31.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue	Transaction ID: SB17.34839.86 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>45.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34839.88 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>4.68</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Tybers Restaurant Mailing Address 827 Finley Road City Belle Vernon State PA Zip Code 15012 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: SB17.34839.89 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>316.20</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶	<div>0.00</div>
TOTAL This Period (last page this line number only) ▶	

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Giant Eagle

Mailing Address Scalp Avenue

City Johnstown State PA Zip Code 15904

Purpose of Disbursement

Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.90

Date of Disbursement

/ /

Amount of Each Disbursement this Period

13.36

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.91

Date of Disbursement

/ /

Amount of Each Disbursement this Period

56.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Symon's Auto Wash

Mailing Address Menoher Blvd

City Johnstown State PA Zip Code 15905

Purpose of Disbursement

Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.92

Date of Disbursement

/ /

Amount of Each Disbursement this Period

19.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

First Commonwealth Bank

Mailing Address Credit Card Dept.
P.O. Box 0537

City Indiana State PA Zip Code 15701-0537

Purpose of Disbursement

Finance Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.93

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

First Commonwealth Bank

Mailing Address Credit Card Dept.
P.O. Box 0537

City Indiana State PA Zip Code 15701-0537

Purpose of Disbursement

Finance Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.94

Date of Disbursement

/ /

Amount of Each Disbursement this Period

49.92

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Safeway Store

Mailing Address 1201 E Street NW

City Washington State DC Zip Code 20240

Purpose of Disbursement

Campaign Office Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.95

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9.17

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

First Commonwealth Bank

Mailing Address Credit Card Dept.
P.O. Box 0537

City Indiana State PA Zip Code 15701-0537

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.96

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

COSI Inc

Mailing Address 1751 Lake Cook Road

City Deerfield State IL Zip Code 60015

Purpose of Disbursement

Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.97

Date of Disbursement

/ /

Amount of Each Disbursement this Period

127.94

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Exxonmobile

Mailing Address Service Station

City Arlington State VA Zip Code 22210

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.98

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Exxonmobile

Mailing Address Service Station

City State Zip Code
Arlington VA 22210

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34839.99

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.28

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code
Altoona PA 16602

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34839.100

Date of Disbursement

/ /

Amount of Each Disbursement this Period

27.04

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Exxonmobile

Mailing Address Service Station

City State Zip Code
Arlington VA 22210

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34839.101

Date of Disbursement

/ /

Amount of Each Disbursement this Period

36.75

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

First Commonwealth Bank

Mailing Address Credit Card Dept.
P.O. Box 0537

City Indiana State PA Zip Code 15701-0537

Purpose of Disbursement

Finance Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.102

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

First Commonwealth Bank

Mailing Address Credit Card Dept.
P.O. Box 0537

City Indiana State PA Zip Code 15701-0537

Purpose of Disbursement

Finance Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.103

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1.82

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34839.105

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City State Zip Code
Altoona PA 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34839.106

Date of Disbursement

/ /

Amount of Each Disbursement this Period

33.25

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
First Commonwealth Bank

Mailing Address Credit Card Dept.
P.O. Box 0537

City State Zip Code
Indiana PA 15701-0537

Purpose of Disbursement
Finance Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.34839.107

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-5.80

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
First Commonwealth Bank

Mailing Address Credit Card Dept.
P.O. Box 0537

City State Zip Code
Indiana PA 15701-0537

Purpose of Disbursement
See Detail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.35436

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10012.44

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

10012.44

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
On Star

Mailing Address P.O. Box 278

City Sheldon State IA Zip Code 51201

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.35436.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

28.90

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
U.S. House Member's Dining

Mailing Address H 118 U.S. Capitol

City Washington State DC Zip Code 20515

Purpose of Disbursement
Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.35436.6

Date of Disbursement

/ /

Amount of Each Disbursement this Period

46.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
First Commonwealth Bank

Mailing Address Credit Card Dept.
P.O. Box 0537

City Indiana State PA Zip Code 15701-0537

Purpose of Disbursement
Finance Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.35436.7

Date of Disbursement

/ /

Amount of Each Disbursement this Period

0.51

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue	Transaction ID: SB17.35436.8 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>66.55</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) On Star Mailing Address P.O. Box 278	Transaction ID: SB17.35436.10 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Sheldon State IA Zip Code 51201 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>28.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Texaco Inc Mailing Address 2000 Westchester Avenue	Transaction ID: SB17.35436.11 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City White Plains State NY Zip Code 10650 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>46.71</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Coffee Whiz.Com

Mailing Address 221 Church Street

City Philadelphia State PA Zip Code 19107

Purpose of Disbursement

Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.35436.14

Date of Disbursement

/ /

Amount of Each Disbursement this Period

85.74

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Amoco Oil

Mailing Address PO Box 3385

City Tulsa State OK Zip Code 74102

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.35436.15

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Safeway Store

Mailing Address 1201 E Street NW

City Washington State DC Zip Code 20240

Purpose of Disbursement

Campaign Office Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.35436.16

Date of Disbursement

/ /

Amount of Each Disbursement this Period

81.35

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 204 / 284

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Amoco Oil Mailing Address PO Box 3385	Transaction ID: SB17.35436.18 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City State Zip Code Tulsa OK 74102 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>20.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Amoco Oil Mailing Address PO Box 3385 City State Zip Code Tulsa OK 74102 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35436.21 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>35.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) First Commonwealth Bank Mailing Address Credit Card Dept. P.O. Box 0537 City State Zip Code Indiana PA 15701-0537 Purpose of Disbursement Finance Charges 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: SB17.35436.22 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>0.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

FEC Schedule B (Form 3) (Revised 02/2003)

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Symon's Auto Wash <hr/> Mailing Address Menoher Blvd	Transaction ID: SB17.35436.26 Date of Disbursement <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 8 </div>
City Johnstown State PA Zip Code 15905	Amount of Each Disbursement this Period <div style="text-align: right; font-weight: bold;">19.00</div>
Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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. Full Name (Last, First, Middle Initial) Johnstown Phoenix Bar <hr/> Mailing Address 200 Broad Street	Transaction ID: SB17.35436.27 Date of Disbursement <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 8 </div>
City Johnstown State PA Zip Code 15906	Amount of Each Disbursement this Period <div style="text-align: right; font-weight: bold;">78.46</div>
Purpose of Disbursement Meeting Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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:	
C. Full Name (Last, First, Middle Initial) EM's Sub Shop <hr/> Mailing Address 1111 Scalp Avenue	Transaction ID: SB17.35436.28 Date of Disbursement <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 8 </div>
City Johnstown State PA Zip Code 15904-3036	Amount of Each Disbursement this Period <div style="text-align: right; font-weight: bold;">70.41</div>
Purpose of Disbursement Meeting Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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:	
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)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Sunoco Mailing Address Walnut Street	Transaction ID: SB17.35436.29 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>7.52</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) U.S. Capitol Historical Society Mailing Address 200 Maryland Ave N.E. City Washington State DC Zip Code 20000 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input 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: SB17.35436.32 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>35.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Amoco Oil Mailing Address PO Box 3385 City Tulsa State OK Zip Code 74102 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35436.33 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>32.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Capri Pizza	Transaction ID: SB17.35436.34 Date of Disbursement
Mailing Address Main Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
Purpose of Disbursement Volunteer Exp	<div> <div>18.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Capri Pizza	Transaction ID: SB17.35436.35 Date of Disbursement
Mailing Address Main Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
Purpose of Disbursement Volunteer Expense	<div> <div>18.90</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Sheetz	Transaction ID: SB17.35436.36 Date of Disbursement
Mailing Address 5700 Sixth Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602	Amount of Each Disbursement this Period
Purpose of Disbursement Travel	<div> <div>53.91</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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	20a		20b		20c		21

NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

FEC Schedule B (Form 3) (Revised 02/2003)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Johnstown Phoenix Bar <hr/> Mailing Address 200 Broad Street <hr/> City Johnstown State PA Zip Code 15906 <hr/> Purpose of Disbursement Volunteer Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 	Transaction ID: SB17.35436.40 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
<div> <div>Amount of Each Disbursement this Period</div> <div>40.55</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
B. Full Name (Last, First, Middle Initial) Bosco's <hr/> Mailing Address Galleria Drive <hr/> City Johnstown State PA Zip Code 15904 <hr/> Purpose of Disbursement Campaign Office Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 	Transaction ID: SB17.35436.41 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
<div> <div>Amount of Each Disbursement this Period</div> <div>103.36</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
C. Full Name (Last, First, Middle Initial) Sheetz <hr/> Mailing Address 5700 Sixth Avenue <hr/> City Altoona State PA Zip Code 16602 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 	Transaction ID: SB17.35436.42 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
<div> <div>Amount of Each Disbursement this Period</div> <div>48.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional)

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TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) The Fish Boat Mailing Address Main Street	Transaction ID: SB17.35436.43 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Volunteer Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>38.58</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Symon's Auto Wash Mailing Address Menoher Blvd City Johnstown State PA Zip Code 15905 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35436.44 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>19.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Harrigan's Mailing Address Market Street Holiday Inn City Johnstown State PA Zip Code 15901 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35436.46 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>64.55</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

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TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: SB17.35436.47 Date of Disbursement
Mailing Address Locust & Franklin Streets	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Postage Candidate Name	Amount of Each Disbursement this Period <div>294.17</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Sheetz	Transaction ID: SB17.35436.48 Date of Disbursement
Mailing Address 5700 Sixth Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name	Amount of Each Disbursement this Period <div>55.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Sheetz	Transaction ID: SB17.35436.49 Date of Disbursement
Mailing Address 5700 Sixth Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name	Amount of Each Disbursement this Period <div>13.01</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

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TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Sheetz	Transaction ID: SB17.35436.50 Date of Disbursement
Mailing Address 5700 Sixth Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602	Amount of Each Disbursement this Period
Purpose of Disbursement Travel	<div> <div></div> <div>22.87</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB17.35436.51 Date of Disbursement
Mailing Address Galleria Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15904	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Office Expense	<div> <div></div> <div>40.24</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Giant Eagle	Transaction ID: SB17.35436.52 Date of Disbursement
Mailing Address Scalp Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15904	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Office Expense	<div> <div></div> <div>13.86</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Ritz Carlton Mailing Address 1250 South Hayes Street	Transaction ID: SB17.35436.55 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Arlington State VA Zip Code 22202 Purpose of Disbursement Fund Raiser Recpt Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>6000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Gallina's Pizza Mailing Address Market 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: SB17.35436.56 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>49.56</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address Locust & Franklin Streets City Johnstown State PA Zip Code 15901 Purpose of Disbursement Postage 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: SB17.35436.57 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>410.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶	<div>0.00</div>
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.35436.58
Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.35436.59
Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Amoco Oil

Mailing Address PO Box 3385

City Tulsa State OK Zip Code 74102

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.35436.64
Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Park n Dine Mailing Address 189 E Main Street	Transaction ID: SB17.35436.67 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Hancock State MD Zip Code 21750 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>25.92</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) EM's Sub Shop Mailing Address 1111 Scalp Avenue City Johnstown State PA Zip Code 15904-3036 Purpose of Disbursement Meeting Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35436.68 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>70.33</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35436.69 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>61.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.35436.71
Date of Disbursement

/ /

Amount of Each Disbursement this Period

48.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.35436.72
Date of Disbursement

/ /

Amount of Each Disbursement this Period

35.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.35436.74
Date of Disbursement

/ /

Amount of Each Disbursement this Period

41.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue	Transaction ID: SB17.35436.76 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>35.50</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Sheetz Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35436.77 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>60.50</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Giant Eagle Mailing Address Scalp Avenue City Johnstown State PA Zip Code 15904 Purpose of Disbursement Campaign Office 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: SB17.35436.78 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>109.54</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶	<div> <div></div> <div>0.00</div> </div>
TOTAL This Period (last page this line number only) ▶	<div> <div></div> </div>

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

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

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Symon's Auto Wash	Transaction ID: SB17.35436.79 Date of Disbursement
Mailing Address Menoher Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15905	Amount of Each Disbursement this Period
Purpose of Disbursement Travel	<div> <div>12.99</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <input type="checkbox"/> Category/ Type [MEMO ITEM] </div>
B. Full Name (Last, First, Middle Initial) Symon's Auto Wash	Transaction ID: SB17.35436.80 Date of Disbursement
Mailing Address Menoher Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15905	Amount of Each Disbursement this Period
Purpose of Disbursement Travel	<div> <div>12.99</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <input type="checkbox"/> Category/ Type [MEMO ITEM] </div>
C. Full Name (Last, First, Middle Initial) Park n Dine	Transaction ID: SB17.35436.81 Date of Disbursement
Mailing Address 189 E Main Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Hancock State MD Zip Code 21750	Amount of Each Disbursement this Period
Purpose of Disbursement Meals	<div> <div>27.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <input type="checkbox"/> Category/ Type [MEMO ITEM] </div>

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Clydes of Mark Center	Transaction ID: SB17.35436.82 Date of Disbursement
Mailing Address 1700 N Beauregard St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Alexandria State VA Zip Code 22311 Purpose of Disbursement Meeting Expense Candidate Name	Amount of Each Disbursement this Period <div>171.67</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) First Commonwealth Bank	Transaction ID: SB17.35436.86 Date of Disbursement
Mailing Address Credit Card Dept. P.O. Box 0537	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Indiana State PA Zip Code 15701-0537 Purpose of Disbursement Finance Charges Candidate Name	Amount of Each Disbursement this Period <div>0.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) First Commonwealth Bank	Transaction ID: SB17.34574 Date of Disbursement
Mailing Address 1047 Franklin Street 8th Ward Office	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15905 Purpose of Disbursement Payroll Taxes Candidate Name	Amount of Each Disbursement this Period <div>1040.38</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

SUBTOTAL of Disbursements This Page (optional)

1040.38

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) First Commonwealth Bank</p> <hr/> <p>Mailing Address 1047 Franklin Street 8th Ward Office</p> <hr/> <p>City Johnstown State PA Zip Code 15905</p> <hr/> <p>Purpose of Disbursement Payroll Taxes</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34616 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </p> <hr/> <p>Amount of Each Disbursement this Period <div>187.81</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) First Commonwealth Bank</p> <hr/> <p>Mailing Address 1047 Franklin Street 8th Ward Office</p> <hr/> <p>City Johnstown State PA Zip Code 15905</p> <hr/> <p>Purpose of Disbursement Bank Charges</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35477 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 8</div> </p> <hr/> <p>Amount of Each Disbursement this Period <div>35.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) First Commonwealth Bank</p> <hr/> <p>Mailing Address 1047 Franklin Street 8th Ward Office</p> <hr/> <p>City Johnstown State PA Zip Code 15905</p> <hr/> <p>Purpose of Disbursement Payroll Taxes</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34830 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 6 / 2 0 0 8</div> </p> <hr/> <p>Amount of Each Disbursement this Period <div>1316.46</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

1539.27

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) First Commonwealth Bank</p> <p>Mailing Address 1047 Franklin Street 8th Ward Office</p> <p>City Johnstown State PA Zip Code 15905</p> <p>Purpose of Disbursement Bank Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35478</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 35.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) First Commonwealth Bank</p> <p>Mailing Address 1047 Franklin Street 8th Ward Office</p> <p>City Johnstown State PA Zip Code 15905</p> <p>Purpose of Disbursement Campaign Office Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35717</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 119.21</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) First Commonwealth Bank</p> <p>Mailing Address 1047 Franklin Street 8th Ward Office</p> <p>City Johnstown State PA Zip Code 15905</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35419</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 892.61</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)

1046.82

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) First Commonwealth Bank</p> <p>Mailing Address 1047 Franklin Street 8th Ward Office</p> <p>City Johnstown State PA Zip Code 15905</p> <p>Purpose of Disbursement Bank Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35716 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 8</div></p> <p>Amount of Each Disbursement this Period <div>38.73</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) First Commonwealth Bank</p> <p>Mailing Address 1047 Franklin Street 8th Ward Office</p> <p>City Johnstown State PA Zip Code 15905</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35726 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div></p> <p>Amount of Each Disbursement this Period <div>858.37</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Flower Barn</p> <p>Mailing Address Millcreek at Bucknell</p> <p>City Johnstown State PA Zip Code 15905</p> <p>Purpose of Disbursement Floral Arrangements</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34814 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 6 / 2 0 0 8</div></p> <p>Amount of Each Disbursement this Period <div>65.72</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

962.82

TOTAL This Period (last page this line number only)

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEEFEC Schedule B (Form 3) (Revised 02/2003)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) GMAC	Transaction ID: SB17.34579 Date of Disbursement
Mailing Address GMAC Payment Processing Center P.O. Box 70309	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 8</div> </div>
City Charlotte State NC Zip Code 28272-0309	Amount of Each Disbursement this Period <div>552.45</div>
Purpose of Disbursement Vehicle Rental Candidate Name	<div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) GMAC	Transaction ID: SB17.34681 Date of Disbursement
Mailing Address GMAC Payment Processing Center P.O. Box 70309	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 8</div> </div>
City Charlotte State NC Zip Code 28272-0309	Amount of Each Disbursement this Period <div>516.05</div>
Purpose of Disbursement Vehicle Rental Candidate Name	<div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) GMAC	Transaction ID: SB17.35425 Date of Disbursement
Mailing Address GMAC Payment Processing Center P.O. Box 70309	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 8</div> </div>
City Charlotte State NC Zip Code 28272-0309	Amount of Each Disbursement this Period <div>632.45</div>
Purpose of Disbursement Vehicle Rental Candidate Name	<div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1700.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Greene County F.N.R.A.</p> <p>Mailing Address 166 Hanes Road C/O Mark Lesner</p> <p>City Waynesburg State PA Zip Code 15360</p> <p>Purpose of Disbursement Tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34824 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 6 / 2 0 0 8</div></p> <p>Amount of Each Disbursement this Period <div>850.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Greene County Messenger</p> <p>Mailing Address 107 East Roy Furman Hwy</p> <p>City Waynesburg State PA Zip Code 15370</p> <p>Purpose of Disbursement Subscription</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34657 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 3 / 2 0 0 8</div></p> <p>Amount of Each Disbursement this Period <div>65.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Gtr Johnstown Chamber of Commerce</p> <p>Mailing Address 111 Market St</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35739 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div></p> <p>Amount of Each Disbursement this Period <div>60.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

975.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Gtr Washington Co Food Bank <hr/> Mailing Address 1020 Route 519	Transaction ID: SB17.34878 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 8</div> </div>
City Eighty Four State PA Zip Code 15330 Purpose of Disbursement Advertising Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>250.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Highmark Blue Cross - Blue Shield <hr/> Mailing Address P.O. Box 371477	Transaction ID: SB17.34581 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 8</div> </div>
City Pittsburgh State PA Zip Code 15250-7477 Purpose of Disbursement Employee Benefits Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>152.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Highmark Blue Cross - Blue Shield <hr/> Mailing Address P.O. Box 371477	Transaction ID: SB17.34649 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 3 / 2 0 0 8</div> </div>
City Pittsburgh State PA Zip Code 15250-7477 Purpose of Disbursement Employee Benefits Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>152.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

555.50

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Highmark Blue Cross - Blue Shield Mailing Address P.O. Box 371477	Transaction ID: SB17.34850 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 0 / 2 0 0 8</div> </div>
City State Zip Code Pittsburgh PA 15250-7477 Purpose of Disbursement Employee Benefits Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>152.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Highmark Blue Cross - Blue Shield Mailing Address P.O. Box 371477 City State Zip Code Pittsburgh PA 15250-7477 Purpose of Disbursement Employee Benefits 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: SB17.35456 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>152.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) David Howard Mailing Address 399 Liberty Avenue City State Zip Code Johnstown PA 15905 Purpose of Disbursement Meals & 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: SB17.34852 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>105.60</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

411.10

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) David Howard Mailing Address 399 Liberty Avenue	Transaction ID: SB17.35431 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15905 Purpose of Disbursement Tickets, Travel, Vol. Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>213.45</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) David Howard Mailing Address 399 Liberty Avenue	Transaction ID: SB17.35438 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15905 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) ▼	Amount of Each Disbursement this Period <div>185.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) William Irvine Mailing Address 1335 West 95th Street	Transaction ID: SB17.34832 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 5 / 2 0 0 8</div> </div>
City Cleveland State OH Zip Code 44102 Purpose of Disbursement Fund Raiser Rcpt Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>2000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional) ► <div>2398.45</div>	
TOTAL This Period (last page this line number only) ►	

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) William Irvine Mailing Address 1335 West 95th Street	Transaction ID: SB17.34854 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 0 / 2 0 0 8</div> </div>
City Cleveland State OH Zip Code 44102 Purpose of Disbursement Fund Raiser Rcpt Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1780.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) James Oswald Mailing Address 445 Orchard Street City Johnstown State PA Zip Code 15905 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34672 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>36.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) JanWay Company Mailing Address 11 Academy Road City Cogan Station State PA Zip Code 17728-9300 Purpose of Disbursement Gifts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35472 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1778.10</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3594.10

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Johnny Cal's Flowers

Mailing Address 338 First Street
Conemaugh

City Johnstown State PA Zip Code 15909

Purpose of Disbursement
Floral Arrangements

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.35426

Date of Disbursement

/ /

Amount of Each Disbursement this Period

79.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Johnstown Chiefs

Mailing Address 326 Napoleon Street

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.35741

Date of Disbursement

/ /

Amount of Each Disbursement this Period

70.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Johnstown Sportsmen

Mailing Address Decker Avenue

City Johnstown State PA Zip Code 15906

Purpose of Disbursement
Tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.35430

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

299.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Johnstown West End Lions Mailing Address 205 Sherwood Drive	Transaction ID: SB17.34660 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 3 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15906 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) ▼	Amount of Each Disbursement this Period <div>250.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Theresa Lehman Mailing Address 1258 Frances Street City Johnstown State PA Zip Code 15904 Purpose of Disbursement Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34573 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>196.19</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Theresa Lehman Mailing Address 1258 Frances Street City Johnstown State PA Zip Code 15904 Purpose of Disbursement Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34621 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>403.56</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

849.75

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Theresa Lehman

Mailing Address 1258 Frances Street

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34664

Date of Disbursement

/ /

Amount of Each Disbursement this Period

204.45

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Theresa Lehman

Mailing Address 1258 Frances Street

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34836

Date of Disbursement

/ /

Amount of Each Disbursement this Period

346.89

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Theresa Lehman

Mailing Address 1258 Frances Street

City Johnstown State PA Zip Code 15904

Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34872

Date of Disbursement

/ /

Amount of Each Disbursement this Period

195.65

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

746.99

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Theresa Lehman <hr/> Mailing Address 1258 Frances Street	Transaction ID: SB17.35434 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15904 Purpose of Disbursement Wages Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>496.12</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Jerry Leichtling <hr/> Mailing Address 3615 Wastch Avenue <hr/> City Los Angeles State CA Zip Code 90064 Purpose of Disbursement Consulting Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: SB17.34645 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>5000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Marine Corps League <hr/> Mailing Address 8626 Lee Highway Suite 201 <hr/> City Fairfax State VA Zip Code 22031 Purpose of Disbursement Tickets Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: SB17.35627 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>10.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

5506.12

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Marine Corps League

Mailing Address 8626 Lee Highway
Suite 201

City State Zip Code
Fairfax VA 22031

Purpose of Disbursement
Tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.35719

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)

Mary Catherine Voytko

Mailing Address 920 Fronheiser Street

City State Zip Code
Johnstown PA 15902

Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34572

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)

Mary Catherine Voytko

Mailing Address 920 Fronheiser Street

City State Zip Code
Johnstown PA 15902

Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34809

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)
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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Mary Catherine Voytko	Transaction ID: SB17.35418 Date of Disbursement
Mailing Address 920 Fronheiser Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15902	Amount of Each Disbursement this Period
Purpose of Disbursement Wages	<div> <div>62.92</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mary Catherine Voytko	Transaction ID: SB17.35720 Date of Disbursement
Mailing Address 920 Fronheiser Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15902	Amount of Each Disbursement this Period
Purpose of Disbursement Wages	<div> <div>62.92</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) McAneny Brothers, Inc.	Transaction ID: SB17.34628 Date of Disbursement
Mailing Address 470 Industrial Park Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Ebensburg State PA Zip Code 15931-4114	Amount of Each Disbursement this Period
Purpose of Disbursement Gifts	<div> <div>2239.73</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2365.57

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Erin Moffat Mailing Address 1156 Bedford Street	Transaction ID: SB17.34571 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15902 Purpose of Disbursement Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>946.33</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Erin Moffat Mailing Address 1156 Bedford Street City Johnstown State PA Zip Code 15902 Purpose of Disbursement Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34622 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>946.33</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Erin Moffat Mailing Address 1156 Bedford Street City Johnstown State PA Zip Code 15902 Purpose of Disbursement Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34665 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>946.10</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2838.76

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Erin Moffat <hr/> Mailing Address 1156 Bedford Street	Transaction ID: SB17.34837 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15902 Purpose of Disbursement Wages Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>946.10</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Erin Moffat <hr/> Mailing Address 1156 Bedford Street	Transaction ID: SB17.34870 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15902 Purpose of Disbursement Wages Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>946.10</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Erin Moffat <hr/> Mailing Address 1156 Bedford Street	Transaction ID: SB17.35435 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15902 Purpose of Disbursement Wages Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>943.64</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2835.84

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Erin Moffat <hr/> Mailing Address 1156 Bedford Street	Transaction ID: SB17.35622 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15902 Purpose of Disbursement Wages Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>946.10</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Montgomery, McCracken, Walker & Rhoads, LLP <hr/> Mailing Address 123 South Broad Street	Transaction ID: SB17.35442 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Philadelphia State PA Zip Code 19109-1030 Purpose of Disbursement Legal Fees Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>637.02</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Montgomery, McCracken, Walker & Rhoads, LLP <hr/> Mailing Address 123 South Broad Street	Transaction ID: SB17.35415 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 8</div> </div>
City Philadelphia State PA Zip Code 19109-1030 Purpose of Disbursement Legal Fees Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>13417.15</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

15000.27

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Nancie's Floral Fantasies <hr/> Mailing Address 606 Ferndale Avenue <hr/> City Johnstown State PA Zip Code 15905 <hr/> Purpose of Disbursement Floral Arrangements Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 	Transaction ID: SB17.34626 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
<hr/> Amount of Each Disbursement this Period <div>81.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 	
B. Full Name (Last, First, Middle Initial) Nancie's Floral Fantasies <hr/> Mailing Address 606 Ferndale Avenue <hr/> City Johnstown State PA Zip Code 15905 <hr/> Purpose of Disbursement Floral Arrangements Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 	Transaction ID: SB17.34843 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div>
<hr/> Amount of Each Disbursement this Period <div>70.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 	
C. Full Name (Last, First, Middle Initial) NGP Software Inc <hr/> Mailing Address 1101 Vermont Ave NW Suite 710 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 	Transaction ID: SB17.34612 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 8</div> </div>
<hr/> Amount of Each Disbursement this Period <div>3450.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 	

SUBTOTAL of Disbursements This Page (optional) ►

3602.40

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
PA Dept. of Revenue

Mailing Address Dept. 280401

City Harrisburg State PA Zip Code 17128-0401

Purpose of Disbursement
State Payroll Taxes W/H
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34683
Date of Disbursement

/ /

Amount of Each Disbursement this Period

132.21

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
PA Dept. of Revenue

Mailing Address Dept. 280401

City Harrisburg State PA Zip Code 17128-0401

Purpose of Disbursement
Use Tax
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34647
Date of Disbursement

/ /

Amount of Each Disbursement this Period

922.22

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
PA Dept. of Revenue

Mailing Address Dept. 280401

City Harrisburg State PA Zip Code 17128-0401

Purpose of Disbursement
PA SIT W/H
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34892
Date of Disbursement

/ /

Amount of Each Disbursement this Period

149.57

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1204.00

TOTAL This Period (last page this line number only)

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

FEC Schedule B (Form 3) (Revised 02/2003)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement See Detail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34583</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 94.66</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34583.0</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 27.79</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Campaign Office Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34583.1</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 11.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

94.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street	Transaction ID: SB17.34583.2 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Travel Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>15.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street	Transaction ID: SB17.34583.3 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Campaign Office Exp Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>0.82</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street	Transaction ID: SB17.34583.4 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Volunteer Expense Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>30.05</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34583.5</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 10.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement See Detail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34633</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 98.61</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34633.0</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 12.86</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

98.61

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34633.1</p> <p>Date of Disbursement 01 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 7.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34633.2</p> <p>Date of Disbursement 01 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 3.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.34633.3</p> <p>Date of Disbursement 01 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 1.23</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional) ► 0.00</p>	
<p>TOTAL 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
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Petty Cash	Transaction ID: SB17.34633.4 Date of Disbursement
Mailing Address 647 Main Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Campaign Office Exp Candidate Name	Amount of Each Disbursement this Period <div>7.27</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Petty Cash	Transaction ID: SB17.34633.5 Date of Disbursement
Mailing Address 647 Main Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Volunteer Expense Candidate Name	Amount of Each Disbursement this Period <div>56.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Petty Cash	Transaction ID: SB17.34633.6 Date of Disbursement
Mailing Address 647 Main Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Meeting Expense Candidate Name	Amount of Each Disbursement this Period <div>10.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street	Transaction ID: SB17.34675 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement See Detail Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> State: District:	Amount of Each Disbursement this Period <div>96.88</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street	Transaction ID: SB17.34848 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Vol Exp, Postage, Meetings Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> State: District:	Amount of Each Disbursement this Period <div>97.15</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 647 Main Street	Transaction ID: SB17.34858 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 0 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Vol Exp, Meetings, Travel Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> State: District:	Amount of Each Disbursement this Period <div>58.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

252.28

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Vol Exp, Meals, Meeting Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35429</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div>97.91</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement See Detail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35623</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div>99.03</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35623.0</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div>19.98</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

196.94

TOTAL This Period (last page this line number only) ►

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Petty Cash Mailing Address 647 Main Street	Transaction ID: SB17.35623.1 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 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) ▼	Amount of Each Disbursement this Period <div>15.57</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Petty Cash Mailing Address 647 Main Street	Transaction ID: SB17.35623.2 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Volunteer Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>25.66</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Petty Cash Mailing Address 647 Main Street	Transaction ID: SB17.35623.3 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>16.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35623.4</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>20.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>	
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address 647 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Volunteer Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35623.5</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>1.82</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>	
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Precious Metals & Diamond Co.</p> <p>Mailing Address 1011 Eisenhower Blvd</p> <p>City Johnstown State PA Zip Code 15904-3305</p> <p>Purpose of Disbursement Fund Raiser Recpt Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35455</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>16158.91</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>SUBTOTAL of Disbursements This Page (optional) ►</p>		<div>16158.91</div>
<p>TOTAL This Period (last page this line number only) ►</p>		<div></div>

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Print Mailing Address 2 Buccaneer Drive	Transaction ID: SB17.34595 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 8</div> </div>
City Houston State PA Zip Code 15342 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>465.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Queen City Business Systems Mailing Address 1255 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: SB17.34667 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>280.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Ritz Carlton Mailing Address 1250 South Hayes Street City Arlington State VA Zip Code 22202 Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35439 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>39409.19</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

40155.09

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Robert C. Ondick, CPA, PC

Mailing Address 551 Main Street, Suite 220

City Johnstown State PA Zip Code 15901

Purpose of Disbursement

Accounting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34592

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Robert C. Ondick, CPA, PC

Mailing Address 551 Main Street, Suite 220

City Johnstown State PA Zip Code 15901

Purpose of Disbursement

Accounting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34812

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Robert C. Ondick, CPA, PC

Mailing Address 551 Main Street, Suite 220

City Johnstown State PA Zip Code 15901

Purpose of Disbursement

Accounting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.35420

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Rouse's Flower & Garden Center

Mailing Address 3903 Bigler Avenue

City Northern Cambria State PA Zip Code 16714

Purpose of Disbursement
Floral Arrangements

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34603

Date of Disbursement

/ /

Amount of Each Disbursement this Period

116.60

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Rouse's Flower & Garden Center

Mailing Address 3903 Bigler Avenue

City Northern Cambria State PA Zip Code 16714

Purpose of Disbursement
Floral Arrangements

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34815

Date of Disbursement

/ /

Amount of Each Disbursement this Period

116.60

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Rudzik, Inc

Mailing Address 2126 Connecticut Ave NW #41

City Washington State DC Zip Code 20008-1729

Purpose of Disbursement
Fund Raiser Recpt Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.35470

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1350.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1583.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Schrader Flower Shop <hr/> Mailing Address 510 Vine Street <hr/> City Johnstown State PA Zip Code 15901 <hr/> Purpose of Disbursement Floral Arrangements Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34838 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 2 1 3 2 0 0 8 </div> </div>
<hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">80.20</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
B. Full Name (Last, First, Middle Initial) Special Tax Collector <hr/> Mailing Address Bloomfield Street <hr/> City Johnstown, State PA Zip Code 15904 <hr/> Purpose of Disbursement Local Payroll Tax W/H Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34620 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 1 1 6 2 0 0 8 </div> </div>
<hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">98.96</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
C. Full Name (Last, First, Middle Initial) State Workers Ins. Fund <hr/> Mailing Address 100 Lackawanna Avenue P.O. Box 5100 <hr/> City Scranton State PA Zip Code 18505-5100 <hr/> Purpose of Disbursement Insurance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34810 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 2 0 6 2 0 0 8 </div> </div>
<hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">253.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

SUBTOTAL of Disbursements This Page (optional) ►

432.16

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

State Workers Ins. Fund

Mailing Address 100 Lackawanna Avenue
P.O. Box 5100

City Scranton State PA Zip Code 18505-5100

Purpose of Disbursement
Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34891

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)

Susan O'Neill & Assoc.

Mailing Address 5910 Gloster Road

City Bethesda State MD Zip Code 20816

Purpose of Disbursement
Fund Raiser Recpe Exp

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34659

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)

Susan O'Neill & Assoc.

Mailing Address 5910 Gloster Road

City Bethesda State MD Zip Code 20816

Purpose of Disbursement
Public Relations Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34680

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)

5112.67

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Susan O'Neill & Assoc.	Transaction ID: SB17.34890 Date of Disbursement
Mailing Address 5910 Gloster Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 8</div> </div>
<div> <div>City State Zip Code</div> <div>Bethesda MD 20816</div> </div> <div> <div>Purpose of Disbursement</div> <div>Public Relations Exp</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Category/Type</div> <div></div> </div>	Amount of Each Disbursement this Period <div>4166.67</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> <div>State: District:</div> <div></div> </div>	
B. Full Name (Last, First, Middle Initial) Susan O'Neill & Assoc.	Transaction ID: SB17.35469 Date of Disbursement
Mailing Address 5910 Gloster Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
<div> <div>City State Zip Code</div> <div>Bethesda MD 20816</div> </div> <div> <div>Purpose of Disbursement</div> <div>Fund Raiser Recpt Exp</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Category/Type</div> <div></div> </div>	Amount of Each Disbursement this Period <div>8485.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> <div>State: District:</div> <div></div> </div>	
C. Full Name (Last, First, Middle Initial) Susan O'Neill & Assoc.	Transaction ID: SB17.35630 Date of Disbursement
Mailing Address 5910 Gloster Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 8</div> </div>
<div> <div>City State Zip Code</div> <div>Bethesda MD 20816</div> </div> <div> <div>Purpose of Disbursement</div> <div>Public Relations Expense</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Category/Type</div> <div></div> </div>	Amount of Each Disbursement this Period <div>4166.67</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> <div>State: District:</div> <div></div> </div>	

SUBTOTAL of Disbursements This Page (optional)

16818.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Syzygy Events Production <hr/> Mailing Address 7895 I Cessna Avenue	Transaction ID: SB17.34833 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 5 / 2 0 0 8</div> </div>
City Gaithersburg State MD Zip Code 20879 <hr/> Purpose of Disbursement Fund Raiser Rcpt Exp Candidate Name <div>Category/Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>1050.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Syzygy Events Production <hr/> Mailing Address 7895 I Cessna Avenue	Transaction ID: SB17.34855 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 0 / 2 0 0 8</div> </div>
City Gaithersburg State MD Zip Code 20879 <hr/> Purpose of Disbursement Fund Raiser Rcpt Exp Candidate Name <div>Category/Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>1050.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) The Art Craft Company <hr/> Mailing Address 200 John L Dietsch Blvd	Transaction ID: SB17.35457 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 8</div> </div>
City North Attleboro State MA Zip Code 02763 <hr/> Purpose of Disbursement Gifts Candidate Name <div>Category/Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>1241.02</div> <input type="checkbox"/> 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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Thomas Automotive Family Mailing Address 750 Eisenhower Blvd.	Transaction ID: SB17.34615 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15904 Purpose of Disbursement Vehicle Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>30.98</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Universal Printing Company Mailing Address 12 Olive Street City Scranton State PA Zip Code 18508 Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34611 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>2235.89</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) UPS Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34591 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>125.47</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2392.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) UPS Mailing Address P.O. Box 7247-0244	Transaction ID: SB17.34624 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>42.69</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) UPS Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34658 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>74.24</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) UPS Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34669 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>49.12</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

166.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
UPS

Mailing Address P.O. Box 7247-0244

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement
Freight

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34813

Date of Disbursement

/ /

Amount of Each Disbursement this Period

74.17

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
UPS

Mailing Address P.O. Box 7247-0244

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement
Freight

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34835

Date of Disbursement

/ /

Amount of Each Disbursement this Period

22.53

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
UPS

Mailing Address P.O. Box 7247-0244

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement
Freight

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34842

Date of Disbursement

/ /

Amount of Each Disbursement this Period

154.53

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

251.23

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) UPS Mailing Address P.O. Box 7247-0244	Transaction ID: SB17.34857 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 0 / 2 0 0 8</div> </div>
City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>63.15</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) UPS Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.34874 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>84.87</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) UPS Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35424 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>41.61</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

189.63

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB17.35446 Date of Disbursement
Mailing Address P.O. Box 7247-0244	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Philadelphia State PA Zip Code 19170-0001	Amount of Each Disbursement this Period
Purpose of Disbursement Freight	<div> <div>27.99</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB17.35459 Date of Disbursement
Mailing Address P.O. Box 7247-0244	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 0 8</div> </div>
City Philadelphia State PA Zip Code 19170-0001	Amount of Each Disbursement this Period
Purpose of Disbursement Freight	<div> <div>68.03</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB17.35460 Date of Disbursement
Mailing Address P.O. Box 7247-0244	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 0 8</div> </div>
City Philadelphia State PA Zip Code 19170-0001	Amount of Each Disbursement this Period
Purpose of Disbursement Freight	<div> <div>22.34</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

118.36

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB17.35624 Date of Disbursement
Mailing Address P.O. Box 7247-0244	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 8</div> </div>
City Philadelphia State PA Zip Code 19170-0001	Amount of Each Disbursement this Period
Purpose of Disbursement Freight	<div> <div>52.05</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB17.35722 Date of Disbursement
Mailing Address P.O. Box 7247-0244	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div>
City Philadelphia State PA Zip Code 19170-0001	Amount of Each Disbursement this Period
Purpose of Disbursement Freight	<div> <div>62.91</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Valenty Bottled Water	Transaction ID: SB17.34605 Date of Disbursement
Mailing Address P.O. Box 1055	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 8</div> </div>
City Northern Cambira State PA Zip Code 15714-3055	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Office Exp	<div> <div>8.43</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

123.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Valenty Bottled Water Mailing Address P.O. Box 1055	Transaction ID: SB17.34816 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 6 / 2 0 0 8</div> </div>
City Northern Cambira State PA Zip Code 15714-3055 Purpose of Disbursement Campaign Office Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>38.18</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Valenty Bottled Water Mailing Address P.O. Box 1055 City Northern Cambira State PA Zip Code 15714-3055 Purpose of Disbursement Campaign Office Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35448 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>8.43</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Valenty Bottled Water Mailing Address P.O. Box 1055 City Northern Cambira State PA Zip Code 15714-3055 Purpose of Disbursement Campaign Office Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35723 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>23.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

70.41

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Valley Printing	Transaction ID: SB17.34625 Date of Disbursement
Mailing Address 667 Main Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Campaign Office Exp Candidate Name	Amount of Each Disbursement this Period <div>233.20</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Valley Printing	Transaction ID: SB17.34846 Date of Disbursement
Mailing Address 667 Main Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Campaign Office Exp Candidate Name	Amount of Each Disbursement this Period <div>491.84</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Valley Printing	Transaction ID: SB17.35444 Date of Disbursement
Mailing Address 667 Main Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City Johnstown State PA Zip Code 15901 Purpose of Disbursement Campaign Office Exp Candidate Name	Amount of Each Disbursement this Period <div>62.54</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

787.58

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Verizon

Mailing Address P.O. Box 920041

City State Zip Code
Dallas TX 75392-0041

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.34670

Date of Disbursement

/ /

Amount of Each Disbursement this Period

520.19

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Verizon

Mailing Address P.O. Box 920041

City State Zip Code
Dallas TX 75392-0041

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.35428

Date of Disbursement

/ /

Amount of Each Disbursement this Period

522.90

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Verizon

Mailing Address P.O. Box 920041

City State Zip Code
Dallas TX 75392-0041

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.35625

Date of Disbursement

/ /

Amount of Each Disbursement this Period

524.27

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1567.36

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) VMW Printing, Inc Mailing Address 5207 Monroe Place	Transaction ID: SB17.34831 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 5 / 2 0 0 8</div> </div>
City Hyattsville State MD Zip Code 20781 Purpose of Disbursement Fund Raiser Recpt Exp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1404.32</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Washington Greene CLC Mailing Address One South College Street City Washington State PA Zip Code 15301 Purpose of Disbursement Tickets & Adv. 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: SB17.35724 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>480.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Westmont Service Mailing Address 1735 Goucher Street City Johnstown State PA Zip Code 15905 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35423 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>86.05</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1970.37

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
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Westmoreland Co. Labor Council Mailing Address One Northgate Square	Transaction ID: SB17.34661 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 3 / 2 0 0 8</div> </div>
City Greensburg State PA Zip Code 15601 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) ▼	Amount of Each Disbursement this Period <div> <div>30.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
B. Full Name (Last, First, Middle Initial) Wolfe Furniture 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: SB17.34604 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div>636.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
C. Full Name (Last, First, Middle Initial) Women's Help Center Mailing Address 809 Napoleon Street City Johnstown State PA Zip Code 15901-2817 Purpose of Disbursement Tickets & Adv. 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: SB17.34826 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div>1600.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>

SUBTOTAL of Disbursements This Page (optional)

2266.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WTYM Radio

Mailing Address R.D. 7, Box 14A

City
Kittanning

State
PA

Zip Code
16201

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.35732

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	8

Amount of Each Disbursement this Period

200.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

205240.97

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Barton Whitman

Mailing Address 3100 White Daisy Place

City
Fairfax

State
VA

Zip Code
22031

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB20A.35633

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	0	8

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<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 checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MOUNTAINTOP TECHNOLOGIES INC POLITICAL ACTION COMMITTEE

Mailing Address 647 MAIN STREET SUITE 310

City
JOHNSTOWN

State
PA

Zip Code
15901

Purpose of Disbursement
Refund Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB20C.34803

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	0	8

Amount of Each Disbursement this Period

400.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

400.00

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) American Cancer Society</p> <hr/> <p>Mailing Address C/O Frances Kachur 223 Hopwood Fauchanie Road</p> <hr/> <p>City Uniontown State PA Zip Code 15401</p> <hr/> <p>Purpose of Disbursement Contribution</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.35453</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div> <div></div> <div>200.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Armstrong Co. Democratic Comm</p> <hr/> <p>Mailing Address Box 172, RR #1</p> <hr/> <p>City New Bethlehem State PA Zip Code 16242</p> <hr/> <p>Purpose of Disbursement Tickets</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.34867</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 0 / 2 0 0 8</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div> <div></div> <div>96.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Boy Scouts of America</p> <hr/> <p>Mailing Address 664 Tire Hill Road</p> <hr/> <p>City Tire Hill State PA Zip Code 15959</p> <hr/> <p>Purpose of Disbursement Contribution</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.35731</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div> <div></div> <div>50.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ►

346.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
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: SB21.35734

Date of Disbursement

/ /

Amount of Each Disbursement this Period

125.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

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: SB21.35728

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Comm to Re-Elect Barb Kline

Mailing Address 218 E. Horner Street

City Ebensburg State PA Zip Code 15931

Purpose of Disbursement
Tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.34863

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

825.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
D.C.C.C.

Mailing Address 430 South Capitol Street SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Excess Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.34598

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11278.21

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
D.C.C.C.

Mailing Address 430 South Capitol Street SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Excess Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.34828

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11278.21

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
D.C.C.C.

Mailing Address 430 South Capitol Street SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Excess Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.35417

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

72556.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Fayette Co Assoc Twp Officials

Mailing Address Route 40 East

City Uniontown State PA Zip Code 15401

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.35735

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)
Friends of Sean Lally

Mailing Address 21 Cleveland Aenue

City Uniontown State PA Zip Code 15401

Purpose of Disbursement
Tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.34864

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)
Friends of Tim Mahoney

Mailing Address Box 1592

City Uniontown State PA Zip Code 15401

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.35414

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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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Indiana Co Jimmy Stewart Airport

Mailing Address 398 Airport Road

City State Zip Code
Indiana PA 15701

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.34861

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)
John Boyle For State Rep.

Mailing Address 717 Curtis Road

City State Zip Code
Greensburg PA 15601

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.35640

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)
Johnstown Regional Labor Council

Mailing Address P.O. Box 658

City State Zip Code
Johnstown PA 15907-0658

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.35452

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)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Petrarca Election Committee Mailing Address 409 Franklin Ave	Transaction ID: SB21.35467 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 8</div> </div>
City State Zip Code Vandergrift PA 15690 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Somerset Co. Democratic Comm. Mailing Address C/O John Vatauvuk 1016 Berkey Road City State Zip Code Windber PA 15963 Purpose of Disbursement Tickets & Adv. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21.34879 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>250.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Thomas C. Ceraso Campaign Comm. Mailing Address RD 11, Box 478 City State Zip Code Greensburg PA 15601-9133 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:	Transaction ID: SB21.34825 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>100.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

	17		18		19a		19b
	20a		20b		20c	X	21

NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

FEC Schedule B (Form 3) (Revised 02/2003)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)

MURTHA FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Westmoreland Co Democratic Comm

Mailing Address 14 East Otterman Street

City
Greensburg

State
PA

Zip Code
15601

Purpose of Disbursement
Tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.34866

Date of Disbursement

/ /

Amount of Each Disbursement this Period

130.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

130.00

TOTAL This Period (last page this line number only)

82557.42

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
A T&TNature of Debt (Purpose):
Telephone

Mailing Address P.O. Box 9001309

City	State	ZIP Code
Louisville	KY	40290-1309

Outstanding Balance Beginning This Period

574.21

Transaction ID: SD10.34380

Amount Incurred This Period

0.00

Payment This Period

574.21

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Crown AmericanNature of Debt (Purpose):
Entertainment

Mailing Address Pasquerilla Plaza

City	State	ZIP Code
Johnstown	PA	15901

Outstanding Balance Beginning This Period

2368.49

Transaction ID: SD10.34379

Amount Incurred This Period

0.00

Payment This Period

2368.49

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
McAneny Brothers, Inc.Nature of Debt (Purpose):
Gifts

Mailing Address 470 Industrial Park Road

City	State	ZIP Code
Ebensburg	PA	15931-4114

Outstanding Balance Beginning This Period

2239.73

Transaction ID: SD10.34378

Amount Incurred This Period

0.00

Payment This Period

2239.73

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Robert C. Ondick, CPA, PCNature of Debt (Purpose):
Accounting Services

Mailing Address 551 Main Street, Suite 220

City State ZIP Code
Johnstown PA 15901

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.35745

Amount Incurred This Period

2500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Susan O'Neill & Assoc.Nature of Debt (Purpose):
Fund Raiser Reception Exp-
ense

Mailing Address 5910 Gloster Road

City State ZIP Code
Bethesda MD 20816

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.35746

Amount Incurred This Period

3570.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3570.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Universal Printing CompanyNature of Debt (Purpose):
Fund Raiser Recpt Exp

Mailing Address 12 Olive Street

City State ZIP Code
Scranton PA 18508

Outstanding Balance Beginning This Period

2235.89

Transaction ID: SD10.34375

Amount Incurred This Period

0.00

Payment This Period

2235.89

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional).....

6070.00

2) TOTALS This Period (last page this line number only).....

6070.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

6070.00

Image# 28932336200

Form/Schedule: **SB21**

Transaction ID: **SB21.34598**

THE AMOUNT REPRESENTS AN UNLIMITED TRANSFER TO A NATIONAL PARTY COMMITTEE

Form/Schedule: **SB21**

Transaction ID: **SB21.34828**

THE AMOUNT REPRESENTS AND UNLIMITED TRANSFER TO A NATIONAL PARTY COMMITTEE
