

**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

PA + 5 Committee

ADDRESS (number and street)

PO Box 30844

Check if different
than previously
reported. (ACC)

Bethesda

MD

20824

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00495242

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y

in the
State of

M M / D D / Y Y Y Y

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y

in the
State of

M M / D D / Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2013

Y Y Y Y

through

M M / D D / Y Y Y Y

04 / 15 / 2013

Y Y Y Y

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

Type or Print Name of Treasurer Richard Springer

Signature of Treasurer

Richard Springer

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 15 / 2013

Y Y Y Y

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

PA + 5 Committee

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 1 | | 2 | 0 | 1 | 3 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 5 | | 2 | 0 | 1 | 3 |

| | 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)).... | 0.00 | 0.00 |
| (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)) | 0.00 | 0.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 1089.99 | 1149.99 |
| (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)) | 1089.99 | 1149.99 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 0.00 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 7

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

PA + 5 Committee

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 1 | | 2 | 0 | 1 | 3 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 5 | | 2 | 0 | 1 | 3 |

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).....

(ii) Unitemized

(iii) TOTAL of contributions
from individuals ▶

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACs)

(d) The Candidate

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..**12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES****13. LOANS:**(a) Made or Guaranteed by the
Candidate.....

(b) All Other Loans.....

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....**14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)****15. OTHER RECEIPTS
(Dividends, Interest, etc.)****16. TOTAL RECEIPTS** (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 7

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 1089.99 | 1149.99 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 1290.00 | 1290.00 |
| 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) ► | 2379.99 | 2439.99 |

III. CASH SUMMARY

| | |
|---|---------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 2379.99 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 0.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 2379.99 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 2379.99 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 0.00 |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 7

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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)

PA + 5 Committee

Full Name (Last, First, Middle Initial)

A. Campaign Financial Services

Mailing Address PO Box 30844

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 12 | | 2013 |

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Bethesda | MD | 20824 |

Amount of Each Disbursement this Period

| |
|--------|
| 999.99 |
|--------|

Purpose of Disbursement
Compliance Consulting

001

Transaction ID : SB17.4163

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:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| | | | | |

| | | |
|------|-------|----------|
| City | State | Zip Code |
| | | |

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| | | | | |

| | | |
|------|-------|----------|
| City | State | Zip Code |
| | | |

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

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

999.99

999.99

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 7

| | | | |
|------------------------------|--|------------------------------|------------------------------|
| <input type="checkbox"/> 17 | <input checked="" type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

PA + 5 Committee

Full Name (Last, First, Middle Initial)

A. Fitzpatrick for Congress

Mailing Address PO Box 185

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Langhorne | PA | 19047 |

Purpose of Disbursement
Final Transfer of Net Proceeds

008

Candidate Name

Michael G. FitzpatrickCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 08

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 10 | | 2013 |

Amount of Each Disbursement this Period

| |
|--------|
| 258.00 |
|--------|

Transaction ID : SB18.4158

B. Lou Barletta for Congress

Mailing Address PO Box 128

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Hazleton | PA | 18201 |

Purpose of Disbursement
Final Transfer of Net Proceeds

008

Candidate Name

Lou BarlettaCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 11

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 10 | | 2013 |

Amount of Each Disbursement this Period

| |
|--------|
| 258.00 |
|--------|

Transaction ID : SB18.4159

C. Marino for Congress

Mailing Address PO Box 653

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| Williamsport | PA | 17703 |

Purpose of Disbursement
Final Transfer of Net Proceeds

008

Candidate Name

Thomas Anthony MarinoCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 10

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 10 | | 2013 |

Amount of Each Disbursement this Period

| |
|--------|
| 258.00 |
|--------|

Transaction ID : SB18.4160

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

774.00

