

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
Mary Ellen Balchunis for Congress

ADDRESS (number and street) PO BOX 3
 Check if different than previously reported. (ACC) Fort Washington PA 19034

2. **FEC IDENTIFICATION NUMBER** C C00560920 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) PA 07

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 Elizabeth Parziale

Signature of Treasurer Elizabeth Parziale [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									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Mary Ellen Balchunis 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))....	12055.00	13210.00
(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)).....	12055.00	13210.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5668.04	5668.04
(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)).....	5668.04	5668.04
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6432.90	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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)

Write or Type Committee Name

Mary Ellen Balchunis for Congress

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

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).....	6050.00	6800.00
(ii) Unitemized.....	1005.00	1410.00
(iii) TOTAL of contributions from individuals ▶	7055.00	8210.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	12055.00	13210.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	12055.00	13210.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5668.04	5668.04
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	184.28	184.28
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	5852.32	5852.32

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	230.22
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	12055.00
25. SUBTOTAL (add Line 23 and Line 24).....	12285.22
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5852.32
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6432.90

**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 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)
Mary Ellen Balchunis for Congress

Full Name (Last, First, Middle Initial) George J. Badey III		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2015
Mailing Address 2200 Locust St		Transaction ID : VNVQ3DYTV75
City Philadelphia	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Badey, Sloan & DiGenova,PC	Occupation Attorney	Contribution
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Susan P P. Cassanelli		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2015
Mailing Address 426 Greenview Ln		Transaction ID : VNVQ3DYV0Q3
City Havertown	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer C & R Lab Equipment	Occupation Manufacturers Rep	Contribution
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) Susan P P. Cassanelli		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015
Mailing Address 426 Greenview Ln		Transaction ID : VNVQ3DYTT32
City Havertown	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer C & R Lab Equipment	Occupation Manufacturers Rep	Contribution
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
	<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)
Mary Ellen Balchunis for Congress

A. Full Name (Last, First, Middle Initial)
Judith Eckles

Mailing Address 712 Stonybrook Dr

City Jeffersonville State PA Zip Code 19403-2734

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

Name of Employer Judith Eckles Occupation Event Planner484

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015

Transaction ID : VNVQ3DYTXJ7

Amount of Each Receipt this Period
1600.00

* In-Kind: Strategy, Graphic design, collateral writing website 40 hrs @ \$40

B. Full Name (Last, First, Middle Initial)
Paula Frank

Mailing Address 321 Durham Dr

City Villanova State PA Zip Code 19085-1451

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

Name of Employer Retired Occupation Frank's Beverages

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
 06 / 22 / 2015

Transaction ID : VNVQ3DYTVR9

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Rick Morris

Mailing Address 160 Cinnamon Hill Rd

City King Of Prussia State PA Zip Code 19406-1826

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

Name of Employer Fleetwalker Occupation Video and Filmmaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015

Transaction ID : VNVQ3DYTX70

Amount of Each Receipt this Period
2500.00

* In-Kind: Video production, strategy and script writing for open of campaign 50 hrs @ \$50

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

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

4350.00

**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 13
	<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)
Mary Ellen Balchunis for Congress

A. Full Name (Last, First, Middle Initial)
Bayard T. Storey

Mailing Address 1919 Brandywine St

City Philadelphia State PA Zip Code 19130-3202

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : VNVQ3DYTSW7

Amount of Each Receipt this Period
 1000.00

Contribution

B. 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

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).....

1000.00

6050.00

**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 13
	<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)
Mary Ellen Balchunis for Congress

A. Full Name (Last, First, Middle Initial)
Plumbers Union Local 690 Election Political Action Fund

Mailing Address 2791 Southampton Rd

City Philadelphia State PA Zip Code 19154-1211

FEC ID number of contributing federal political committee. **C** C00252825

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
 06 / 17 / 2015

Transaction ID : VNVQ3DYTW44

Amount of Each Receipt this Period
 5000.00

Contribution

B. 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

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).....

5000.00

5000.00

**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 9 OF 13	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Ellen Balchunis for Congress

Full Name (Last, First, Middle Initial) A. Cheltenham Printing Company		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 518 Ryers Ave Bulding #2, First Floor		Amount of Each Disbursement this Period 411.28
City Cheltenham	State PA Zip Code 19012-2131	
Purpose of Disbursement Printing	Category/Type 006	Transaction ID : VNTQV9RSJ34
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Judith Eckles		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 712 Stonybrook Dr		Amount of Each Disbursement this Period 1600.00
City Jeffersonville	State PA Zip Code 19403-2734	
Purpose of Disbursement Strategy,Graphic design, collateral writing website 40 hrs @ \$40	Category/Type	Transaction ID : VNVQ3DYTXJ7I
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) c. J P Tees Custom Sportswear		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 2930 Richmond St		Amount of Each Disbursement this Period 353.90
City Philadelphia	State PA Zip Code 19134-5706	
Purpose of Disbursement Campaign Tee Shirts	Category/Type 007	Transaction ID : VNTQV9RSJ82
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2365.18
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : VNTQV9RSJ82

Opening of Campaign Event

Form/Schedule:

Transaction ID:

**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 11 OF 13	
	<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)
Mary Ellen Balchunis for Congress

Full Name (Last, First, Middle Initial) A. Rick Morris		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 160 Cinnamon Hill Rd		Amount of Each Disbursement this Period 2500.00
City King Of Prussia	State PA	
Zip Code 19406-1826	Purpose of Disbursement Video production, strategy and script writing for open of campaign 50 hrs @ \$50	Transaction ID : VNVQ3DYT701
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) B. NGP		Date of Disbursement MM / DD / YYYY 05 / 04 / 2015
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 125.00
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement FEC Report for 1st quarter 2015	Transaction ID : VNTQV9RSJF7
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	FEC Report for 1st Quarter 2015
State: District:		

Full Name (Last, First, Middle Initial) c. PNC Bank		Date of Disbursement MM / DD / YYYY 04 / 01 / 2015
Mailing Address 5050 State Rd		Amount of Each Disbursement this Period 30.00
City Drexel Hill	State PA	
Zip Code 19026-4609	Purpose of Disbursement Service Charge for Reports	Transaction ID : VNTQV9RSJW0
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Service Charge
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2655.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 13
	<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)
Mary Ellen Balchunis for Congress

Full Name (Last, First, Middle Initial) A. PNC Bank		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 5050 State Rd		Amount of Each Disbursement this Period 30.00 Transaction ID : VNTQV9RSK69
City Drexel Hill	State PA Zip Code 19026-4609	
Purpose of Disbursement Service Charge for Reports	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PNC Bank		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 5050 State Rd		Amount of Each Disbursement this Period 40.00 Transaction ID : VNTQV9RSK85
City Drexel Hill	State PA Zip Code 19026-4609	
Purpose of Disbursement Service Charge for Reports	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. PNC Bank		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2015
Mailing Address 5050 State Rd		Amount of Each Disbursement this Period 30.00 Transaction ID : VNTQV9RSK93
City Drexel Hill	State PA Zip Code 19026-4609	
Purpose of Disbursement Service Charge for Reports	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	5120.18

**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 13 OF 13	
	<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)
Mary Ellen Balchunis for Congress

Full Name (Last, First, Middle Initial) A. Daylin Leach		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2015
Mailing Address PO Box 60178		Amount of Each Disbursement this Period 100.00
City King Of Prussia	State PA Zip Code 19406-0178	
Purpose of Disbursement Donation to VoteDaylinLeach campaign committee		Transaction ID : VNTQV9RT1S7
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 011
State: District:		

Full Name (Last, First, Middle Initial) 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:

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

SUBTOTAL of Disbursements This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	100.00