

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Lou Barletta for Congress

ADDRESS (number and street)

P. O. Box 128

Check if different than previously reported. (ACC)

Hazleton

PA

18201

2. FEC IDENTIFICATION NUMBER ▼

C C00445122

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

PA

11

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

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Nancy H. Watkins

Signature of Treasurer Nancy H. Watkins

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Write or Type Committee Name

**Lou Barletta for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	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))....	73302.95	78532.95
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	73302.95	78532.95
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	35568.67	85835.05
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	35568.67	85835.05
8. Cash on Hand at Close of Reporting Period (from Line 27).....	120318.48	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	590.06	

**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)

Write or Type Committee Name

**Lou Barletta for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9925.00	12675.00
(ii) Unitemized.....	8698.00	9178.00
(iii) TOTAL of contributions from individuals ▶	18623.00	21853.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	54679.95	56679.95
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	73302.95	78532.95
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	73302.95	78532.95

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	35568.67	85835.05
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	28700.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	28700.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	2100.00	52200.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	37668.67	166735.05

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	84684.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	73302.95
25. SUBTOTAL (add Line 23 and Line 24).....	157987.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	37668.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	120318.48

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 42
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Anthony J.D. Angelo**

Mailing Address 8 W. Broad Street, #406

City Hazleton	State PA	Zip Code 18201
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FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation dentist
-----------------------------------	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C-9-03gN04**

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard C. Barnett**

Mailing Address 3504 Cummings Lane

City Chevy Chase	State MD	Zip Code 20815
---------------------	-------------	-------------------

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

Name of Employer Studley, Inc.	Occupation real estate broker
-----------------------------------	----------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : C-22-03Sw05**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Ernest C. Baynard**

Mailing Address 4355 Fessenden Street, N.W.

City Washington	State DC	Zip Code 20016
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FEC ID number of contributing federal political committee. **C**

Name of Employer Meridian Hill Strategies	Occupation president
--	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : C-23-03ig02**

Amount of Each Receipt this Period  
500.00

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

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

1900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 42
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Christopher L. Borton**

Mailing Address 54 Virginia Terrace

City State Zip Code  
Forty Fort PA 18704

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

Name of Employer Occupation  
Borton-Lawson engineer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : C-38-00490J**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Ben R. Butler**

Mailing Address 3210 Grace Street, N.W., #100

City State Zip Code  
Washington DC 20007

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

Name of Employer Occupation  
Public Properties real estate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2015

**Transaction ID : C-50-03f102**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Ernest J. Davis**

Mailing Address 1908 Colonial Road

City State Zip Code  
Harrisburg PA 17112

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

Name of Employer Occupation  
Veterans Affairs physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C-76-03j003**

Amount of Each Receipt this Period  
225.00

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

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

2225.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 42
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

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

Mailing Address P. O. Box 765

City Sunbury State PA Zip Code 17801

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

Name of Employer n/a Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 16 / 2015**

**Transaction ID : C-98-00e70F**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Warren B. Galkin**

Mailing Address 29 Sage Drive

City Warwick State RI Zip Code 02886

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

Name of Employer Natco Products Corporation Occupation vice-chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : C-118-00UE09**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Edward H. Hamm**

Mailing Address 243 S. Beach Road

City Hobe Sound State FL Zip Code 33455

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

Name of Employer Acoma Oil Occupation executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : C-140-02r105**

Amount of Each Receipt this Period  
**800.00**

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

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

**1550.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 42
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dennis J. Heller**

Mailing Address 9 Tweno Drive

City State Zip Code  
Mount Joy PA 17552

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

Name of Employer Occupation  
Stephenson Equipment president

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : C-146-03ad05**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Chester A. Lee**

Mailing Address 136 E. 3rd Street

City State Zip Code  
Bloomsburg PA 17815

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : C-194-03nC01**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**John D. Milne**

Mailing Address 409 G Street, S.E.

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation  
mCapitol Management vice-president

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : C-223-03eF02**

Amount of Each Receipt this Period  
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 42
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Terence Neville**

Mailing Address 199 James Street

City Kingston State PA Zip Code 18704

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

Name of Employer ACTON Technologies Occupation president

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : C-236-02v702**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Wayne Norris**

Mailing Address P. O. Box 518

City Export State PA Zip Code 15632

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

Name of Employer Dura-Bond Industries Occupation president

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C-238-03mJ02**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Frank R. Orloski**

Mailing Address 254 Woodlawn Avenue

City Mountain Top State PA Zip Code 18707

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

Name of Employer n/a Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : C-245-00H904**

Amount of Each Receipt this Period  
 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 42
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**George M. Roskos**

Mailing Address 745 Sandy Valley Road

City State Zip Code  
White Haven PA 18661

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

Name of Employer Occupation  
Hazleton Shaft Company president

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C-274-02C309**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**John E. Schneider**

Mailing Address 3579 Drifting Drive

City State Zip Code  
Hellertown PA 18055

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

Name of Employer Occupation  
E. Schneider & Sons, Inc. executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C-286-00IH0C**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Frank P. Vito**

Mailing Address 608 Monges Street

City State Zip Code  
Hazleton PA 18201

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

Name of Employer Occupation  
City of Hazleton supervisor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C-325-002u0J**

Amount of Each Receipt this Period  
250.00

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

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

1250.00

9925.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 42
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

**A. Action Committee for Rural Electrification**

Full Name (Last, First, Middle Initial)  
Mailing Address 4301 Wilson Blvd.

City: Arlington State: VA Zip Code: 22203

FEC ID number of contributing federal political committee: **C** C00002972

Name of Employer: Occupation:

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 12 / 2015

**Transaction ID : C-3-036a09**

Amount of Each Receipt this Period: 1000.00

**B. Air Line Pilots Association PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1625 Massachusetts Avenue, N.W.

City: Washington State: DC Zip Code: 20036

FEC ID number of contributing federal political committee: **C** C00035451

Name of Employer: Occupation:

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 3500.00

Date of Receipt: 03 / 27 / 2015

**Transaction ID : C-4-03Vq04**

Amount of Each Receipt this Period: 3500.00

**C. Aircraft Owners and Pilots Assoc. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 421 Aviation Way

City: Frederick State: MD Zip Code: 21701

FEC ID number of contributing federal political committee: **C** C00131185

Name of Employer: Occupation:

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 12 / 2015

**Transaction ID : C-5-03V804**

Amount of Each Receipt this Period: 1000.00

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 42
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Bankers Association PAC**

Mailing Address 1120 Connecticut Avenue, N.W., #60

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00004275**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C-7-02rB0H**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Physical Therapy Assn. PAC**

Mailing Address 1111 N. Fairfax Street

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00012880**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C-8-03Bs05**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**BNSF Railway Company RAILPAC**

Mailing Address P. O. Box 961039

City Fort Worth State TX Zip Code 76161

FEC ID number of contributing federal political committee. **C C00235739**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C-15-036D0A**

Amount of Each Receipt this Period  
 5000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 42
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CSX Corporation Good Government Fund**

Mailing Address 1331 Pennsylvania Avenue, N.W., #5

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : C-53-036C07**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**Cigna Corporation PAC**

Mailing Address 601 Pennsylvania Avenue, N.W., #83

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00085316

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : C-62-038B03**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Engineers Political Education Committee**

Mailing Address 1125 17th Street, N.W.

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : C-101-03EL05**

Amount of Each Receipt this Period  
5000.00

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

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

11000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 42
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Exxon Mobil Corporation PAC**

Mailing Address P. O. Box 20503

City Indianapolis State IN Zip Code 46220

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : C-107-035U07**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**General Dynamics Corporation PAC**

Mailing Address 2941 Fairview Park Drive, #100

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : C-124-03BW09**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Intel Corporation PAC**

Mailing Address 1155 F Street, N.W., #1025

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00125641

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C-157-038q09**

Amount of Each Receipt this Period  
 1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 42
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Intl. Premium Cigar & Pipe Retailers PAC**

Mailing Address 4 Bradley Park Court, #2H

City Columbus	State AL	Zip Code 31904
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00450239

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 179.95

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2015

**Transaction ID : C-158-03d504**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 179.95

\* In-Kind-> cigars

**B.** Full Name (Last, First, Middle Initial)  
**Investment Company Institute PAC**

Mailing Address 1401 H Street, N.W., #1200

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C-159-036c04**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Laborers' Intl. Union of N. Amer. PAC**

Mailing Address 905 16th Street, N.W., 2nd Floor

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00007922

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : C-188-03UH03**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

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

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

\_\_\_\_\_ 3679.95

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 42
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

**A. Laborers' Intl. Union of N. Amer. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 905 16th Street, N.W., 2nd Floor

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00007922

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C-189-03UH04**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

**B. Lockheed Martin Corporation Employees' PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2121 Crystal Drive, #100

City Arlington	State VA	Zip Code 22202
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2015

**Transaction ID : C-198-038D08**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**C. Mechanical Contractors Assoc. of Amer. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1385 Piccard Drive

City Rockville	State MD	Zip Code 20850
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00343590

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : C-215-03nG01**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

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

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

\_\_\_\_\_ 4500.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 42
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**National Air Traffic Controllers Assn. PAC**

Mailing Address 1325 Massachusetts Avenue, N.W.

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C-230-036e0I**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Natl. Assn. of Surety Bond Producers PAC**

Mailing Address 1140 19th Street, N.W., #800

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00300525

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : C-231-03nH0I**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**National Electrical Contractors Assoc. PAC**

Mailing Address 3 Bethesda Metro Center, #1100

City Bethesda	State MD	Zip Code 20814
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00113811

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : C-232-03nI0I**

Amount of Each Receipt this Period  
2500.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 42
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

**A. Owner-Operator Independent Drivers PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 1000

City State Zip Code  
Grain Valley MO 64029

FEC ID number of contributing federal political committee. **C C00236778**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C-247-039g0C**

Amount of Each Receipt this Period  
 1000.00

**B. PPL People for Good Government**

Full Name (Last, First, Middle Initial)  
Mailing Address 2 N. 9th Street

City State Zip Code  
Allentown PA 18101

FEC ID number of contributing federal political committee. **C C00228106**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : C-248-036M0A**

Amount of Each Receipt this Period  
 2500.00

**C. Sheet Metal & Air Condit. Contractors PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 4201 Lafayette Center Drive

City State Zip Code  
Chantilly VA 20151

FEC ID number of contributing federal political committee. **C C00013961**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : C-294-03TM07**

Amount of Each Receipt this Period  
 2500.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 42
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Transportation Trades Dept. AFL-CIO PAC**

Mailing Address 815 16th Street, N.W., 4th Floor

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00280909

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015

**Transaction ID : C-317-03nB01**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**United Transportation Union PAC**

Mailing Address 24950 Country Club Road, #340

City North Olmsted	State OH	Zip Code 44070
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015

**Transaction ID : C-321-03TN08**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**United Transportation Union PAC**

Mailing Address 24950 Country Club Road, #340

City North Olmsted	State OH	Zip Code 44070
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C-322-03TN09**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 4000.00

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

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

\_\_\_\_\_ 6000.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 42
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Werner Enterprises, Inc. PAC**

Mailing Address 14507 Frontier Road

City Omaha State NE Zip Code 68138

FEC ID number of contributing federal political committee. **C** C00236034

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : C-333-03nF01**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Wine & Spirits Wholesalers of America PAC**

Mailing Address 805 15th Street, N.W., #430

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : C-340-036z08**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2000.00

54679.95

**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 21 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address P. O. Box 1270		Amount of Each Disbursement this Period 72.68
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement see memo entries	Transaction ID : D3-01Dr1M
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2014
Mailing Address P. O. Box 1270		Amount of Each Disbursement this Period 35.00
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement service charge	Transaction ID : D1-01Dr1N
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address P. O. Box 1270		Amount of Each Disbursement this Period 3.16
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement service charge	Transaction ID : D2-01Dr1O
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	72.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

Full Name (Last, First, Middle Initial) <b>A. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2014
Mailing Address P. O. Box 94515		Amount of Each Disbursement this Period 9.69
City Palatine	State IL	
Zip Code 60094	Purpose of Disbursement delivery	Transaction ID : D3-01Du6H
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2014
Mailing Address P. O. Box 94515		Amount of Each Disbursement this Period 24.83
City Palatine	State IL	
Zip Code 60094	Purpose of Disbursement delivery	Transaction ID : D4-01Du6I
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2015
Mailing Address P. O. Box 1270		Amount of Each Disbursement this Period 195.08
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement see memo entries	Transaction ID : D6-01Dr1P
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	195.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

Full Name (Last, First, Middle Initial) <b>A. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014
Mailing Address P. O. Box 94515		Amount of Each Disbursement this Period 26.24
City Palatine	State IL	
Zip Code 60094	Purpose of Disbursement delivery	[MEMO ITEM] Credit Card Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2015
Mailing Address P. O. Box 94515		Amount of Each Disbursement this Period 39.19
City Palatine	State IL	
Zip Code 60094	Purpose of Disbursement delivery	[MEMO ITEM] Credit Card Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2015
Mailing Address P. O. Box 94515		Amount of Each Disbursement this Period 40.50
City Palatine	State IL	
Zip Code 60094	Purpose of Disbursement delivery	[MEMO ITEM] Credit Card Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

Full Name (Last, First, Middle Initial) <b>A. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address P. O. Box 94515		Amount of Each Disbursement this Period 62.01
City Palatine	State IL	
Zip Code 60094	Purpose of Disbursement delivery	Transaction ID : D4-01Du6M
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2015
Mailing Address P. O. Box 94515		Amount of Each Disbursement this Period 63.27
City Palatine	State IL	
Zip Code 60094	Purpose of Disbursement delivery	Transaction ID : D5-01Du6N
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address P. O. Box 1270		Amount of Each Disbursement this Period 62.01
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement see memo entry	Transaction ID : D7-01Dr1Q
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	62.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 42			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

Full Name (Last, First, Middle Initial) <b>A. FedEx</b>		Date of Disbursement MM / DD / YYYY 02 / 21 / 2015
Mailing Address P. O. Box 94515		Amount of Each Disbursement this Period 62.01
City Palatine	State IL	
Zip Code 60094	Purpose of Disbursement delivery	Transaction ID : <b>D1-03n501</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lou Barletta</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2015
Mailing Address P. O. Box 128		Amount of Each Disbursement this Period 521.35
City Hazleton	State PA	
Zip Code 18201	Purpose of Disbursement see memo entry	Transaction ID : <b>D12-00010e</b>
Candidate Name <b>Lou Barletta</b>	Category/ Type	
Office Sought: <input checked="" 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: PA District: 11		

Full Name (Last, First, Middle Initial) <b>c. The Lexington New York City</b>		Date of Disbursement MM / DD / YYYY 12 / 13 / 2014
Mailing Address 511 Lexington Avenue at 48th Stree		Amount of Each Disbursement this Period 521.35
City New York	State NY	
Zip Code 10017	Purpose of Disbursement lodging	Transaction ID : <b>D1-03n402</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Memo
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	521.35
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 42			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bogart Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 19.31 <b>Transaction ID : D18-03SM0w</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement delivery	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Bogart Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2015
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 1330.00 <b>Transaction ID : D19-03SM0x</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement catering	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Bogart Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2015
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : D20-03SM0y</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement fundraising consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4349.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bogart Associates, Inc.</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2015
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 477.75 <b>Transaction ID : D21-03SM0z</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement catering/printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Bogart Associates, Inc.</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2015
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 1671.22 <b>Transaction ID : D22-03SM10</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement fundraising event	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Bogart Associates, Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2015
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 2232.80 <b>Transaction ID : D23-03SM11</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement catering/delivery	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4381.77
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bogart Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : D24-03SM12</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement fundraising consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Bogart Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 245.85 <b>Transaction ID : D25-03SM13</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement food & beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Bogart Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2015
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D26-03SM14</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement facility rental	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3495.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 42			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

Full Name (Last, First, Middle Initial)  
**A. Capital One Bank**

Mailing Address P. O. Box 71083

City Charlotte State NC Zip Code 28272

Purpose of Disbursement see memo entries

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 13 / 2015

Amount of Each Disbursement this Period: 1674.93

Transaction ID : D28-02ub0V

Full Name (Last, First, Middle Initial)  
**B. Capital One Bank**

Mailing Address P. O. Box 71083

City Charlotte State NC Zip Code 28272

Purpose of Disbursement service charge

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 17 / 2014

Amount of Each Disbursement this Period: 78.00

Transaction ID : D1-02ub0W

[MEMO ITEM]  
Credit Card Item

Full Name (Last, First, Middle Initial)  
**c. Capital One Bank**

Mailing Address P. O. Box 71083

City Charlotte State NC Zip Code 28272

Purpose of Disbursement service charge

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 17 / 2014

Amount of Each Disbursement this Period: 115.93

Transaction ID : D2-02ub0X

[MEMO ITEM]  
Credit Card Item

**SUBTOTAL** of Disbursements This Page (optional) ..... 1674.93

**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 30 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 300 First Street, S.E.		Amount of Each Disbursement this Period 50.00
City Washington State DC Zip Code 20003	Purpose of Disbursement membership dues	
Candidate Name	Category/Type	Transaction ID : D3-00BP0J  [MEMO ITEM] Credit Card Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Congressional Institute, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address 1700 Diagonal Road, #730		Amount of Each Disbursement this Period 738.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement conference registration	
Candidate Name	Category/Type	Transaction ID : D4-03TZ04  [MEMO ITEM] Credit Card Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FLS Connect</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 7300 Hudson Blvd., #270		Amount of Each Disbursement this Period 166.63
City Saint Paul State MN Zip Code 55128	Purpose of Disbursement telephone	
Candidate Name	Category/Type	Transaction ID : D6-00GQ1g  [MEMO ITEM] Credit Card Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Lexington New York City</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2014
Mailing Address 511 Lexington Avenue at 48th Stree		Amount of Each Disbursement this Period 461.35
City New York	State NY	Zip Code 10017
Purpose of Disbursement lodging	Category/ Type	
Candidate Name	Transaction ID : D7-03n401	
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:	[MEMO ITEM] Credit Card Item	

Full Name (Last, First, Middle Initial) <b>B. Capital One Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2015
Mailing Address P. O. Box 71083		Amount of Each Disbursement this Period 66.93
City Charlotte	State NC	Zip Code 28272
Purpose of Disbursement service charge	Category/ Type	
Candidate Name	Transaction ID : D31-02ub0Y	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capital One Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2015
Mailing Address P. O. Box 71083		Amount of Each Disbursement this Period 2103.46
City Charlotte	State NC	Zip Code 28272
Purpose of Disbursement see memo entries	Category/ Type	
Candidate Name	Transaction ID : D32-02ub0Z	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2170.39
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capital One Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address P. O. Box 71083		Amount of Each Disbursement this Period 1.10
City Charlotte	State NC	
Zip Code 28272	Purpose of Disbursement service charge	Transaction ID : D2-02ub0a
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address 300 First Street, S.E.		Amount of Each Disbursement this Period 800.75
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement food & beverage	Transaction ID : D3-00BP0L
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Del Frisco's Double Eagle Steakhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2015
Mailing Address 950 I Street, N.E., #501		Amount of Each Disbursement this Period 1278.55
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement food & beverage	Transaction ID : D5-03n801
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 12 / 2015</b>
Mailing Address <b>300 First Street, S.E.</b>		Amount of Each Disbursement this Period <b>800.75</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003</b>
Purpose of Disbursement <b>food &amp; beverage</b>	Category/Type	
Candidate Name	Transaction ID : <b>D35-00BP0K</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DHD I, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 02 / 2015</b>
Mailing Address <b>8 W. Broad Street, #320</b>		Amount of Each Disbursement this Period <b>850.00</b>
City <b>Hazleton</b>	State <b>PA</b>	Zip Code <b>18201</b>
Purpose of Disbursement <b>office rent</b>	Category/Type	
Candidate Name	Transaction ID : <b>D44-03X80J</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FLS Connect</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 12 / 2015</b>
Mailing Address <b>7300 Hudson Blvd., #270</b>		Amount of Each Disbursement this Period <b>32.66</b>
City <b>Saint Paul</b>	State <b>MN</b>	Zip Code <b>55128</b>
Purpose of Disbursement <b>telephone</b>	Category/Type	
Candidate Name	Transaction ID : <b>D54-00GQ1h</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1683.41</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

Full Name (Last, First, Middle Initial)  
**A. FLS Connect**

Mailing Address 7300 Hudson Blvd., #270

City Saint Paul State MN Zip Code 55128

Purpose of Disbursement telephone

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 25 / 2015

Amount of Each Disbursement this Period: 110.34

Transaction ID : D55-00GQ1i

Full Name (Last, First, Middle Initial)  
**B. The Foundation for Enhancing Communities**

Mailing Address 5877 Laurel Street

City Linglestown State PA Zip Code 17112

Purpose of Disbursement advertisement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 26 / 2015

Amount of Each Disbursement this Period: 250.00

Transaction ID : D79-03n701

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

Mailing Address P. O. Box 20550

City Rochester State NY Zip Code 14602

Purpose of Disbursement internet/telephone

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 22 / 2015

Amount of Each Disbursement this Period: 214.17

Transaction ID : D83-02WJ0z

**SUBTOTAL** of Disbursements This Page (optional) ..... 574.51

**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 35 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

Full Name (Last, First, Middle Initial) <b>A. Frontier</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2015
Mailing Address P. O. Box 20550		Amount of Each Disbursement this Period 211.24 <b>Transaction ID : D84-02WJ10</b>
City Rochester	State NY	
Zip Code 14602	Purpose of Disbursement internet/telephone	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Frontier</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address P. O. Box 20550		Amount of Each Disbursement this Period 211.24 <b>Transaction ID : D85-02WJ11</b>
City Rochester	State NY	
Zip Code 14602	Purpose of Disbursement internet/telephone	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Ignite Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address P. O. Box 101		Amount of Each Disbursement this Period 735.20 <b>Transaction ID : D88-03jt05</b>
City Harrisburg	State PA	
Zip Code 17108	Purpose of Disbursement travel/postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1157.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 42			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ignite Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2015
Mailing Address P. O. Box 101		Amount of Each Disbursement this Period 117.99 <b>Transaction ID : D89-03jt06</b>
City Harrisburg	State PA	
Zip Code 17108	Purpose of Disbursement postage/delivery	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ignite Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address P. O. Box 101		Amount of Each Disbursement this Period 3.43 <b>Transaction ID : D90-03jt07</b>
City Harrisburg	State PA	
Zip Code 17108	Purpose of Disbursement postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Ignite Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address P. O. Box 101		Amount of Each Disbursement this Period 9500.00 <b>Transaction ID : D91-03jt08</b>
City Harrisburg	State PA	
Zip Code 17108	Purpose of Disbursement fundraising consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9621.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 42			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mammoth Marketing Group, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015		
Mailing Address 905 Nueces Street			Amount of Each Disbursement this Period 3690.12		
City Austin	State TX	Zip Code 78701	Transaction ID : D98-03Be0W		
Purpose of Disbursement postage		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. Pulse Red Communications, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015		
Mailing Address 190 Monroe Avenue, N.W., 5th Floor			Amount of Each Disbursement this Period 2.66		
City Grand Rapids	State MI	Zip Code 49503	Transaction ID : D111-03Tv0v		
Purpose of Disbursement online fundraising		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>C. Pulse Red Communications, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2015		
Mailing Address 190 Monroe Avenue, N.W., 5th Floor			Amount of Each Disbursement this Period 0.27		
City Grand Rapids	State MI	Zip Code 49503	Transaction ID : D112-03Tv0w		
Purpose of Disbursement online fundraising		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3693.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

Full Name (Last, First, Middle Initial) <b>A. Service Electric Cable</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address P. O. Box 62144		Amount of Each Disbursement this Period 72.92
City Baltimore	State MD	
Zip Code 21264	Purpose of Disbursement cable	Transaction ID : <b>D117-00GR0c</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Service Electric Cable</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2015
Mailing Address P. O. Box 62144		Amount of Each Disbursement this Period 72.92
City Baltimore	State MD	
Zip Code 21264	Purpose of Disbursement cable	Transaction ID : <b>D118-00GR0d</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Service Electric Cable</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address P. O. Box 62144		Amount of Each Disbursement this Period 72.92
City Baltimore	State MD	
Zip Code 21264	Purpose of Disbursement cable	Transaction ID : <b>D119-00GR0e</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	218.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

Full Name (Last, First, Middle Initial)  
**A. Sports Recruiters**

Mailing Address 4320 Crestview Road

City Harrisburg State PA Zip Code 17112

Purpose of Disbursement advertisement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 25 / 2015

Amount of Each Disbursement this Period: 250.00

Transaction ID : D120-03SN03

Full Name (Last, First, Middle Initial)  
**B. Tri-County Business Machines, Inc.**

Mailing Address 117 E. Broad Street

City Hazleton State PA Zip Code 18201

Purpose of Disbursement equipment rental

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 15 / 2015

Amount of Each Disbursement this Period: 265.35

Transaction ID : D131-00BL15

Full Name (Last, First, Middle Initial)  
**c. Tri-County Business Machines, Inc.**

Mailing Address 117 E. Broad Street

City Hazleton State PA Zip Code 18201

Purpose of Disbursement equipment rental

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 12 / 2015

Amount of Each Disbursement this Period: 265.00

Transaction ID : D132-00BL16

**SUBTOTAL** of Disbursements This Page (optional) ..... 780.35

**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 40 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

Full Name (Last, First, Middle Initial) <b>A. Tri-County Business Machines, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2015
Mailing Address 117 E. Broad Street		Amount of Each Disbursement this Period 265.00 <b>Transaction ID : D133-00BL17</b>
City Hazleton	State PA	
Zip Code 18201	Purpose of Disbursement equipment rental	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. The Wiltsie Center</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2015
Mailing Address 700 N. Wyoming Street		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D140-03OX03</b>
City Hazleton	State PA	
Zip Code 18201	Purpose of Disbursement advertisement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	515.00
<b>TOTAL</b> This Period (last page this line number only).....	35167.55

**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 41 OF 42			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lou Barletta for Congress**

Full Name (Last, First, Middle Initial) <b>A. Committee to Elect Jo Ferro</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 175 Robin Lane		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D78-03nE01</b>
City East Stroudsburg	State PA	
Zip Code 18302	Purpose of Disbursement non-federal contribution	Category/ Type
Candidate Name <b>Jo Ferro</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District:	

Full Name (Last, First, Middle Initial) <b>B. Lake George Land Conservancy</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2015
Mailing Address P. O. Box 1250		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : D94-03n601</b>
City Bolton Landing	State NY	
Zip Code 12814	Purpose of Disbursement contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Ronald McDonald House of Scranton</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 332 Wheeler Avenue		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D99-03nA01</b>
City Scranton	State PA	
Zip Code 18510	Purpose of Disbursement contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Lou Barletta for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**The Duquesne Club**

Mailing Address P. O. Box 387

City State Zip Code  
Pittsburgh PA 15230

Nature of Debt (Purpose):  
catering

Outstanding Balance Beginning This Period	<b>Transaction ID : 54</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="590.06"/>	<input type="text" value="0.00"/>	<input type="text" value="590.06"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="590.06"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="590.06"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="590.06"/>