

# 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

Mary Ellen Balchunis for Congress

ADDRESS (number and street)

PO BOX 1619

Check if different than previously reported. (ACC)

Havertown

PA

19083

2. FEC IDENTIFICATION NUMBER ▼

C C00560920

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

PA

07

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

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / 11

D D / 04

Y Y Y Y 2014

in the State of

PA

5. Covering Period

M M / 10

D D / 16

Y Y Y Y 2014

through

M M / 11

D D / 24

Y Y Y Y 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 Judith LaLonde

Signature of Treasurer Judith LaLonde

[Electronically Filed]

Date

M M / 12

D D / 01

Y Y Y Y 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

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Mary Ellen Balchunis for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	15604.05	93304.58
(b) Total Contribution Refunds (from Line 20(d)) .....	500.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	15104.05	93304.58
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	19486.94	88624.15
(b) Total Offsets to Operating Expenditures (from Line 14).....	308.15	69.95
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	19178.79	88554.20
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	256.67	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	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

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Mary Ellen Balchunis for Congress

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

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election)  through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)	<input type="text" value="7865.00"/>	<input type="text" value="43563.27"/>
(ii) Unitemized	<input type="text" value="4815.00"/>	<input type="text" value="25377.26"/>
(iii) Total of contributions from individuals	<input type="text" value="12680.00"/>	<input type="text" value="68940.53"/>
(b) Political Party Committees	<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
(c) Other Political Committees	<input type="text" value="1750.00"/>	<input type="text" value="22550.00"/>
	<input type="text" value="500.00"/>	<input type="text" value="0.00"/>
	<input type="text" value="500.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 48

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
174.05	814.05	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
15604.05	93304.58	500.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
308.15	69.95	308.15
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
15912.20	93374.53	808.15

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

Mary Ellen Balchunis for Congress

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

**II. DISBURSEMENTS**

	<b>COLUMN A Total this Period</b>	<b>COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)</b>	<b>COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)</b>
17. OPERATING EXPENDITURES	<input type="text" value="19486.94"/>	<input type="text" value="88624.15"/>	<input type="text" value="4615.06"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="500.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 48

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

500.00	0.00	500.00
--------	------	--------

21. OTHER DISBURSEMENTS

105.00	480.00	0.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

20091.94	89104.15	5115.06
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

15104.05	93304.58	0.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

19178.79	88554.20	4306.91
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4436.41
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	15912.20
25. SUBTOTAL (add Line 23 and Line 24).....	20348.61
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20091.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	256.67

**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 48
	<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)  
**Mary Ellen Balchunis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mohammad Aziz**

Mailing Address 534 Foxwood Ln

City Paoli State PA Zip Code 19301-2040

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

Name of Employer LMHS Occupation Database Admin

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : VNVQ3D9CG11**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Anne Badey**

Mailing Address 238 Chamounix Rd

City Wayne State PA Zip Code 19087-3606

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : VNVQ3D89FZ9**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Marjorie M. Berlinghof**

Mailing Address 1433 Gentlemens Way

City Dresher State PA Zip Code 19025-1031

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

Name of Employer none Occupation housewife

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : VNVQ3D771Z2**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional).....

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

450.00

**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 8 OF 48
	<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)  
**Mary Ellen Balchunis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sylvia Blume**

Mailing Address 190 Presidential Blvd  
Unit 409

City Bala Cynwyd State PA Zip Code 19004-1163

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : VNVQ3D6HZX5**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Sheila Connor**

Mailing Address 303 3rd St  
Unit 420

City Cambridge State MA Zip Code 02142-1165

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : VNVQ3D89FM2**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Frank W. Daly**

Mailing Address 207 West St

City Media State PA Zip Code 19063-2631

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

Name of Employer self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : VNVQ3DADD22**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

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

850.00



**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 48
	<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)  
**Mary Ellen Balchunis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 441146

City: West Somerville State: MA Zip Code: 02144-0031

FEC ID number of contributing federal political committee: **C** C00401224

Name of Employer: Occupation: Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1198.00

Date of Receipt: 10 / 28 / 2014

**Transaction ID : VNVQ3DADD22E**

Amount of Each Receipt this Period: 100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Anna Maria DiDio**

Mailing Address 124 Summit Ave

City: Jenkintown State: PA Zip Code: 19046-3136

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

Name of Employer: Occupation: Information Requested: Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 10 / 25 / 2014

**Transaction ID : VNVQ3D771S5**

Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Lawrence R. Dworkin**

Mailing Address 105 Townsend Ter

City: Media State: PA Zip Code: 19063-4235

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

Name of Employer: Occupation: Ldworkinlaw Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 650.00

Date of Receipt: 10 / 30 / 2014

**Transaction ID : VNVQ3D89FJ6**

Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

750.00

**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 10 OF 48
	<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)  
**Mary Ellen Balchunis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William P. Fedullo esq.**

Mailing Address 121 S Broad St  
Ste 800

City Philadelphia State PA Zip Code 19107-4539

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

Name of Employer Philadelphia Bar Association Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : VNVQ3D89FG1**

Amount of Each Receipt this Period  
**400.00**

**B.** Full Name (Last, First, Middle Initial)  
**Marie Field**

Mailing Address 1706 Rittenhouse Sq

City Philadelphia State PA Zip Code 19103-6238

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : VNVQ3D6RPJ6**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Fox Rothschild Attorneys at Law**

Mailing Address 2000 Market St  
Fl 20

City Philadelphia State PA Zip Code 19103-3222

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **0.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2014

**Transaction ID : VNVQ3DAD8V8**

Amount of Each Receipt this Period  
**500.00**

PARTNERSHIP--partners below if itemized

**SUBTOTAL** of Receipts This Page (optional).....

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

**1400.00**

**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 11 OF 48
	<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)  
**Mary Ellen Balchunis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Marcel L. Groen**

Mailing Address 10 Sentry Pkwy  
Ste 200

City Blue Bell State PA Zip Code 19422-2331

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

Name of Employer FOX ROTHSCHILD/ATTORNEY Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2014

**Transaction ID : VNVQ3DADQF5**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
\*

**B.** Full Name (Last, First, Middle Initial)  
**Wendy Rothstein**

Mailing Address 10 Sentry Pkwy  
Ste 200

City Blue Bell State PA Zip Code 19422-2331

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2014

**Transaction ID : VNVQ3DADQK6**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
\*

**C.** Full Name (Last, First, Middle Initial)  
**Kenneth Gorelick**

Mailing Address 1 Maplewood Dr

City Newtown Square State PA Zip Code 19073-3945

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

Name of Employer self Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : VNVQ3D89FN0**

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional).....

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

200.00

**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 12 OF 48
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Mary Ellen Balchunis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Saima Hameed**

Mailing Address 591 Font Rd

City State Zip Code  
Downingtown PA 19335-1570

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

Name of Employer Occupation  
Morphotek MD

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : VNVQ3D9CZB3**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Tom Herman**

Mailing Address 291 Mountz Rd

City State Zip Code  
Morgantown PA 19543-9385

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

Name of Employer Occupation  
SEIU Local 668 business agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : VNVQ3D87CR0**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**James C. Higgins**

Mailing Address 501 Chestnut Ln

City State Zip Code  
Wayne PA 19087-3407

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
330.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : VNVQ3DADAQ0**

Amount of Each Receipt this Period  
30.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

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

530.00

**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 13 OF 48
	<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)  
**Mary Ellen Balchunis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 441146

City: West Somerville State: MA Zip Code: 02144-0031

FEC ID number of contributing federal political committee: **C** C00401224

Name of Employer: Occupation: Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1198.00

Date of Receipt: 10 / 28 / 2014

**Transaction ID : VNVQ3DADAQ0E**

Amount of Each Receipt this Period: 30.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**James C. Higgins**

Mailing Address 501 Chestnut Ln

City: Wayne State: PA Zip Code: 19087-3407

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

Name of Employer: Self Occupation: Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 440.00

Date of Receipt: 10 / 30 / 2014

**Transaction ID : VNVQ3D89FX3**

Amount of Each Receipt this Period: 110.00

**C.** Full Name (Last, First, Middle Initial)  
**Mary Jenkins**

Mailing Address 219 Buck Ln

City: Haverford State: PA Zip Code: 19041-1106

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

Name of Employer: retired Occupation: retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 10 / 27 / 2014

**Transaction ID : VNVQ3D7M7R1**

Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional).....

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

210.00

**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 14 OF 48
	<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)  
**Mary Ellen Balchunis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gerald Lawrence**

Mailing Address 200 Far Harbor Dr. Suite 400  
Ste 400

City Conshohocken State PA Zip Code 19428

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

Name of Employer Lowey Dannenberg Collin and Hart Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : VNVQ3D88EH9**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Leif Magnusson**

Mailing Address 115 Hunt Valley Cir

City Berwyn State PA Zip Code 19312-2301

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
620.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 29 / 2014

**Transaction ID : VNVQ3D7YRV0**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**Robin Mann**

Mailing Address 266 Beechwood Dr

City Bryn Mawr State PA Zip Code 19010-1203

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

Name of Employer none Occupation volunteer environmental activist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2014

**Transaction ID : VNVQ3D72BH3**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

650.00

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

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

FOR LINE NUMBER: PAGE 15 OF 48  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
**Mary Ellen Balchunis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Margaret Phiambolis**

Mailing Address 1012 Bethlehem Pk, Ste 103, Box 35

City State Zip Code  
Spring House PA 19477

FEC ID number of contributing federal political committee.

Name of Employer self Occupation attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VNVQ3D773C6**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Wasif Qureshi**

Mailing Address 619 Winston Ln

City State Zip Code  
West Chester PA 19382-4302

FEC ID number of contributing federal political committee.

Name of Employer Delaware Cardiovascular Associates Occupation Cardiologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VNVQ3D9CFC7**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Lawrence S. Reichlin**

Mailing Address 501 Craig Ln

City State Zip Code  
Villanova PA 19085-1902

FEC ID number of contributing federal political committee.

Name of Employer Zuckerman Honickman, Inc. Occupation Business executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VNVQ3D8D7N6**

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**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 16 OF 48
	<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)  
**Mary Ellen Balchunis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mazhar Rishi**

Mailing Address 110 Hidden Pond Dr

City	State	Zip Code
Chadds Ford	PA	19317-9365

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

Name of Employer	Occupation
Allied Diagnostic Pathology Consultant	Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : VNVQ3D9CQ24**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**William Rogers**

Mailing Address 207 Oakmont Dr

City	State	Zip Code
Blue Bell	PA	19422-3201

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

Name of Employer	Occupation
AstraZeneca	Market Research

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : VNVQ3D77226**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Marc J. Sonnenfeld**

Mailing Address 234 Cuylers Ln

City	State	Zip Code
Haverford	PA	19041-1749

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

Name of Employer	Occupation
Morgan Lewis	Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : VNVQ3D7YRG3**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

600.00



**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 17 OF 48
	<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)  
**Mary Ellen Balchunis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joyce Thibodeaux**

Mailing Address 113 Oakdale Loop

City Houma	State LA	Zip Code 70360-5932
---------------	-------------	------------------------

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

Name of Employer None	Occupation Not Employed
--------------------------	----------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		18		2014

**Transaction ID : VNVQ3D5XAV9**

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
**Joyce Thibodeaux**

Mailing Address 113 Oakdale Loop

City Houma	State LA	Zip Code 70360-5932
---------------	-------------	------------------------

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

Name of Employer None	Occupation Not Employed
--------------------------	----------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
245.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		28		2014

**Transaction ID : VNVQ3DADCQ5**

Amount of Each Receipt this Period  
20.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation Conduit total listed in Agg. field
------------------	--

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1198.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		28		2014

**Transaction ID : VNVQ3DADCQ5E**

Amount of Each Receipt this Period  
20.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

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

40.00

**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 18 OF 48
	<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)  
**Mary Ellen Balchunis for Congress**

Full Name (Last, First, Middle Initial) <b>Joyce Thibodeaux</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 113 Oakdale Loop		<b>Transaction ID : VNVQ3D88F55</b>
City Houma	State LA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer None	Occupation Not Employed	Election Cycle-to-Date 280.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Samuel Walker</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 270 Chamounix Rd		<b>Transaction ID : VNVQ3D7Q1X2</b>
City Radnor	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer morgan stanley	Occupation executive director	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Jeffrey P. Zeelander</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 2004 Pine St		<b>Transaction ID : VNVQ3D8A8E8</b>
City Philadelphia	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Election Cycle-to-Date 250.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1285.00
<b>TOTAL</b> This Period (last page this line number only).....	7865.00

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

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

FOR LINE NUMBER: PAGE 19 OF 48  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Mary Ellen Balchunis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**National Elevator Constructors Political Action Committee**

Mailing Address 7154 Columbia Gateway Dr

City Columbia State MD Zip Code 21046-2132

FEC ID number of contributing federal political committee. **C** C00383950

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  
 10 / 30 / 2014

**Transaction ID : VNVQ3D874M2**

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 20 OF 48
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mary Ellen Balchunis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Concord-Bethel Democratic Committee**

Mailing Address PO Box 970

City State Zip Code  
Concordville PA 19331-0970

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VNVQ3D5NTP0**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Kennett Area Democrats**

Mailing Address PO Box 211

City State Zip Code  
Unionville PA 19375-0211

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VNVQ3D87CY8**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Montgomery County Democratic Committee**

Mailing Address PO Box 857

City State Zip Code  
Norristown PA 19404-0857

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VNVQ3D7YSE0**

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**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: PAGE 21 OF 48  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Mary Ellen Balchunis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**United Union Of Roofers, Waterproofers And Allied Workers**

Mailing Address 6447 Torresdale Ave

City Philadelphia State PA Zip Code 19135-3320

FEC ID number of contributing federal political committee. **C** C00125534

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  
10 / 30 / 2014

**Transaction ID : VNVQ3D874S2**

Amount of Each Receipt this Period  
500.00

**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).....

500.00

1750.00

**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 22 OF 48
	<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)  
**Mary Ellen Balchunis for Congress**

Full Name (Last, First, Middle Initial) <b>Mary Ellen Balchunis</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 35 Cedarbrook Rd		<b>Transaction ID : VNVQ3DC39Z7</b>	
City Ardmore    State PA    Zip Code 19003-1617	Amount of Each Receipt this Period _____ 4.00		
FEC ID number of contributing federal political committee. <b>C H4PA07092</b>	* In-Kind: Tolls		
Name of Employer LaSalle University    Occupation Professor	Election Cycle-to-Date _____ 644.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>Mary Ellen Balchunis</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2014	
Mailing Address 35 Cedarbrook Rd		<b>Transaction ID : VNVQ3DC39V6</b>	
City Ardmore    State PA    Zip Code 19003-1617	Amount of Each Receipt this Period _____ 52.05		
FEC ID number of contributing federal political committee. <b>C H4PA07092</b>	* In-Kind: Food Staff Meeting		
Name of Employer LaSalle University    Occupation Professor	Election Cycle-to-Date _____ 796.05		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>Mary Ellen Balchunis</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2014	
Mailing Address 35 Cedarbrook Rd		<b>Transaction ID : VNVQ3DC6A31</b>	
City Ardmore    State PA    Zip Code 19003-1617	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. <b>C H4PA07092</b>	* In-Kind: Event Donation to Non Federal Committee		
Name of Employer LaSalle University    Occupation Professor	Election Cycle-to-Date _____ 796.05		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 156.05
<b>TOTAL</b> 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 23 OF 48
	<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	

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)  
**Mary Ellen Balchunis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mary Ellen Balchunis**

Mailing Address 35 Cedarbrook Rd

City Ardmore State PA Zip Code 19003-1617

FEC ID number of contributing federal political committee. **C H4PA07092**

Name of Employer LaSalle University Occupation Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 800.05

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : VNVQ3DC3A13**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 4.00

\* In-Kind: Parking

**B.** Full Name (Last, First, Middle Initial)  
**Mary Ellen Balchunis**

Mailing Address 35 Cedarbrook Rd

City Ardmore State PA Zip Code 19003-1617

FEC ID number of contributing federal political committee. **C H4PA07092**

Name of Employer LaSalle University Occupation Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 814.05

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : VNVQ3DC39Y0**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 14.00

\* In-Kind: Parking

**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).....

\_\_\_\_\_ 18.00

\_\_\_\_\_ 174.05

**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 24 OF 48			
	<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)  
**Mary Ellen Balchunis for Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address PO Box 441146		Amount of Each Disbursement this Period 6.72
City West Somerville	State MA	
Zip Code 02144-0031	Purpose of Disbursement Conduit Fee	Transaction ID : VNTQV9Q9FZ7
Candidate Name <b>ActBlue</b>	Category/ Type 003	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address PO Box 441146		Amount of Each Disbursement this Period 3.95
City West Somerville	State MA	
Zip Code 02144-0031	Purpose of Disbursement Conduit Fee	Transaction ID : VNTQV9Q5FQ5
Candidate Name <b>ActBlue</b>	Category/ Type 003	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>c. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2014
Mailing Address PO Box 441146		Amount of Each Disbursement this Period 0.12
City West Somerville	State MA	
Zip Code 02144-0031	Purpose of Disbursement Conduit Fee	Transaction ID : VNTQV9QNGZ5
Candidate Name <b>ActBlue</b>	Category/ Type 003	
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10.79
<b>TOTAL</b> 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 25 OF 48			
	<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)  
**Mary Ellen Balchunis for Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address PO Box 441146		Amount of Each Disbursement this Period 4.25
City West Somerville	State MA	
Zip Code 02144-0031	Purpose of Disbursement Conduit Fee	Transaction ID : VNTQV9QKDP1
Candidate Name <b>ActBlue</b>	Category/ Type 003	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address PO Box 441146		Amount of Each Disbursement this Period 7.92
City West Somerville	State MA	
Zip Code 02144-0031	Purpose of Disbursement Conduit Fee	Transaction ID : VNTQV9QB4D9
Candidate Name <b>ActBlue</b>	Category/ Type 003	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>c. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO Box 441146		Amount of Each Disbursement this Period 24.72
City West Somerville	State MA	
Zip Code 02144-0031	Purpose of Disbursement Conduit Fee	Transaction ID : VNTQV9QKDQ9
Candidate Name <b>ActBlue</b>	Category/ Type 003	
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	36.89
<b>TOTAL</b> 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 26 OF 48	
	<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)  
**Mary Ellen Balchunis for Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address PO Box 441146		Amount of Each Disbursement this Period 2.97
City West Somerville	State MA	
Zip Code 02144-0031	Category/ Type 003	<b>Transaction ID : VNTQV9QNGX0</b>
Purpose of Disbursement Conduit Fee		
Candidate Name <b>ActBlue</b>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mary Ellen Balchunis</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 35 Cedarbrook Rd		Amount of Each Disbursement this Period 4.00
City Ardmore	State PA	
Zip Code 19003-1617	Category/ Type	<b>Transaction ID : VNVQ3DC39Z7I</b>
Purpose of Disbursement Tolls		
Candidate Name <b>Dr. Mary Ellen Balchunis</b>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 07	

Full Name (Last, First, Middle Initial) <b>c. Mary Ellen Balchunis</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2014
Mailing Address 35 Cedarbrook Rd		Amount of Each Disbursement this Period 52.05
City Ardmore	State PA	
Zip Code 19003-1617	Category/ Type	<b>Transaction ID : VNVQ3DC39V6I</b>
Purpose of Disbursement Food Staff Meeting		
Candidate Name <b>Dr. Mary Ellen Balchunis</b>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 07	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	59.02
<b>TOTAL</b> 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 27 OF 48	
	<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)  
**Mary Ellen Balchunis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mary Ellen Balchunis</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 19 / 2014</b>
Mailing Address 35 Cedarbrook Rd		Amount of Each Disbursement this Period <b>100.00</b>
City Ardmore State PA Zip Code 19003-1617	Purpose of Disbursement Event Donation to Non Federal Committee	
Candidate Name <b>Dr. Mary Ellen Balchunis</b>		Transaction ID : <b>VNVQ3DC6A311</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		* In-Kind Received

Full Name (Last, First, Middle Initial) <b>B. Mary Ellen Balchunis</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 25 / 2014</b>
Mailing Address 35 Cedarbrook Rd		Amount of Each Disbursement this Period <b>4.00</b>
City Ardmore State PA Zip Code 19003-1617	Purpose of Disbursement Parking	
Candidate Name <b>Dr. Mary Ellen Balchunis</b>		Transaction ID : <b>VNVQ3DC3A13I</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		* In-Kind Received

Full Name (Last, First, Middle Initial) <b>c. Mary Ellen Balchunis</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 28 / 2014</b>
Mailing Address 35 Cedarbrook Rd		Amount of Each Disbursement this Period <b>14.00</b>
City Ardmore State PA Zip Code 19003-1617	Purpose of Disbursement Parking	
Candidate Name <b>Dr. Mary Ellen Balchunis</b>		Transaction ID : <b>VNVQ3DC39Y0I</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		* In-Kind Received

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>118.00</b>
<b>TOTAL</b> 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 28 OF 48	
	<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)  
**Mary Ellen Balchunis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Steven Chintaman</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address 51 Forest Ln		Amount of Each Disbursement this Period <b>88.54</b>
City Levittown	State PA	
Zip Code 19055-2125	Purpose of Disbursement Staff Travel	<b>Transaction ID : VNTQV9QBQW7</b>
Candidate Name	Category/Type <b>002</b>	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Sunoco</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 18 / 2014</b>
Mailing Address 7434 Ogontz Ave		Amount of Each Disbursement this Period <b>28.04</b>
City Philadelphia	State PA	
Zip Code 19138-1324	Purpose of Disbursement Staff Travel	<b>Transaction ID : VNTQV9QBQX5</b>
Candidate Name	Category/Type <b>002</b>	
Office Sought: <input 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)	<b>[MEMO ITEM]</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sunoco</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2014</b>
Mailing Address 7434 Ogontz Ave		Amount of Each Disbursement this Period <b>26.00</b>
City Philadelphia	State PA	
Zip Code 19138-1324	Purpose of Disbursement Staff Travel	<b>Transaction ID : VNTQV9QBQY3</b>
Candidate Name	Category/Type <b>002</b>	
Office Sought: <input 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)	<b>[MEMO ITEM]</b> *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>88.54</b>
<b>TOTAL</b> 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 29 OF 48	
	<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)  
**Mary Ellen Balchunis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sunoco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 7434 Ogontz Ave		Amount of Each Disbursement this Period 34.50
City Philadelphia	State PA Zip Code 19138-1324	
Purpose of Disbursement Staff Travel	Category/Type 002	Transaction ID : VNTQV9QBQZ1
Candidate Name		
Office Sought: <input 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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Steven Chintaman</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 51 Forest Ln		Amount of Each Disbursement this Period 33.01
City Levittown	State PA Zip Code 19055-2125	
Purpose of Disbursement Staff Travel	Category/Type 002	Transaction ID : VNTQV9QBR09
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>c. Steven Chintaman</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 51 Forest Ln		Amount of Each Disbursement this Period 155.32
City Levittown	State PA Zip Code 19055-2125	
Purpose of Disbursement Staff Travel	Category/Type 002	Transaction ID : VNTQV9QBR25
Candidate Name		
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	188.32
<b>TOTAL</b> 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 30 OF 48			
	<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)  
**Mary Ellen Balchunis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wawa</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2014
Mailing Address 1000 Darby Rd		Amount of Each Disbursement this Period 36.14
City Havertown	State PA	
Zip Code 19083-3616	Purpose of Disbursement Staff Travel	Transaction ID : VNTQV9QBR33
Candidate Name	002 Category/ Type	
Office Sought: <input 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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wawa</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2014
Mailing Address 1000 Darby Rd		Amount of Each Disbursement this Period 35.00
City Havertown	State PA	
Zip Code 19083-3616	Purpose of Disbursement Staff Travel	Transaction ID : VNTQV9QBRB6
Candidate Name	002 Category/ Type	
Office Sought: <input 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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wawa</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 1000 Darby Rd		Amount of Each Disbursement this Period 29.18
City Havertown	State PA	
Zip Code 19083-3616	Purpose of Disbursement Staff Travel	Transaction ID : VNTQV9QBRC4
Candidate Name	002 Category/ Type	
Office Sought: <input 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)	[MEMO ITEM] *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 31 OF 48	
	<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)  
**Mary Ellen Balchunis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wawa</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2014</b>
Mailing Address 1000 Darby Rd		Amount of Each Disbursement this Period <b>24.00</b>
City Havertown	State PA	
Zip Code 19083-3616	Purpose of Disbursement Staff Travel	<b>Transaction ID : VNTQV9QBRD2</b>
Candidate Name	Category/ Type <b>002</b>	
Office Sought: <input 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)	<b>[MEMO ITEM]</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wawa</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2014</b>
Mailing Address 1000 Darby Rd		Amount of Each Disbursement this Period <b>31.00</b>
City Havertown	State PA	
Zip Code 19083-3616	Purpose of Disbursement Staff Travel	<b>Transaction ID : VNTQV9QBRA8</b>
Candidate Name	Category/ Type <b>002</b>	
Office Sought: <input 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)	<b>[MEMO ITEM]</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Steven Chintaman</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address 51 Forest Ln		Amount of Each Disbursement this Period <b>1250.00</b>
City Levittown	State PA	
Zip Code 19055-2125	Purpose of Disbursement Staff Salary	<b>Transaction ID : VNTQV9QNFH2</b>
Candidate Name	Category/ Type <b>001</b>	
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1250.00</b>
<b>TOTAL</b> 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 32 OF 48			
	<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)  
**Mary Ellen Balchunis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Steven Chintaman</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 51 Forest Ln		Amount of Each Disbursement this Period 416.00
City Levittown	State PA	
Zip Code 19055-2125	Purpose of Disbursement Staff Salary	Transaction ID : VNTQV9QD4W2
Candidate Name	Category/ Type 001	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Cricket Wireless 8301</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 5721 N Broad St		Amount of Each Disbursement this Period 57.00
City Philadelphia	State PA	
Zip Code 19141-2307	Purpose of Disbursement Cricket Phone	Transaction ID : VNTQV9QBRK9
Candidate Name	Category/ Type 001	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>c. From the Boot Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 1502 Dekalb Pike		Amount of Each Disbursement this Period 667.80
City Blue Bell	State PA	
Zip Code 19422-3361	Purpose of Disbursement Fundraising expenses	Transaction ID : VNTQV9QA0Z3
Candidate Name	Category/ Type 003	
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1140.80
<b>TOTAL</b> 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 33 OF 48	
	<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)  
**Mary Ellen Balchunis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kisha Larry</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 7335 Chestnut Ave FI 3		Amount of Each Disbursement this Period 270.00 <b>Transaction ID : VNTQV9QNF7</b>
City Elkins Park	State PA Zip Code 19027-3217	
Purpose of Disbursement Staff part-time salary	Category/Type 001	
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Kisha Larry</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 7335 Chestnut Ave FI 3		Amount of Each Disbursement this Period 260.00 <b>Transaction ID : VNTQV9QBRE0</b>
City Elkins Park	State PA Zip Code 19027-3217	
Purpose of Disbursement Staff part-time salary	Category/Type 001	
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>c. Kisha Larry</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 7335 Chestnut Ave FI 3		Amount of Each Disbursement this Period 270.00 <b>Transaction ID : VNTQV9QBRF7</b>
City Elkins Park	State PA Zip Code 19027-3217	
Purpose of Disbursement Staff part-time salary	Category/Type 001	
Candidate Name		
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	800.00
<b>TOTAL</b> 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 34 OF 48			
	<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)  
**Mary Ellen Balchunis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kisha Larry</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 7335 Chestnut Ave F13		Amount of Each Disbursement this Period 58.64
City Elkins Park	State PA	
Zip Code 19027-3217	Purpose of Disbursement Staff Travel	Transaction ID : VNTQV9QBRG5
Candidate Name	Category/Type 002	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Sunoco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 7434 Ogontz Ave		Amount of Each Disbursement this Period 31.03
City Philadelphia	State PA	
Zip Code 19138-1324	Purpose of Disbursement Staff Travel	Transaction ID : VNTQV9QBRJ1
Candidate Name	Category/Type 002	
Office Sought: <input 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)	[MEMO ITEM]
State: District:		*

Full Name (Last, First, Middle Initial) <b>c. Sunoco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 7434 Ogontz Ave		Amount of Each Disbursement this Period 27.61
City Philadelphia	State PA	
Zip Code 19138-1324	Purpose of Disbursement Staff Travel	Transaction ID : VNTQV9QBRH3
Candidate Name	Category/Type 002	
Office Sought: <input 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)	[MEMO ITEM]
State: District:		*

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	58.64
<b>TOTAL</b> 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 35 OF 48	
	<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)  
**Mary Ellen Balchunis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kisha Larry</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 7335 Chestnut Ave FI 3		Amount of Each Disbursement this Period 280.00 <b>Transaction ID : VNTQV9QD4V4</b>
City Elkins Park	State PA Zip Code 19027-3217	
Purpose of Disbursement Staff part-time salary	Category/Type 001	
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Kisha Larry</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2014
Mailing Address 7335 Chestnut Ave FI 3		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : VNTQV9QD680</b>
City Elkins Park	State PA Zip Code 19027-3217	
Purpose of Disbursement Staff part-time salary	Category/Type 001	
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. Kisha Larry</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2014
Mailing Address 7335 Chestnut Ave FI 3		Amount of Each Disbursement this Period 34.77 <b>Transaction ID : VNTQV9QD698</b>
City Elkins Park	State PA Zip Code 19027-3217	
Purpose of Disbursement Staff Travel	Category/Type 002	
Candidate Name		
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	764.77
<b>TOTAL</b> 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 36 OF 48	
	<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)  
**Mary Ellen Balchunis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kisha Larry</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2014
Mailing Address 7335 Chestnut Ave FI 3		Amount of Each Disbursement this Period 36.07
City Elkins Park	State PA Zip Code 19027-3217	
Purpose of Disbursement staff Travel	Category/Type 002	Transaction ID : VNTQV9QD6B4
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Kisha Larry</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2014
Mailing Address 7335 Chestnut Ave FI 3		Amount of Each Disbursement this Period 18.34
City Elkins Park	State PA Zip Code 19027-3217	
Purpose of Disbursement Staff Travel	Category/Type 002	Transaction ID : VNTQV9QD6D9
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>c. Michael Lehman</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 24 West Baltimore Street		Amount of Each Disbursement this Period 1500.00
City Funkstown	State MD Zip Code 21734	
Purpose of Disbursement Staff	Category/Type 001	Transaction ID : VNTQV9Q12Z7
Candidate Name		
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1554.41
<b>TOTAL</b> 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 37 OF 48	
	<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)  
**Mary Ellen Balchunis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Michael Lehman</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 28 / 2014</b>
Mailing Address <b>24 West Baltimore Street</b>		Amount of Each Disbursement this Period <b>9.90</b>
City <b>Funkstown</b>	State <b>MD</b>	
Zip Code <b>21734</b>	Purpose of Disbursement <b>Staff Travel</b>	<b>Transaction ID : VNTQV9QNFN4</b>
Candidate Name	Category/Type <b>002</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Michael Lehman</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>24 West Baltimore Street</b>		Amount of Each Disbursement this Period <b>206.00</b>
City <b>Funkstown</b>	State <b>MD</b>	
Zip Code <b>21734</b>	Purpose of Disbursement <b>Staff</b>	<b>Transaction ID : VNTQV9QD504</b>
Candidate Name	Category/Type <b>002</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Michael Lehman</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>24 West Baltimore Street</b>		Amount of Each Disbursement this Period <b>4887.10</b>
City <b>Funkstown</b>	State <b>MD</b>	
Zip Code <b>21734</b>	Purpose of Disbursement <b>Staff Salary</b>	<b>Transaction ID : VNTQV9QD512</b>
Candidate Name	Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5093.10</b>
<b>TOTAL</b> 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 38 OF 48			
	<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)  
**Mary Ellen Balchunis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Patrick Long</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 36 Moseley St		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : VNTQV9Q12V6</b>
City Boston State MA Zip Code 02125-1232	Purpose of Disbursement Staff Salary Candidate Name Category/Type 001	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Patrick Long</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 36 Moseley St		Amount of Each Disbursement this Period 115.31 <b>Transaction ID : VNTQV9QD538</b>
City Boston State MA Zip Code 02125-1232	Purpose of Disbursement Staff Travel Candidate Name Category/Type 002	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>c. Patrick Long</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 36 Moseley St		Amount of Each Disbursement this Period 1750.00 <b>Transaction ID : VNTQV9QD546</b>
City Boston State MA Zip Code 02125-1232	Purpose of Disbursement Staff Salary Candidate Name Category/Type 001	
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2865.31
<b>TOTAL</b> 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 39 OF 48	
	<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)  
**Mary Ellen Balchunis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Patrick Long</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 36 Moseley St		Amount of Each Disbursement this Period 2334.00
City Boston State MA Zip Code 02125-1232	Purpose of Disbursement Staff Salary Candidate Name Category/Type 001	
Office Sought: <input 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)	Transaction ID : VNTQV9QD4X0
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Patrick Long</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2014
Mailing Address 36 Moseley St		Amount of Each Disbursement this Period 36.65
City Boston State MA Zip Code 02125-1232	Purpose of Disbursement Staff Travel Candidate Name Category/Type 002	
Office Sought: <input 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)	Transaction ID : VNTQV9QD6F5
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NGP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 50.00
City Washington State DC Zip Code 20005-5006	Purpose of Disbursement NGP database Candidate Name Category/Type 003	
Office Sought: <input 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)	Transaction ID : VNTQV9QCR55
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2420.65
<b>TOTAL</b> 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 40 OF 48	
	<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)  
**Mary Ellen Balchunis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Primo Hoagies</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 1304 W Chester Pike		Amount of Each Disbursement this Period 122.44
City Havertown	State PA	
Zip Code 19083-3231	Purpose of Disbursement Event Food	Transaction ID : VNTQV9QD6N3
Candidate Name	003 Category/Type	
Office Sought: <input 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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sage Payment Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1750 Old Meadow Rd Ste 300		Amount of Each Disbursement this Period 349.21
City McLean	State VA	
Zip Code 22102-4304	Purpose of Disbursement Merchant fee	Transaction ID : VNTQV9QD6H1
Candidate Name	003 Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1305 W Chester Pike Ste 18		Amount of Each Disbursement this Period 53.84
City Havertown	State PA	
Zip Code 19083-2929	Purpose of Disbursement Campaign Materials	Transaction ID : VNTQV9QNFG4
Candidate Name	007 Category/Type	
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	403.05
<b>TOTAL</b> 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 41 OF 48			
	<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)  
**Mary Ellen Balchunis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sunoco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 7434 Ogontz Ave		Amount of Each Disbursement this Period 40.00
City Philadelphia	State PA	
Zip Code 19138-1324	Purpose of Disbursement Staff Travel	<b>Transaction ID : VNTQV9QNG01</b>
Candidate Name	002 Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Sunoco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 7434 Ogontz Ave		Amount of Each Disbursement this Period 40.00
City Philadelphia	State PA	
Zip Code 19138-1324	Purpose of Disbursement Staff Travel	<b>Transaction ID : VNTQV9QNFK8</b>
Candidate Name	002 Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>c. The Alchar Printing Group</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 599 Pawling Ave		Amount of Each Disbursement this Period 1183.50
City Troy	State NY	
Zip Code 12180-5823	Purpose of Disbursement Palm cards	<b>Transaction ID : VNTQV9Q5Y46</b>
Candidate Name	006 Category/Type	
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1263.50
<b>TOTAL</b> 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 42 OF 48	
	<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)  
**Mary Ellen Balchunis for Congress**

Full Name (Last, First, Middle Initial) <b>A. United States Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 444 E Township Line Rd		Amount of Each Disbursement this Period 57.33
City Havertown	State PA	
Zip Code 19083-0362	Purpose of Disbursement Postage	<b>Transaction ID : VNTQV9QNFR7</b>
Candidate Name	007 Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 444 E Township Line Rd		Amount of Each Disbursement this Period 61.25
City Havertown	State PA	
Zip Code 19083-0362	Purpose of Disbursement postage	<b>Transaction ID : VNTQV9QNF55</b>
Candidate Name	007 Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 444 E Township Line Rd		Amount of Each Disbursement this Period 49.00
City Havertown	State PA	
Zip Code 19083-0362	Purpose of Disbursement Postage	<b>Transaction ID : VNTQV9QNFJ0</b>
Candidate Name	007 Category/Type	
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	167.58
<b>TOTAL</b> 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 43 OF 48		
	<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)  
**Mary Ellen Balchunis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 195 W Lancaster Ave		Amount of Each Disbursement this Period 387.53
City Ardmore	State PA	
Zip Code 19003-1401	Purpose of Disbursement Internet and Phone	<b>Transaction ID : VNTQV9QKBM1</b>
Candidate Name	001 Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Voter Action Network</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 1101 15th St NW		Amount of Each Disbursement this Period 248.00
City Washington	State DC	
Zip Code 20005-5002	Purpose of Disbursement Robo Call	<b>Transaction ID : VNTQV9QD4Z6</b>
Candidate Name	004 Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	635.53
<b>TOTAL</b> This Period (last page this line number only).....	18918.91

**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 44 OF 48	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <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)  
**Mary Ellen Balchunis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Fox Rothschild Attorneys at Law</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 2000 Market St FI 20		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNTQV9QNG68</b>
City Philadelphia	State PA Zip Code 19103-3222	
Purpose of Disbursement Refund	Category/Type 010	
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
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) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	500.00

**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 45 OF 48	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Mary Ellen Balchunis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Delaware County Women Against Rape</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2014</b>
Mailing Address 204 South Ave Media		Amount of Each Disbursement this Period <b>105.00</b>
City Media	State PA	
Zip Code 19063-3121		<b>Transaction ID : VNTQV9QNG18</b>
Purpose of Disbursement Del Co Women Against Rape, Organization Event		
Candidate Name		Category/ Type <b>012</b>
Office Sought: <input 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: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
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) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
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: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>105.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>105.00</b>

**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)

**Mary Ellen Balchunis for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Michael Lehman**

Mailing Address 24 West Baltimore Street

City State Zip Code  
Funkstown MD 21734

Nature of Debt (Purpose):  
Salary for August

Outstanding Balance Beginning This Period	Transaction ID : VNRSB9H6GE0	
2612.90		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
-2612.90	0.00	0.00

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

Mailing Address 24 West Baltimore Street

City State Zip Code  
Funkstown MD 21734

Nature of Debt (Purpose):  
Office supplies

Outstanding Balance Beginning This Period	Transaction ID : VNRSB9H6F40	
36.03		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
-36.03	0.00	0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Michael Lehman**

Mailing Address 24 West Baltimore Street

City State Zip Code  
Funkstown MD 21734

Nature of Debt (Purpose):  
Office supplies

Outstanding Balance Beginning This Period	Transaction ID : VNRSB9H6F58	
40.79		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
-40.79	0.00	0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD9

Transaction ID : VNRSB9H6F40

McCord invitations

Form/Schedule:

Transaction ID:

**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)

**Mary Ellen Balchunis for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Michael Lehman**

Mailing Address 24 West Baltimore Street

City State Zip Code  
Funkstown MD 21734

Nature of Debt (Purpose):  
Office supplies

Outstanding Balance Beginning This Period		<b>Transaction ID : VNRSB9H6F82</b>	
<input type="text" value="36.03"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="-36.03"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	

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

Mailing Address 24 West Baltimore Street

City State Zip Code  
Funkstown MD 21734

Nature of Debt (Purpose):  
Office supplies

Outstanding Balance Beginning This Period		<b>Transaction ID : VNRSB9H6F74</b>	
<input type="text" value="31.79"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="-31.79"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Michael Lehman**

Mailing Address 24 West Baltimore Street

City State Zip Code  
Funkstown MD 21734

Nature of Debt (Purpose):  
Fundraising expenses

Outstanding Balance Beginning This Period		<b>Transaction ID : VNRSB9H6F66</b>	
<input type="text" value="16.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="-16.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="0.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value=""/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value=""/>