

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

DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE

ADDRESS (number and street) 15 ALLIANCE STREET

Check if different than previously reported. (ACC)

NEW PHILADELPHIA

PA

17959

2. **FEC IDENTIFICATION NUMBER**

C C00548453

CITY

STATE

ZIP CODE

STATE DISTRICT

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

PA

17

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 Mr. Robert B Beauvais

Signature of Treasurer Mr. Robert B Beauvais

[Electronically Filed]

Date

MM / DD / YYYY
07 / 17 / 2014

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE

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))....	30470.00	42595.00
(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)).....	30470.00	42595.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	31364.43	43654.56
(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)).....	31364.43	43654.56
8. Cash on Hand at Close of Reporting Period (from Line 27).....	99.63	
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).....	500.00	

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

DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE

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).....	5100.00	10850.00
(ii) Unitemized	2295.00	2370.00
(iii) TOTAL of contributions from individuals	7395.00	13220.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) The Candidate	22075.00	28375.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	30470.00	42595.00
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).....	30470.00	42595.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	31364.43	43654.56
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	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	31364.43	43654.56

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	994.06
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	30470.00
25. SUBTOTAL (add Line 23 and Line 24).....	31464.06
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	31364.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	99.63

**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 17
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Mohammad Akbar		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address St Route 61		Transaction ID : SA11AI.4328	
City Pottsville	State PA	Amount of Each Receipt this Period 250.00	
Zip Code 17901			
FEC ID number of contributing federal political committee. C			
Name of Employer IMG	Occupation Physician		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Zarar Bajwa		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2014	
Mailing Address 1851 West End Ave		Transaction ID : SA11AI.4281	
City Pottsville	State PA	Amount of Each Receipt this Period 250.00	
Zip Code 17901			
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation self	donation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Donald Davis		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2014	
Mailing Address 4456 Wind Jammer Ln		Transaction ID : SA11AI.4337	
City Fort Myers	State FL	Amount of Each Receipt this Period 1000.00	
Zip Code 33919			
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation insurance		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 17
	<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)
DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Ashok Kumar		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 201 Red Dale Rd		Transaction ID : SA11AI.4330
City Orwigsburg	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Physician	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. Amrit Narula		Date of Receipt M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 3014 Ridgeview Dr		Transaction ID : SA11AI.4294
City Orwigsburg	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer PIA	Occupation Physician	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Gubbi Ranganath		Date of Receipt M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address Tanglewood Rd		Transaction ID : SA11AI.4283
City Orwigsburg	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Physician	donation
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 7 OF 17
	<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)
DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE

Full Name (Last, First, Middle Initial) A. John Reidler		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 09 / 2014
Mailing Address Industrial Blvd		Transaction ID : SA11AI.4300
City Port Carbon	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1100.00
Name of Employer self	Occupation Printing	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00	

Full Name (Last, First, Middle Initial) B. Frank Shoenam		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 16 / 2014
Mailing Address St Route 61		Transaction ID : SA11AI.4305
City Pottsville	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation health/beauty	
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.		Date of Receipt M M / D D / Y Y 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	
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).....	2100.00
TOTAL This Period (last page this line number only).....	5100.00

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

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

FOR LINE NUMBER: PAGE 8 OF 17
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
CITIZENS FOR PROSPERITY IN AMERICA TODAY PAC

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00491654

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
06 / 30 / 2014

Transaction ID : SA11C.4339

Amount of Each Receipt this Period
1000.00

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

1000.00

**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 17
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE

Full Name (Last, First, Middle Initial) DAVID JOHN III MD MOYLAN		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 713 STALLION DRIVE		Transaction ID : SA11D.4297	
City AUBURN	State PA	Zip Code 17922	
FEC ID number of contributing federal political committee. C H4PA17125		Amount of Each Receipt this Period 10000.00	
Name of Employer EPRO	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 16300.00		

Full Name (Last, First, Middle Initial) DAVID JOHN III MD MOYLAN		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 713 STALLION DRIVE		Transaction ID : SA11D.4304	
City AUBURN	State PA	Zip Code 17922	
FEC ID number of contributing federal political committee. C H4PA17125		Amount of Each Receipt this Period 8000.00	
Name of Employer EPRO	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 24300.00		

Full Name (Last, First, Middle Initial) DAVID JOHN III MD MOYLAN		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2014	
Mailing Address 713 STALLION DRIVE		Transaction ID : SA11D.4327	
City AUBURN	State PA	Zip Code 17922	
FEC ID number of contributing federal political committee. C H4PA17125		Amount of Each Receipt this Period 2000.00	
Name of Employer EPRO	Occupation Physician		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 26300.00		

SUBTOTAL of Receipts This Page (optional).....	20000.00
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 17
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
DAVID JOHN III MD MOYLAN

Mailing Address 713 STALLION DRIVE

City State Zip Code
AUBURN PA 17922

FEC ID number of contributing federal political committee. **C H4PA17125**

Name of Employer Occupation
EPRO Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
28375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 23 2014

Transaction ID : SA11D.4296

Amount of Each Receipt this Period
2075.00

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).....

2075.00

22075.00

**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 11 OF 17	
	<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)
DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Denise Darinsig		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address Valley St		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4278
City New Philadelphia	State PA	
Zip Code 17959	Purpose of Disbursement signs	Category/ Type 004
Candidate Name DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE	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: 17	

Full Name (Last, First, Middle Initial) B. First Water Consulting Group		Date of Disbursement MM / DD / YYYY 05 / 17 / 2014
Mailing Address Center Street		Amount of Each Disbursement this Period 4100.00 Transaction ID : SB17.4258
City Pottsville	State PA	
Zip Code 17901	Purpose of Disbursement auto calls	Category/ Type 004
Candidate Name DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE	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: 17	

Full Name (Last, First, Middle Initial) c. Robert Murray		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address Valley St		Amount of Each Disbursement this Period 488.00 Transaction ID : SB17.4279
City New Philadelphia	State PA	
Zip Code 17959	Purpose of Disbursement rolling billboard	Category/ Type 004
Candidate Name DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE	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: 17	

SUBTOTAL of Disbursements This Page (optional).....	4788.00
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 17	
	<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)
DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Harry O'Myers		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address Centre Ave		Amount of Each Disbursement this Period 960.00 Transaction ID : SB17.4266
City Pottsville	State PA Zip Code 17901	
Purpose of Disbursement poll workers pay (X20)	Category/Type 005	
Candidate Name DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE		
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: 17		

Full Name (Last, First, Middle Initial) B. Pottsville Republican		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 111 Mahantongo Street		Amount of Each Disbursement this Period 359.00 Transaction ID : SB17.4250
City Pottsville	State PA Zip Code 17901	
Purpose of Disbursement print ad	Category/Type 004	
Candidate Name DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE		
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: 17		

Full Name (Last, First, Middle Initial) c. Raudy's Tavern		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address Rt 209		Amount of Each Disbursement this Period 848.00 Transaction ID : SB17.4268
City New Philadelphia	State PA Zip Code 17959	
Purpose of Disbursement primary party	Category/Type 005	
Candidate Name DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE		
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: 17		

SUBTOTAL of Disbursements This Page (optional).....	2167.00
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 13 OF 17			
	<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)
DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Reidler Decal Corp		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 264 Industrial Park Rd		Amount of Each Disbursement this Period 2191.55 Transaction ID : SB17.4243
City St Clair	State PA	
Zip Code 17920	Purpose of Disbursement yard signs	Category/ Type 004
Candidate Name DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE	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: 17	

Full Name (Last, First, Middle Initial) B. Reidler Decal Corp		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 264 Industrial Park Rd		Amount of Each Disbursement this Period 1091.80 Transaction ID : SB17.4248
City St Clair	State PA	
Zip Code 17920	Purpose of Disbursement van signs	Category/ Type 004
Candidate Name DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE	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: 17	

Full Name (Last, First, Middle Initial) c. Sam Son Productions		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 109 W Broad Street		Amount of Each Disbursement this Period 11500.00 Transaction ID : SB17.4244
City Hazleton	State PA	
Zip Code 18207	Purpose of Disbursement Television	Category/ Type 004
Candidate Name DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE	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: 17	

SUBTOTAL of Disbursements This Page (optional).....	14783.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 17			
	<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)
DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Sam Son Productions			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014		
Mailing Address 109 W Broad Street			Amount of Each Disbursement this Period 2000.00		
City Hazleton	State PA	Zip Code 18207	Transaction ID : SB17.4254		
Purpose of Disbursement tv		Category/ Type 004			
Candidate Name					
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:	District:				

Full Name (Last, First, Middle Initial) B. Sam Son Productions			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014		
Mailing Address 109 W Broad Street			Amount of Each Disbursement this Period 2000.00		
City Hazleton	State PA	Zip Code 18207	Transaction ID : SB17.4264		
Purpose of Disbursement tv		Category/ Type 004			
Candidate Name DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE					
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: 17				

Full Name (Last, First, Middle Initial) C. Sam Son Productions			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014		
Mailing Address 109 W Broad Street			Amount of Each Disbursement this Period 2000.00		
City Hazleton	State PA	Zip Code 18207	Transaction ID : SB17.4273		
Purpose of Disbursement tv		Category/ Type 004			
Candidate Name DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE					
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: 17				

SUBTOTAL of Disbursements This Page (optional).....	6000.00
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 15 OF 17			
	<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)
DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2014
Mailing Address St Route 61		Amount of Each Disbursement this Period 281.92 Transaction ID : SB17.4256
City Cressona State PA Zip Code 17923	Purpose of Disbursement palm cards Category/Type 004	
Candidate Name DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE	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: 17		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address St Route 61		Amount of Each Disbursement this Period 281.92 Transaction ID : SB17.4262
City Cressona State PA Zip Code 17923	Purpose of Disbursement palm Cards Category/Type 004	
Candidate Name DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE	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: 17		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address St Route 61		Amount of Each Disbursement this Period 160.57 Transaction ID : SB17.4270
City Cressona State PA Zip Code 17923	Purpose of Disbursement palm cards Category/Type 004	
Candidate Name DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE	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: 17		

SUBTOTAL of Disbursements This Page (optional).....	724.41
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 17			
	<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)
DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2014
Mailing Address St Route 61		Amount of Each Disbursement this Period 85.59
City Cressona	State PA Zip Code 17923	
Purpose of Disbursement palm cards	Category/Type 004	Transaction ID : SB17.4276
Candidate Name DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE		
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: 17		

Full Name (Last, First, Middle Initial) B. Verizon		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address Penn st		Amount of Each Disbursement this Period 419.16
City Reading	State PA Zip Code 19604	
Purpose of Disbursement phone bill	Category/Type 001	Transaction ID : SB17.4225
Candidate Name DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE		
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: 17		

Full Name (Last, First, Middle Initial) C. WPPA Radio		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address Centre Street		Amount of Each Disbursement this Period 1246.00
City Pottsville	State PA Zip Code 17902	
Purpose of Disbursement radio	Category/Type 004	Transaction ID : SB17.4252
Candidate Name DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE		
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: 17		

SUBTOTAL of Disbursements This Page (optional).....	1750.75
TOTAL This Period (last page this line number only).....	30213.51

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)

DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Anthracite Radiotherapeutics

Mailing Address 15 Alliance Street

City State Zip Code
New Philadelphia PA 17959

Nature of Debt (Purpose):
Rent/ equip owed

Outstanding Balance Beginning This Period **500.00** Transaction ID : SD10.4130

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **500.00**

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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)	500.00
2) TOTALS This Period (last page this line number only)	500.00
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) ▶	500.00