REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full): BOB BRADY FOR CONGRESS

ADDRESS (number and street) ☐ Check if different than previously reported.
ONE LOGAN SQUARE, SUITE 2929

CITY, STATE and ZIPCODE: PHILA., PA 19103

STATE/DISTRICT:

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

APR 19 11 07 AM '98

2. FEC IDENTIFICATION NUMBER: C00333740

3. IS THIS REPORT AN AMENDMENT? ☐ YES ☒ NO

4. TYPE OF REPORT

☒ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report (Non-election Year Only)

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
☐ 30-Day Post-Election Report for the _____ (Type of Election) election on _____ in the State of _____
☐ Termination Report

This report contains activity for ☐ Primary Election ☐ General Election ☒ Special Election ☐ Runoff Election

SUMMARY

5. Covering Period 1/1/98 through 3/31/98

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) [from Line 11(e)]	$ 14,800	$ 14,800
(b) Total Contribution Refunds (from Line 20(d))	-0-	-0-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	$ 14,800	$ 14,800
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	$ 6,475.47	$ 6,475.47
(b) Total Offsets to Operating Expenditures (from Line 14)	-0-	-0-
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	$ 6,475.47	$ 6,475.47
8. Cash on Hand at Close of Reporting Period (from Line 27)	$ 8,324.53	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Type or Print Name of Treasurer: Michael G. Horsey

Signature of Treasurer: Michael G. Horsey

Date: 4-14-98

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

FEC FORM 3
(revised 4/87)

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