

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Represent PAC

ADDRESS (number and street) PO Box 58432

Check if different than previously reported. (ACC) Philadelphia PA 19102

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00571729

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

4. TYPE OF REPORT (Choose One)

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

(c) 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 []

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [04] / [01] / [2016] through [06] / [30] / [2016]

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 Christine Jacobs

Signature of Treasurer Christine Jacobs [Electronically Filed] Date 07 / 14 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Represent PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="6949.10"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="28360.48"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="23581.00"/>	<input type="text" value="52581.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="51941.48"/>	<input type="text" value="59530.10"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="29281.14"/>	<input type="text" value="36869.76"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="22660.34"/>	<input type="text" value="22660.34"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Represent PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2016 To: M M / D D / Y Y Y Y 06 / 30 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20850.00	49850.00
(ii) Unitemized	2731.00	2731.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23581.00	52581.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	23581.00	52581.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	23581.00	52581.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23581.00	52581.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	14231.14	16419.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	14231.14	16419.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	20400.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	50.00	50.00
(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 28(a), (b), and (c)).....	50.00	50.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	29281.14	36869.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29281.14	36869.76

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	23581.00	52581.00
34. Total Contribution Refunds (from Line 28(d))	50.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23531.00	52531.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	14231.14	16419.76
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	14231.14	16419.76

**SCHEDULE A (FEC Form 3X)
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	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)
Represent PAC

Full Name (Last, First, Middle Initial) A. Nancy Lanham		Date of Receipt MM / DD / YYYY 05 / 13 / 2016
Mailing Address 230 Spruce St		Transaction ID : VPFCSHHTJ00
City Philadelphia	State PA	Zip Code 19106-4322
FEC ID number of contributing federal political committee.	C	
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		Amount of Each Receipt this Period 250.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Kimberly Oxholm		Date of Receipt MM / DD / YYYY 05 / 31 / 2016
Mailing Address 3411 Chestnut St Apt 740		Transaction ID : VPFCSHNYX70
City Philadelphia	State PA	Zip Code 19104-5527
FEC ID number of contributing federal political committee.	C	
Name of Employer Not Employed	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
		Amount of Each Receipt this Period 5000.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Marie Carroll		Date of Receipt MM / DD / YYYY 05 / 25 / 2016
Mailing Address 111 S 15th St Ph P301		Transaction ID : VPFCSHMDE71
City Philadelphia	State PA	Zip Code 19102-3011
FEC ID number of contributing federal political committee.	C	
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
		Amount of Each Receipt this Period 1000.00
		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	6250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
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	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Represent PAC

A. Marie Carroll
Full Name (Last, First, Middle Initial)

Mailing Address 111 S 15th St
Ph P301

City Philadelphia State PA Zip Code 19102-3011

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2016

Transaction ID : VPFCSHW52S2

Amount of Each Receipt this Period
1000.00

Memo Item

B. Valerie Arkoosh
Full Name (Last, First, Middle Initial)

Mailing Address 530 Spring Ln

City Wyndmoor State PA Zip Code 19038-8413

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

Name of Employer Montgomery County Occupation Commissioner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 21 / 2016

Transaction ID : VPFCSHC1273

Amount of Each Receipt this Period
1000.00

Memo Item

C. Valerie Arkoosh
Full Name (Last, First, Middle Initial)

Mailing Address 530 Spring Ln

City Wyndmoor State PA Zip Code 19038-8413

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

Name of Employer Montgomery County Occupation Commissioner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2016

Transaction ID : VPFCSHKK6M3

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Represent PAC

Full Name (Last, First, Middle Initial)
A. Kerri Kennedy

Mailing Address 3101 Chestnut St

City Philadelphia State PA Zip Code 19104-2816

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

Name of Employer AFSC Occupation Associate General Secretary for Intern

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2016
Transaction ID : VPFCSHTR6Z3

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Christine Jacobs

Mailing Address 240 Spruce St

City Philadelphia State PA Zip Code 19106-4322

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

Name of Employer none Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2016
Transaction ID : VPFCSHMJ964

Amount of Each Receipt this Period
 100.00

Memo Item

Excess contribution refunded on 7/13

Full Name (Last, First, Middle Initial)
c. Marie Carroll

Mailing Address 111 S 15th St Ph P301

City Philadelphia State PA Zip Code 19102-3011

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2016
Transaction ID : VPFCSHCRD94

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
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 checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Represent PAC

A. Sara Woods
Full Name (Last, First, Middle Initial)

Mailing Address 560 N 17th St

City Philadelphia State PA Zip Code 19130-3921

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

Name of Employer Philadelphia VIP Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2016

Transaction ID : VPFCSHFN9N4

Amount of Each Receipt this Period
 250.00

Memo Item

B. Barb Hadley
Full Name (Last, First, Middle Initial)

Mailing Address 2200 Ben Franklin Pkwy Apt S1506

City Philadelphia State PA Zip Code 19130-3617

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

Name of Employer Project HOME Occupation VP of Education and Workforce Developm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2016

Transaction ID : VPFCSHA5M05

Amount of Each Receipt this Period
 5000.00

Memo Item

C. Adam Bonin
Full Name (Last, First, Middle Initial)

Mailing Address 221 Bainbridge St

City Philadelphia State PA Zip Code 19147-2312

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

Name of Employer The Law Office of Adam C. Bonin Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2016

Transaction ID : VPFCSHA72N5

Amount of Each Receipt this Period
 3000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	8250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
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 checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Represent PAC

A. Anna Stormer
Full Name (Last, First, Middle Initial)

Mailing Address 4009 Manayunk Ave

City Philadelphia State PA Zip Code 19128-5125

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

Name of Employer WWP Occupation OC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : VPFCSHPX3E6

Amount of Each Receipt this Period
 250.00

Memo Item

B. Sheehan Joseph Becker
Full Name (Last, First, Middle Initial)

Mailing Address 2949 Pennsylvania Ave

City Philadelphia State PA Zip Code 19130-1107

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

Name of Employer Self-Employed Occupation Entertainment

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2016

Transaction ID : VPFCSHNH958

Amount of Each Receipt this Period
 250.00

Memo Item

C. Valerie Arkoosh
Full Name (Last, First, Middle Initial)

Mailing Address 530 Spring Ln

City Wyndmoor State PA Zip Code 19038-8413

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

Name of Employer Montgomery County Occupation Commissioner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2016

Transaction ID : VPFCSHTZ468

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

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"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Represent PAC

A. Teresa Gillen
Full Name (Last, First, Middle Initial)

Mailing Address 2213 Naudain St

City Philadelphia State PA Zip Code 19146-1109

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

Name of Employer Occupation
City of Philadelphia Director of Federal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 16 / 2016

Transaction ID : VPFCSH19D8

Amount of Each Receipt this Period
250.00

Memo Item

B. Aimee Terosky
Full Name (Last, First, Middle Initial)

Mailing Address 515 Monroe Rd

City Merion Station State PA Zip Code 19066-1017

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

Name of Employer Occupation
St. Joe's University Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 08 / 2016

Transaction ID : VPFCSHR5D19

Amount of Each Receipt this Period
250.00

Memo Item

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) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	20850.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Represent PAC

Full Name (Last, First, Middle Initial)
A. NGP VAN, Inc

Date of Disbursement
MM / DD / YYYY
04 / 07 / 2016

Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement Database

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **VPEDHA2KA60**

Amount of Each Disbursement this Period
447.00

Memo Item

Full Name (Last, First, Middle Initial)
B. JPG Photography

Date of Disbursement
MM / DD / YYYY
05 / 18 / 2016

Mailing Address 180 Green Ln

City Philadelphia State PA Zip Code 19127-1212

Purpose of Disbursement Event photos

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **VPEDHA23WC0**

Amount of Each Disbursement this Period
270.00

Memo Item

Full Name (Last, First, Middle Initial)
C. NGP VAN, Inc

Date of Disbursement
MM / DD / YYYY
05 / 31 / 2016

Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement Database

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **VPEDHA26J81**

Amount of Each Disbursement this Period
447.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1164.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Represent PAC

Full Name (Last, First, Middle Initial)

A. Rittenhouse Political Partners

Mailing Address 30 S 15th St
FI 15

City Philadelphia State PA Zip Code 19102-4826

Purpose of Disbursement
Reimbursement - see memo if itemized

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

007
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : VPEDHA288F1

Amount of Each Disbursement this Period

110.02

Memo Item

Full Name (Last, First, Middle Initial)

B. Rittenhouse Political Partners

Mailing Address 30 S 15th St
FI 15

City Philadelphia State PA Zip Code 19102-4826

Purpose of Disbursement
Reimbursement - see memo if itemized

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2016

Transaction ID : VPEDHA2KA03

Amount of Each Disbursement this Period

192.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SAGE Payment Solutions

Mailing Address 1750 Old Meadow Rd
Ste 300

City McLean State VA Zip Code 22102-4304

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2016

Transaction ID : VPEDHA2K9V3

Amount of Each Disbursement this Period

15.00

Memo Item

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

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

317.02

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Represent PAC

Full Name (Last, First, Middle Initial)

A. Pipeline Philly

Mailing Address 30 S 15th St
FI 15

City Philadelphia State PA Zip Code 19102-4826

Purpose of Disbursement
Office Space

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 27 / 2016

Transaction ID : VPEDHA2KA94

Amount of Each Disbursement this Period

425.00

Memo Item

Full Name (Last, First, Middle Initial)

B. R2L Restaurant

Mailing Address 50 S 16th St

City Philadelphia State PA Zip Code 19102-2516

Purpose of Disbursement
Event space

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2016

Transaction ID : VPEDHA231M5

Amount of Each Disbursement this Period

5302.40

Memo Item

Full Name (Last, First, Middle Initial)

C. SAGE Payment Solutions

Mailing Address 1750 Old Meadow Rd
Ste 300

City McLean State VA Zip Code 22102-4304

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2016

Transaction ID : VPEDHA2KA36

Amount of Each Disbursement this Period

274.79

Memo Item

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

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

6002.19

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Represent PAC

Full Name (Last, First, Middle Initial)

A. Rittenhouse Political Partners

Mailing Address 30 S 15th St
FI 15

City Philadelphia State PA Zip Code 19102-4826

Purpose of Disbursement
Reimbursement - see memo if itemized

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VPEDHA1NMA7

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Pipeline Philly

Mailing Address 30 S 15th St
FI 15

City Philadelphia State PA Zip Code 19102-4826

Purpose of Disbursement
Office Space

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VPEDHA2K9S7

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Pipeline Philly

Mailing Address 30 S 15th St
FI 15

City Philadelphia State PA Zip Code 19102-4826

Purpose of Disbursement
Office Space

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VPEDHA2K9Y7

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Represent PAC

Full Name (Last, First, Middle Initial)

A. Rittenhouse Political Partners

Mailing Address 30 S 15th St
FI 15

City Philadelphia State PA Zip Code 19102-4826

Purpose of Disbursement
Fundraising Consultant

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VPEDHA1NM99

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SAGE Payment Solutions

Mailing Address 1750 Old Meadow Rd
Ste 300

City McLean State VA Zip Code 22102-4304

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VPEDHA1MBN9

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SAGE Payment Solutions

Mailing Address 1750 Old Meadow Rd
Ste 300

City McLean State VA Zip Code 22102-4304

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VPEDHA2K9X9

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Represent PAC

Full Name (Last, First, Middle Initial)

A. KIRKPATRICK FOR SENATE

Mailing Address PO Box 34421

City Phoenix State AZ Zip Code 85067-4421

Purpose of Disbursement
Contribution

011

Candidate Name

ANN LEILA KIRKPATRICK

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : VPEDHA2EE11

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KATIE MCGINTY FOR SENATE

Mailing Address PO Box 22447

City Philadelphia State PA Zip Code 19110-2447

Purpose of Disbursement
Contribution

011

Candidate Name

KATHLEEN ALANA MCGINTY

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : VPEDHA2EDZ5

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DEBORAH ROSS FOR SENATE

Mailing Address PO Box 28258

City Raleigh State NC Zip Code 27611-8258

Purpose of Disbursement
Contribution

011

Candidate Name

DEBORAH K ROSS

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : VPEDHA2EE37

Amount of Each Disbursement this Period

5000.00

Memo Item

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

15000.00

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

15000.00