REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full): Bob Brady for Congress

ADDRESS (number and street): One Logan Square ,Suite 2929 — ☐ Check if different than previously reported.

CITY, STATE and ZIP CODE: Philadelphia, PA 19103

STATE/DISTRICT: P 1

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)

☒ Twelfth day report preceding General (Type of Election) election on 11/03/98 in the State of PA

☐ Thirtieth day report following the General Election on _____ in the State of _____

☐ Termination Report

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

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-date
5.	Covering Period 10/01/98 through 10/14/98		
6.	Net Contributions (other than loans)		
	(a) Total Contributions(other than loans) (from Line 11(e))	$48575.00	$534355.00
	(b) Total Contribution Refunds (From Line 20(d))	$0.00	$729.74
	(c) Net Contributions (other than loans)(subtract Line 6(b) from 6(a))	$48575.00	$533625.26
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	$42982.88	$333184.35
	(b) Total Offsets to Operating Expenditures (from Line 14)	$0.00	$0.00
	(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	$42982.88	$333184.35
8.	Cash on Hand at Close of Reporting Period (from Line 27)	$78717.21	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$122000.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$0.00	

For further information:
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, CPA

Signature of Treasurer: Michael G. Horsey

Date: 10/2/98

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

FEC FORM 3
(Revised 4/87)