

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

BOB BRADY FOR CONGRESS

ADDRESS (number and street) 12518 Chilton Road

Check if different than previously reported. (ACC) Philadelphia PA 19154

2. **FEC IDENTIFICATION NUMBER** ▼

C C00333740

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

PA 01

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 MM / DD / YYYY in the State of

(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 MM / DD / YYYY through MM / DD / YYYY
05 / 01 / 2014 through 06 / 30 / 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 Louis J Farinella

Signature of Treasurer Louis J Farinella

[Electronically Filed]

Date

MM / DD / YYYY
07 / 15 / 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									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
BOB BRADY 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))....	62100.00	527745.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	1500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	62100.00	526245.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	35889.67	281199.60
(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)).....	35889.67	281199.60
8. Cash on Hand at Close of Reporting Period (from Line 27).....	759773.51	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	5000.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	6201.50	

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

BOB BRADY 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).....	6400.00	287625.00
(ii) Unitemized.....	300.00	7570.00
(iii) TOTAL of contributions from individuals ▶	6700.00	295195.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	55400.00	232550.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	62100.00	527745.00
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.)	55.98	1702.79
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	62155.98	529447.79

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	35889.67	281199.60
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	1500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1500.00
21. OTHER DISBURSEMENTS	35175.00	85097.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	71064.67	367796.60

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	768682.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	62155.98
25. SUBTOTAL (add Line 23 and Line 24).....	830838.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	71064.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	759773.51

**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 34
	<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)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Richard Adler

Mailing Address 3 Old Barn Lane

City Malvern State PA Zip Code 19355

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

Name of Employer Info Requested Occupation Info Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.9814

Amount of Each Receipt this Period
 Contribution **500.00**

B. Full Name (Last, First, Middle Initial)
Joseph F. Coradino

Mailing Address 2470 White Horse Rd.

City Berwyn State PA Zip Code 19312

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

Name of Employer Info Requested Occupation Info Requested
 PREIT CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11AI.9839

Amount of Each Receipt this Period
 Contribution **1000.00**

C. Full Name (Last, First, Middle Initial)
Mr. Andrew Cosenza Jr.

Mailing Address 122 Rue Du Boise

City Cherry Hill State NJ Zip Code 08003

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

Name of Employer Info Requested Occupation Info Requested
 Cozco President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11AI.9829

Amount of Each Receipt this Period
 Contribution **1300.00**

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

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

2800.00

**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 34
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mike McKay		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2014	
Mailing Address 1000 Connecticut Ave NW 9th Floor		Transaction ID : SA11AI.9815	
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period Contribution 500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Empire Consulting Occupation Principal		
Receipt For: 2014 <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) B. Robin Morton		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2014	
Mailing Address 17 Sutton Road		Transaction ID : SA11AI.9817	
City Lebanon State NJ Zip Code 08833	Amount of Each Receipt this Period Contribution 500.00		
FEC ID number of contributing federal political committee. C	Name of Employer g4 Productions Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. Constance Smukler		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2014	
Mailing Address 210 W. Rittenhouse Square		Transaction ID : SA11AI.9828	
City Philadelphia State PA Zip Code 19103	Amount of Each Receipt this Period Contribution 2600.00		
FEC ID number of contributing federal political committee. C	Name of Employer N/A Occupation Homemaker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

SUBTOTAL of Receipts This Page (optional).....	3600.00
TOTAL This Period (last page this line number only).....	6400.00

**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 34
	<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)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AIR LINE PILOTS ASSOCIATION PAC

Mailing Address 1625 Massachusetts Ave. NW
8th Floor

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11C.9826

Amount of Each Receipt this Period
 Contribution 2500.00

B. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address 777 6th Street, NW
Suite 200

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11C.9702

Amount of Each Receipt this Period
 Contribution 2500.00

C. Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, AFL-CIO

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C30000798

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11C.9731

Amount of Each Receipt this Period
 Contribution 2000.00

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 8 OF 34
	<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)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BARRACK, RODOS & BACINE POLITICAL ACTION COMMITTEE

Mailing Address 7102 MCCALLUM STREET

City State Zip Code
PHILADELPHIA PA 19119

FEC ID number of contributing federal political committee. **C** C00258590

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11C.9714

Amount of Each Receipt this Period
Contribution 5000.00

B. Full Name (Last, First, Middle Initial)
BOEING COMPANY POLITICAL ACTION COMMITTEE, THE

Mailing Address 1200 Wilson Blvd

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11C.9703

Amount of Each Receipt this Period
Contribution 1000.00

C. Full Name (Last, First, Middle Initial)
CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS AND JOINERS

Mailing Address 101 Constitution Ave NW
Tenth Floor West

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11C.9706

Amount of Each Receipt this Period
Contribution 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 9 OF 34
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION (LETTER CARRIERS POLITICAL ACTION FUND)		Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2014
A. Mailing Address 100 INDIANA AVE., N. W.		Transaction ID : SA11C.9835
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C C00023580		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) ENERGY TRANSFER EMPLOYEE MANAGEMENT COMPANY PAC (ENERGY TRANSFER PAC)		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2014
B. Mailing Address 400 W. 15TH ST. SUITE 720		Transaction ID : SA11C.9825
City AUSTIN	State TX	
FEC ID number of contributing federal political committee. C C00438754		Amount of Each Receipt this Period 3000.00
Name of Employer	Occupation	Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) INTL UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS PAC		Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2014
C. Mailing Address 620 F STREET, NW SUITE 900		Transaction ID : SA11C.9832
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C C00003632		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	9000.00
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 10 OF 34
	<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)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC

Mailing Address 905 16TH ST., N.W.
SECOND FLOOR
City WASHINGTON State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11C.9723

Amount of Each Receipt this Period
Contribution 5000.00

B. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address 1550 Crystal Drive
Suite 300
City Arlington State VA Zip Code 22202

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11C.9827

Amount of Each Receipt this Period
Contribution 1000.00

C. Full Name (Last, First, Middle Initial)
NEA FUND FOR CHILDREN AND PUBLIC EDUCATION

Mailing Address 1201 16th St NW Ste 420
City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00003251**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : SA11C.9834

Amount of Each Receipt this Period
Contribution 4000.00

SUBTOTAL of Receipts This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 34
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PNCBANKPAC		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014	
Mailing Address One PNC Plaza		Transaction ID : SA11C.9717	
City Pittsburgh	State PA	Zip Code 15222-2707	
FEC ID number of contributing federal political committee. C C00035519		Amount of Each Receipt this Period 1000.00	
Name of Employer Occupation		Contribution	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3500.00	

Full Name (Last, First, Middle Initial) B. PREIT-RUBIN INC POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2014	
Mailing Address 200 SOUTH BROAD ST 3RD FLOOR		Transaction ID : SA11C.9838	
City PHILADELPHIA	State PA	Zip Code 19102	
FEC ID number of contributing federal political committee. C C00457606		Amount of Each Receipt this Period 1400.00	
Name of Employer Occupation		Contribution	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1400.00	

Full Name (Last, First, Middle Initial) C. RUSH HOLT FOR CONGRESS		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address PO BOX 782		Transaction ID : SA11C.9728	
City PENNINGTON	State NJ	Zip Code 08534	
FEC ID number of contributing federal political committee. C C00313684		Amount of Each Receipt this Period 1000.00	
Name of Employer Occupation		Contribution	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3400.00
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 12 OF 34
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial)
SEIU COPE (SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION)

A. Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004036

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11C.9841

Amount of Each Receipt this Period
 Contribution 5000.00

Full Name (Last, First, Middle Initial)
SHEET METAL WORKER'S INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE PAL

B. Mailing Address 1750 NEW YORK AVE NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C70001136

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2014

Transaction ID : SA11C.9836

Amount of Each Receipt this Period
 Contribution 5000.00

Full Name (Last, First, Middle Initial)
TRANSPORT WORKERS UNION POLITICAL CONTRIBUTIONS COMMITTEE

C. Mailing Address 1700 Broadway 2nd Floor

City New York State NY Zip Code 10019

FEC ID number of contributing federal political committee. **C** C00008268

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11C.9824

Amount of Each Receipt this Period
 Contribution 5000.00

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

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

15000.00

55400.00

**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 34
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) PNC Bank		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2014	
Mailing Address PO Box 535230		Transaction ID : SA15.9734	
City Pittsburgh	State PA	Zip Code 15253	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.45	
Name of Employer Occupation		MM Interest	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 529.16	

Full Name (Last, First, Middle Initial) PNC Bank		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address PO Box 535230		Transaction ID : SA15.9735	
City Pittsburgh	State PA	Zip Code 15253	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.53	
Name of Employer Occupation		MM Interest	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 556.69	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer Occupation		MM Interest	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	55.98
TOTAL This Period (last page this line number only).....	55.98

**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 14 OF 34			
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 154.05 Transaction ID : SB17.9830
City Cambridge	State MA	
Purpose of Disbursement Fee for Online Contribution		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 01	

Full Name (Last, First, Middle Initial) B. Ally Financial		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address PO Box 380902		Amount of Each Disbursement this Period 1148.29 Transaction ID : SB17.9741
City Bloomington	State MN	
Purpose of Disbursement Auto Lease		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 01	

Full Name (Last, First, Middle Initial) c. Ally Financial		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address PO Box 380902		Amount of Each Disbursement this Period 910.72 Transaction ID : SB17.9770
City Bloomington	State MN	
Purpose of Disbursement Auto Lease		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 01	

SUBTOTAL of Disbursements This Page (optional).....	2213.06
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 15 OF 34
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ally Financial		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address PO Box 380902		Amount of Each Disbursement this Period 1148.29 Transaction ID : SB17.9774
City Bloomington	State MN	
Zip Code 55438-0902	Purpose of Disbursement Auto Lease	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) B. Ally Financial		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address PO Box 380902		Amount of Each Disbursement this Period 910.72 Transaction ID : SB17.9791
City Bloomington	State MN	
Zip Code 55438-0902	Purpose of Disbursement Auto Lease	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) c. Ally Financial		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address PO Box 380902		Amount of Each Disbursement this Period 1148.29 Transaction ID : SB17.9793
City Bloomington	State MN	
Zip Code 55438-0902	Purpose of Disbursement Auto Lease	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

SUBTOTAL of Disbursements This Page (optional).....	3207.30
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 16 OF 34	
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Anthony's		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 4990 State Road		Amount of Each Disbursement this Period 327.48
City Drexel Hill	State PA Zip Code 19026	
Purpose of Disbursement Meeting	Category/Type	Transaction ID : SB17.9797 [MEMO ITEM]
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. Ms Linda August		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 2401 Pennsylvania Avenue 6B23		Amount of Each Disbursement this Period 3500.00
City Philadelphia	State PA Zip Code 19130	
Purpose of Disbursement Fundraising Consulting May 2014	Category/Type	Transaction ID : SB17.9748
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. Ms Linda August		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 2401 Pennsylvania Avenue 6B23		Amount of Each Disbursement this Period 568.87
City Philadelphia	State PA Zip Code 19130	
Purpose of Disbursement Reimbursement for 4/22 Fundraising Event	Category/Type	Transaction ID : SB17.9777
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	4068.87
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 17 OF 34			
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms Linda August		Date of Disbursement MM / DD / YYYY 06 / 03 / 2014
Mailing Address 2401 Pennsylvania Avenue 6B23		Amount of Each Disbursement this Period 3500.00
City Philadelphia	State PA	
Zip Code 19130	Purpose of Disbursement Fundraising Consulting June 2014	Transaction ID : SB17.9778
Candidate Name BOB BRADY FOR CONGRESS	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 01	

Full Name (Last, First, Middle Initial) B. Charlie Palmer Steak		Date of Disbursement MM / DD / YYYY 04 / 28 / 2014
Mailing Address 101 Constitution Ave NW		Amount of Each Disbursement this Period 1106.30
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Meeting	Transaction ID : SB17.9798
Candidate Name BOB BRADY FOR CONGRESS	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: PA	District: 01	

Full Name (Last, First, Middle Initial) c. First National Bank VISA		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address PO Box 2557		Amount of Each Disbursement this Period 1299.51
City Omaha	State NE	
Zip Code 68103	Purpose of Disbursement Credit Card Payment	Transaction ID : SB17.9739
Candidate Name BOB BRADY FOR CONGRESS	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 01	

SUBTOTAL of Disbursements This Page (optional)	4799.51
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 18 OF 34			
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. First National Bank VISA		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address PO Box 2557		Amount of Each Disbursement this Period 6191.28 Transaction ID : SB17.9779
City Omaha	State NE Zip Code 68103	
Purpose of Disbursement Credit Card Payment		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
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: 01		

Full Name (Last, First, Middle Initial) B. Steve Kaplan		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 711B South 5th Street		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.9787
City Philadelphia	State PA Zip Code 19147	
Purpose of Disbursement Reimbursement for Expenses		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. Lukoil #69708		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address Delaware Ave & Spring Garden St		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.9801 [MEMO ITEM]
City Philadelphia	State PA Zip Code 19123	
Purpose of Disbursement Fuel		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	6291.28
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 19 OF 34	
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. M.J. Corporate Sales		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 109 West Park Drive		Amount of Each Disbursement this Period 679.98 Transaction ID : SB17.9751
City Mt. Laurel	State NJ	
Zip Code 08054	Purpose of Disbursement Gifts	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) B. Main Line Riggins		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 1435 City Ave		Amount of Each Disbursement this Period 147.04 Transaction ID : SB17.9804 [MEMO ITEM]
City Wynnewood	State PA	
Zip Code 19096	Purpose of Disbursement Fuel	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) c. Marlyn Service Garage		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 6560 Haverford Avenue		Amount of Each Disbursement this Period 81.00 Transaction ID : SB17.9805 [MEMO ITEM]
City Philadelphia	State PA	
Zip Code 19151	Purpose of Disbursement Service to Auto	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

SUBTOTAL of Disbursements This Page (optional).....	679.98
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 20 OF 34	
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.9760
City Washington State DC Zip Code 20003	Purpose of Disbursement Membership Dues	
Candidate Name BOB BRADY FOR CONGRESS Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.9790
City Washington State DC Zip Code 20003	Purpose of Disbursement Membership Dues	
Candidate Name BOB BRADY FOR CONGRESS Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. New Jersey EZ Pass		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2014
Mailing Address PO Box 52003		Amount of Each Disbursement this Period 480.00 Transaction ID : SB17.9806 [MEMO ITEM]
City Newark State NJ Zip Code 07101-8203	Purpose of Disbursement Tolls	
Candidate Name BOB BRADY FOR CONGRESS Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	100.00
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 21 OF 34		
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. OnStar		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address PO Box 1027		Amount of Each Disbursement this Period 119.60
City Warren	State MI	
Zip Code 48090-1027	Purpose of Disbursement Satellite Radio Subscription	Transaction ID : SB17.9807
Candidate Name BOB BRADY FOR CONGRESS	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)	[MEMO ITEM]
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. Smart Devine		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 1600 Market Street 32nd Floor		Amount of Each Disbursement this Period 4924.50
City Philadelphia	State PA	
Zip Code 19103	Purpose of Disbursement Accounting Services	Transaction ID : SB17.9759
Candidate Name BOB BRADY FOR CONGRESS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. Smart Devine		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 1600 Market Street 32nd Floor		Amount of Each Disbursement this Period 98.00
City Philadelphia	State PA	
Zip Code 19103	Purpose of Disbursement Accounting Services	Transaction ID : SB17.9848
Candidate Name BOB BRADY FOR CONGRESS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	5022.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 34			
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Smart Devine		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 1600 Market Street 32nd Floor		Amount of Each Disbursement this Period 4532.50
City Philadelphia	State PA Zip Code 19103	
Purpose of Disbursement Accounting Services	Category/Type	Transaction ID : SB17.9782
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. Smart Devine		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 1600 Market Street 32nd Floor		Amount of Each Disbursement this Period 3920.00
City Philadelphia	State PA Zip Code 19103	
Purpose of Disbursement Accounting Services	Category/Type	Transaction ID : SB17.9849
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 1046.11
City Aberdeen	State MD Zip Code 21001	
Purpose of Disbursement Fuel	Category/Type	Transaction ID : SB17.9809 [MEMO ITEM]
Candidate Name BOB BRADY FOR CONGRESS		
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: 01		

SUBTOTAL of Disbursements This Page (optional).....	8452.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 34	
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sunoco Service Station 2		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2014
Mailing Address 1301 West Chester Pike		Amount of Each Disbursement this Period 104.97
City Havertown	State PA	
Purpose of Disbursement Fuel		Transaction ID : SB17.9810 [MEMO ITEM]
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: PA	District: 01	

Full Name (Last, First, Middle Initial) B. Sunoco Service Station 7		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 520 JFK Memorial Hwy		Amount of Each Disbursement this Period 267.35
City Newark	State DE	
Purpose of Disbursement Fuel		Transaction ID : SB17.9811 [MEMO ITEM]
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: PA	District: 01	

Full Name (Last, First, Middle Initial) c. The Prime Rib		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 1701 Locust Street		Amount of Each Disbursement this Period 3566.88
City Philadelphia	State PA	
Purpose of Disbursement Meeting		Transaction ID : SB17.9808 [MEMO ITEM]
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: PA	District: 01	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 34			
	<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)
BOB BRADY FOR CONGRESS

A. The Public Record

Full Name (Last, First, Middle Initial)
Mailing Address 1323 S Broad Street

City Philadelphia State PA Zip Code 19147

Purpose of Disbursement Advertisement

Candidate Name **BOB BRADY FOR CONGRESS**

Office Sought: House Senate President
State: PA District: 01

Disbursement For: Primary General Other (specify)

Date of Disbursement: 05 / 28 / 2014

Amount of Each Disbursement this Period: 400.00

Transaction ID : SB17.9773

B. The Public Record

Full Name (Last, First, Middle Initial)
Mailing Address 1323 S Broad Street

City Philadelphia State PA Zip Code 19147

Purpose of Disbursement Advertisement

Candidate Name **BOB BRADY FOR CONGRESS**

Office Sought: House Senate President
State: PA District: 01

Disbursement For: 2014 Primary General Other (specify)

Date of Disbursement: 06 / 17 / 2014

Amount of Each Disbursement this Period: 400.00

Transaction ID : SB17.9792

c. Upper Darby Wash & Lube

Full Name (Last, First, Middle Initial)
Mailing Address 8127 West Chester Pike

City Upper Darby State PA Zip Code 19082

Purpose of Disbursement Service to Auto

Candidate Name **BOB BRADY FOR CONGRESS**

Office Sought: House Senate President
State: PA District: 01

Disbursement For: 2014 Primary General Other (specify)

Date of Disbursement: 05 / 11 / 2014

Amount of Each Disbursement this Period: 75.00

Transaction ID : SB17.9813

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 800.00

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 25 OF 34			
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 115.53
City Lehigh Valley	State PA	
Zip Code 18002	Purpose of Disbursement Cellular Telephone	Transaction ID : SB17.9740
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 113.16
City Lehigh Valley	State PA	
Zip Code 18002	Purpose of Disbursement Cellular Telephone	Transaction ID : SB17.9776
Candidate Name BOB BRADY FOR CONGRESS	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: 01		

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	
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:		

SUBTOTAL of Disbursements This Page (optional).....	228.69
TOTAL This Period (last page this line number only).....	35863.69

**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 34
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. 64th Ward Executive Committee		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 7708 Hartel Avenue		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB21.9747
City Philadelphia	State PA Zip Code 19152	
Purpose of Disbursement GOTV Campaign Contribution		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2014	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. 8th Ward D.E.C.		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 1420 Locust Street 29D		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB21.9761
City Philadelphia	State PA Zip Code 19102	
Purpose of Disbursement GOTV Campaign Donation		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2014	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. Louis Agre		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 539 Gates Street		Amount of Each Disbursement this Period 2250.00 Transaction ID : SB21.9764
City Philadelphia	State PA Zip Code 19128	
Purpose of Disbursement GOTV Campaign Donation - Ward 21		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2014	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	8750.00
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 27 OF 34
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Angel Cruz for the 180th		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 133 E. Westmoreland Street		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB21.9749
City Philadelphia State PA Zip Code 19134	Purpose of Disbursement Contribution	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. Committee to Elect Christine Tartaglione		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address PO Box 28566		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB21.9745
City Philadelphia State PA Zip Code 19149	Purpose of Disbursement GOTV Campaign Contribution	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. Committee to Elect Rosita C. Youngblood		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 308 W. Chelton Avenue		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB21.9743
City Philadelphia State PA Zip Code 19144	Purpose of Disbursement Contribution	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	15000.00
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 28 OF 34
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Rondal Couser		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 825 East Dorset Street		Amount of Each Disbursement this Period 1450.00 Transaction ID : SB21.9766
City Philadelphia	State PA Zip Code 19119	
Purpose of Disbursement GOTV Campaign Donation - Ward 22		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2014	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. David Nelson Jr. Memorial Fund		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 218 Greenwich Street		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.9754
City Philadelphia	State PA Zip Code 19147	
Purpose of Disbursement Donation		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2014	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. Friends of Mike Driscoll		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 8344 Torresdale Ave		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB21.9771
City Philadelphia	State PA Zip Code 19136	
Purpose of Disbursement Contribution		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2014	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	6700.00
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 29 OF 34
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Terry Lewis		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 1000 E. Vernon Road		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB21.9768
City Philadelphia	State PA Zip Code 19150	
Purpose of Disbursement GOTV Campaign Donation - Ward 50		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. Dwayne Lilley		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 2817 North Croskey Street		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.9763
City Philadelphia	State PA Zip Code 19132	
Purpose of Disbursement GOTV Campaign Donation - 11th Ward		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. Nathaniel Sabir Memorial Scholarship Fund		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 506 Corporate Drive		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.9788
City Langhorne	State PA Zip Code 19047	
Purpose of Disbursement Donation		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	3500.00
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 30 OF 34
	<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)
BOB BRADY FOR CONGRESS

A. Philadelphia OIC

Full Name (Last, First, Middle Initial)
Mailing Address 1231 North Broad Street

City Philadelphia State PA Zip Code 19112

Purpose of Disbursement
Donation - 4 Tickets

Candidate Name
BOB BRADY FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: PA District: 01

Date of Disbursement
06 / 13 / 2014

Amount of Each Disbursement this Period
400.00

Transaction ID : SB21.9785

B. Philadelphia Unemployment Project

Full Name (Last, First, Middle Initial)
Mailing Address 112 N Broad Street
11th Floor

City Philadelphia State PA Zip Code 19102-1510

Purpose of Disbursement
Donation

Candidate Name
BOB BRADY FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: PA District: 01

Date of Disbursement
06 / 03 / 2014

Amount of Each Disbursement this Period
500.00

Transaction ID : SB21.9780

C. PNC Bank

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 535230

City Pittsburgh State PA Zip Code 15253

Purpose of Disbursement
MM Service Charge

Candidate Name
BOB BRADY FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: PA District: 01

Date of Disbursement
05 / 01 / 2014

Amount of Each Disbursement this Period
10.00

Transaction ID : SB21.9736

SUBTOTAL of Disbursements This Page (optional)..... 910.00

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 31 OF 34
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PNC Bank		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 60.00 Transaction ID : SB21.9738
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement Service Charge	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) B. PNC Bank		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 10.00 Transaction ID : SB21.9737
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement MM Service Charge	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) c. PNC Bank		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 60.00 Transaction ID : SB21.9795
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement Service Charges	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	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: 01	

SUBTOTAL of Disbursements This Page (optional).....	130.00
TOTAL This Period (last page this line number only).....	34990.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 32 OF 34
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Democratic Campaign Committee of Philadelphia	Nature of Debt (Purpose): Loan
Mailing Address 1421 Walnut Street	
City State Zip Code Philadelphia PA 19102	

Outstanding Balance Beginning This Period 5000.00	Transaction ID : SD9.4599	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	5000.00
2) TOTALS This Period (last page this line number only)	5000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	5000.00

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)

BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Smart Devine	Nature of Debt (Purpose): Accounting servives as of 8/14/2012
Mailing Address 1600 Market Street 32nd Floor	
City State Zip Code Philadelphia PA 19103	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">5924.50</div>	Transaction ID : SD10.8071
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">4924.50</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">1000.00</div>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Smart Devine	Nature of Debt (Purpose): Accounting Services
Mailing Address 1600 Market Street 32nd Floor	
City State Zip Code Philadelphia PA 19103	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">98.00</div>	Transaction ID : SD10.9390
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">98.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Smart Devine	Nature of Debt (Purpose): Accounting Services
Mailing Address 1600 Market Street 32nd Floor	
City State Zip Code Philadelphia PA 19103	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">4532.50</div>	Transaction ID : SD10.9420
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">4532.50</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	

1) SUBTOTALS This Period This Page (optional) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">1000.00</div>
2) TOTALS This Period (last page this line number only) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;"> </div>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;"> </div>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;"> </div>

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)

BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Smart Devine	Nature of Debt (Purpose): Accounting Services
Mailing Address 1600 Market Street 32nd Floor	
City State Zip Code Philadelphia PA 19103	

Outstanding Balance Beginning This Period <input style="width:100%; text-align: right;" type="text" value="0.00"/>	Transaction ID : SD10.9843
Amount Incurred This Period <input style="width:100%; text-align: right;" type="text" value="3535.50"/>	Payment This Period <input style="width:100%; text-align: right;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%; text-align: right;" type="text" value="3535.50"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Smart Devine	Nature of Debt (Purpose): Accounting Services
Mailing Address 1600 Market Street 32nd Floor	
City State Zip Code Philadelphia PA 19103	

Outstanding Balance Beginning This Period <input style="width:100%; text-align: right;" type="text" value="0.00"/>	Transaction ID : SD10.9844
Amount Incurred This Period <input style="width:100%; text-align: right;" type="text" value="1666.00"/>	Payment This Period <input style="width:100%; text-align: right;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%; text-align: right;" type="text" value="1666.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Smart Devine	Nature of Debt (Purpose): Accounting Services
Mailing Address 1600 Market Street 32nd Floor	
City State Zip Code Philadelphia PA 19103	

Outstanding Balance Beginning This Period <input style="width:100%; text-align: right;" type="text" value="0.00"/>	Transaction ID : SD10.9845
Amount Incurred This Period <input style="width:100%; text-align: right;" type="text" value="3920.00"/>	Payment This Period <input style="width:100%; text-align: right;" type="text" value="3920.00"/>
Outstanding Balance at Close of This Period <input style="width:100%; text-align: right;" type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional) ▶	<input style="width:100%; text-align: right;" type="text" value="5201.50"/>
2) TOTALS This Period (last page this line number only) ▶	<input style="width:100%; text-align: right;" type="text" value="6201.50"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<input style="width:100%; text-align: right;" type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%; text-align: right;" type="text" value="6201.50"/>