

FEC  
FORM 3

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

RECEIVED  
2014 JUL 24 AM 11:47  
FEC MAIL CENTER  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

BRANNIGAN FOR CONGRESS  
PO BOX 354

ADDRESS (number and street)



Check if different  
than previously  
reported. (ACC)

PALOS HEIGHTS

IL

60463

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00556027

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

IL

03

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

07

04

2014

in the  
State of

IL

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



General (30G)



Runoff (30R)



Special (30S)

Election on

MM

DD

YYYY

in the  
State of

5. Covering Period

04

16

2014

through

07

15

2014

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

MICHAEL K BRANNIGAN

Signature of Treasurer

Michael K Brannigan

Date

04

17

2014

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

BRANNIGAN FOR CONGRESS

Report Covering the Period:

From:

04/16/2014

To:

07/15/2014

	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)) ....	5000.00	14700.00
(b) Total Contribution Refunds (from Line 20(d)) .....		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	5000.00	14700.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	12350.00	12350.00
(b) Total Offsets to Operating Expenditures (from Line 14) .....		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	12350.00	12350.00
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	5034.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	5000.00	

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

BRANNIGAN FOR CONGRESS

Report Covering the Period:

From:

04 ' 16 ' 2814

To:

07 ' 15 ' 2814

I. RECEIPTS

COLUMN A  
Total This Period

COLUMN B  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than  
Political Committees
- (i) Itemized (use Schedule A) .....
- (ii) Unitemized .....
- (iii) TOTAL of contributions  
from Individuals .....
- (b) Political Party Committees .....
- (c) Other Political Committees  
(such as PACs) .....
- (d) The Candidate .....
- (e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..

1500.00  
3500.00  
5000.00  
5000.00  
10000.00

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

13. LOANS:

- (a) Made or Guaranteed by the  
Candidate .....
- (b) All Other Loans .....
- (c) TOTAL LOANS  
(add Lines 13(a) and (b)) .....

5000.00

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

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

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

10000.00

# **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.....

12350.00

17350.00

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES .....

19. LOAN REPAYMENTS:

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

(b) Of All Other Loans .....

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b)).....

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees .....

(b) Political Party Committees.....

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

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c)).....

21. OTHER DISBURSEMENTS .....

22. TOTAL DISBURSEMENTS  
(add Lines 17, 18, 19(c), 20(d), and 21) ►

12350.00

17350.00

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

4700.00

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

10000.00

25. SUBTOTAL (add Line 23 and Line 24).....

14700.00

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

12350.00

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25).....

2350.00

**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 OF

☐ 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)

BRANNIGAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GENE ADAMS

Mailing Address

12650 S. WOLF ROAD

City

PAZOS PARK

State

IL

Zip Code

60964

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

Date of Receipt

04/16/2014

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. CHRIS BYRNE

Mailing Address

15256 S. LAGRANGE ROAD

City

ORLAND PARK

State

IL

Zip Code

60462

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

Date of Receipt

06/10/2014

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. SHARON BRANNIGAN

Mailing Address

12756 PONDEROSA

City

PAZOS HEIGHTS

State

IL

Zip Code

60463

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

Date of Receipt

06/10/2014

Amount of Each Receipt this Period

5000.00

personal funds

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

5400.00

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

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

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**BRANNIGAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**P. FRANGELLA**

Mailing Address

**10339 W. 147th St.**

City

**OLLAND PARK**

State

**IL**

Zip Code

**60462**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

Date of Receipt

**08 / 22 / 2014**

Amount of Each Receipt this Period

**500.00**

Full Name (Last, First, Middle Initial)

**MICHAEL MASON**

Mailing Address

**117 EASTERN AVENUE**

City

**CLARENDON HILLS**

State

**IL**

Zip Code

**60514**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

Date of Receipt

**07 / 09 / 2014**

Amount of Each Receipt this Period

**1000.00**

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts 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)

PAGE OF

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

BRANNIGAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. COSTCO

Date of Disbursement

07 ' 02 ' 2014

Mailing Address  
4775 W. 159th St.

City ORLAND PARK IL Zip Code 60462

Purpose of Disbursement

CANDY FOR PARADE

Candidate Name

SHARON M BRANNIGAN

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

242.82

B. Integra Graphics

Date of Disbursement

06 ' 16 ' 2014

Mailing Address  
4749 W. 136th St.

City Crestwood IL Zip Code 60445

Purpose of Disbursement

Printing/Mailing

Candidate Name

SHARON BRANNIGAN

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

8273.88

CREDIT CARD  
CAPITAL ONE

C. ROYAL PUBLISHING

Date of Disbursement

07 ' 07 ' 2014

Mailing Address  
7620 N. HARKER

City Peoria IL Zip Code 61615

Purpose of Disbursement

PRINTING/ADVERTISEMENT

Candidate Name

SHARON BRANNIGAN

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

875.00

CAPITAL ONE  
CC.

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)

PAGE OF

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

BRANNIGAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

07' 05' 2014

A. PAPER MART

Mailing Address

www.papermart.com

City

State  
CA

Zip Code

Amount of Each Disbursement this Period

320.63

Purpose of Disbursement

PLASTIC BAGS FOR DOOR HANGERS

Candidate Name

SHARON BRANNIGAN

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

State:

District:

CAPITAL ONE CC.

Full Name (Last, First, Middle Initial)

Date of Disbursement

07' 07' 2014

B. CHAMBER OF COMMERCE

Mailing Address

9233 S. HOMAN

City

EVERGREEN PARK

State

IL

Zip Code

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement

PARADE FEE

Candidate Name

SHARON M BRANNIGAN

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

State:

District:

CK -

Full Name (Last, First, Middle Initial)

Date of Disbursement

06' 19' 2014

C. STRATICS GROUP

Mailing Address

5814 GUNN HWY

City

TAMPA FLORIDA

State

Zip Code

Amount of Each Disbursement this Period

331.63

Purpose of Disbursement

POLLING

Candidate Name

SHARON BRANNIGAN

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

State:

District:

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

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

110001121001100011



**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 OF

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

BRANNIGAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FACEBOOK

Mailing Address

Date of Disbursement

07012014

City State Zip Code

Amount of Each Disbursement this Period

505.00

Purpose of Disbursement

ADVERTISING

Candidate Name

SHARON BRANNIGAN

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

CREDIT CARD CAP. ONE

Full Name (Last, First, Middle Initial)

B. MARATHON SPORTWEAR

Mailing Address

12751 HOMER AVE

BLUE ISLAND

IL

60406

Date of Disbursement

06212014

Amount of Each Disbursement this Period

528.93

Purpose of Disbursement

ADVERTISING

Candidate Name

SHARON BRANNIGAN

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

CREDIT CARD CAP. ONE

Full Name (Last, First, Middle Initial)

C. FACEBOOK

Mailing Address

Date of Disbursement

05092014

City State Zip Code

Amount of Each Disbursement this Period

475.00

Purpose of Disbursement

Sharon Brannigan

Candidate Name

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

CAPITAL ONE CC

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)

PAGE OF

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

BRANNIGAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DEX

Mailing Address

8501 W. 137th Street

City

Overland Park

State

KANSAS

Zip Code  
66223

Purpose of Disbursement

ADVERTISING

Candidate Name

Sharon Brannigan

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

07/03/2014

Amount of Each Disbursement this Period

603.23

CAP. ONE  
CC.

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

MM/DD/YYYY

Amount of Each Disbursement this Period

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

MM/DD/YYYY

Amount of Each Disbursement this Period

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

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

1400110001100001

# SCHEDULE C (FEC Form 3)

## LOANS

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

PAGE OF

FOR LINE NUMBER:  
(check only one)

13a  
13b

NAME OF COMMITTEE (In Full)

BRANNIGAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

Sharon + Michael Brannigan

Mailing Address

12756 PONDEROSA

City

PAROS HEIGHTS

State

IL

ZIP Code

60463

Election:

☐ Primary

☒ General

☐ Other (specify) ▼

Original Amount of Loan

50.00<sup>00</sup>

Cumulative Payment To Date

00

Balance Outstanding at Close of This Period

5000<sup>00</sup>

TERMS

Date Incurred

06/10/2014

Date Due

07/01/2015

Interest Rate

02 % (apr)

Secured:

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Sharon Brannigan

Mailing Address

12756 PONDEROSA

City

PAROS HEIGHTS

State

IL

ZIP Code

60463

Name of Employer

Sherry's Flower Shoppe

Occupation

OWNER

Amount

Guaranteed

Outstanding:

2500<sup>00</sup>

2. Full Name (Last, First, Middle Initial)

MICHAEL K BRANNIGAN

Mailing Address

12756 PONDEROSA

City

PAROS HEIGHTS

State

IL

ZIP Code

60463

Name of Employer

Sherry's Flower Shoppe

Occupation

OWNER

Amount

Guaranteed

Outstanding:

2500<sup>00</sup>

3. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

ZIP Code

Name of Employer

Occupation

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

ZIP Code

Name of Employer

Occupation

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

5000<sup>00</sup>

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14031281054

# SCHEDULE C-1 (FEC Form 3)

## LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="border: 1px solid black; height: 20px;"></div>	Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; display: inline-block;">%</div>
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div></div>	
City	State Zip Code	Date Due <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div></div>	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div>MM / DD / YYYY</div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; height: 20px;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; height: 20px;"></div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; height: 20px;"></div>  Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; height: 20px;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established: <div>MM / DD / YYYY</div>		Location of account:  Address: _____  City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE <div>MM / DD / YYYY</div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div>MM / DD / YYYY</div>	
Title			

**FEC FORM 32 (File with Form 3)**

**CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS**

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full)		Report Covering Period:			
BRANNIGAN FOR CONGRESS		From:		To:	
		04 / 16 / 2014		07 / 15 / 2014	
Committee Name				(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
BRANNIGAN FOR CONGRESS					
B Column Total Last Page Only.....					
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate
A			5000 <sup>00</sup>		500 <sup>00</sup>
B					
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures
A					12350 <sup>00</sup>
B					
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees
A					
B					
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period
A				4700 <sup>00</sup>	5034 <sup>00</sup>
B					
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures		
A		10000 <sup>00</sup>	12350 <sup>00</sup>		
B					

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