

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
committee to elect marsicano for congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	5000.00	5000.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	5000.00	5000.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	16024.68	36009.98
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	16024.68	36009.98
8. Cash on Hand at Close of Reporting Period (from Line 27).....	99289.70	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	130299.68	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

committee to elect marsicano for congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5000.00	5000.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	14299.68	130299.68
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	14299.68	130299.68
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	19299.68	135299.68

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16024.68	36009.98
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	16024.68	36009.98

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	96014.70
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	19299.68
25. SUBTOTAL (add Line 23 and Line 24).....	115314.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16024.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	99289.70

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 14
	<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)
committee to elect marsicano for congress

A. Full Name (Last, First, Middle Initial)
International Union of Operating Engineers Local 542

Mailing Address 1375 Virginia Dr. Ste 100

City Fort Washington State PA Zip Code 19034-3257

FEC ID number of contributing federal political committee. **C** C00446443

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2016

Transaction ID : SA11C.4226

Amount of Each Receipt this Period
 5000.00

Memo Item Contribution

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

5000.00

5000.00

**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 6 OF 14
	<input type="checkbox"/> 11a 12 <input checked="" 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)
committee to elect marsicano for congress

A. Full Name (Last, First, Middle Initial)
Michael Marsicano

Mailing Address 1135 Pilot Point

City Hazle Township State PA Zip Code 18202

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **130299.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 13 / 2016

Transaction ID : SA13A.4255

Amount of Each Receipt this Period
14299.68

Memo Item self funding

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

14299.68

14299.68

**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 7 OF 14			
	<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)
committee to elect marsicano for congress

Full Name (Last, First, Middle Initial) A. Fenner Productions			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016		
Mailing Address 217 S Washington Street			Amount of Each Disbursement this Period 225.00		
City Wilke-Barre	State PA	Zip Code 18701	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Video Production		Category/ Type			
Candidate Name		Transaction ID : SB17.4280			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. John Kosko			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2016		
Mailing Address 239 Schuhler St			Amount of Each Disbursement this Period 1500.00		
City Kingston	State PA	Zip Code 18704	Memo Item <input type="checkbox"/>		
Purpose of Disbursement IT		Category/ Type 001			
Candidate Name Michael Marsicano		Transaction ID : SB17.4229			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. John Kosko			Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2016		
Mailing Address 239 Schuhler St			Amount of Each Disbursement this Period 1500.00		
City Kingston	State PA	Zip Code 18704	Memo Item <input type="checkbox"/>		
Purpose of Disbursement IT		Category/ Type 001			
Candidate Name committee to elect marsicano for congress		Transaction ID : SB17.4231			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: PA District: 11					

SUBTOTAL of Disbursements This Page (optional).....	3225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14			
	<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)
committee to elect marsicano for congress

Full Name (Last, First, Middle Initial) A. John Kosko		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2016
Mailing Address 239 Schuhler St		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Memo Item
City Kingston	State PA	
Zip Code 18704	Purpose of Disbursement IT	Transaction ID : SB17.4233
Candidate Name Michael Marsicano	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. Maxies		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2016
Mailing Address 458 W Main st		Amount of Each Disbursement this Period 1320.99 <input type="checkbox"/> Memo Item
City Plymouth	State PA	
Zip Code 18651	Purpose of Disbursement meet and greet	Transaction ID : SB17.4284
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) c. Net Brandes Media Corporation		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 4850 Wright Road #100		Amount of Each Disbursement this Period 208.70 <input type="checkbox"/> Memo Item
City Stafford	State TX	
Zip Code 77477	Purpose of Disbursement Advertising	Transaction ID : SB17.4287
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

SUBTOTAL of Disbursements This Page (optional).....	3029.69
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 14			
	<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)
committee to elect marsicano for congress

Full Name (Last, First, Middle Initial) A. Todd oravic		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 100 Main Street		Amount of Each Disbursement this Period 320.00
City Kingston	State PA	
Zip Code 18704	Purpose of Disbursement Video	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.4282
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Precision Signs		Date of Disbursement MM / DD / YYYY 01 / 16 / 2016
Mailing Address		Amount of Each Disbursement this Period 2402.00
City	State	
Zip Code	Purpose of Disbursement Advertising	<input type="checkbox"/> Memo Item
Candidate Name Michael Marsicano	Category/Type 004	Transaction ID : SB17.4243
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Precision Signs		Date of Disbursement MM / DD / YYYY 03 / 14 / 2016
Mailing Address		Amount of Each Disbursement this Period 3799.00
City	State	
Zip Code	Purpose of Disbursement Signs	<input type="checkbox"/> Memo Item
Candidate Name Michael Marsicano	Category/Type 004	Transaction ID : SB17.4246
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6521.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 14			
	<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)
committee to elect marsicano for congress

Full Name (Last, First, Middle Initial) A. Precision Signs		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016
Mailing Address		Amount of Each Disbursement this Period 2128.00
City	State Zip Code	
Purpose of Disbursement Advertising	Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name Michael Marsicano	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.4245
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2016
Mailing Address 180 Susquehanna Blvd		Amount of Each Disbursement this Period 76.31
City	State Zip Code Hazleton PA 18201	
Purpose of Disbursement Office Supplies	Category/Type 006	<input type="checkbox"/> Memo Item
Candidate Name Michael Marsicano	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.4234
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2016
Mailing Address 180 Susquehanna Blvd		Amount of Each Disbursement this Period 86.60
City	State Zip Code Hazleton PA 18201	
Purpose of Disbursement Office Supplies	Category/Type 006	<input type="checkbox"/> Memo Item
Candidate Name Michael Marsicano	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.4237
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2290.91
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 20d				

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NAME OF COMMITTEE (In Full)
committee to elect marsicano for congress

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 180 Susquehanna Blvd		Amount of Each Disbursement this Period 221.20 <input type="checkbox"/> Memo Item
City Hazleton	State PA	
Zip Code 18201	Purpose of Disbursement Office Supplies	Transaction ID : SB17.4238
Candidate Name Michael Marsicano	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. VistaPrint		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 95 Hayden Ave.		Amount of Each Disbursement this Period 225.00 <input type="checkbox"/> Memo Item
City Lexington	State MA	
Zip Code 02241	Purpose of Disbursement Video Production	Transaction ID : SB17.4276
Candidate Name Michael Marsicano	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. VistaPrint		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016
Mailing Address 95 Hayden Ave.		Amount of Each Disbursement this Period 250.13 <input type="checkbox"/> Memo Item
City Lexington	State MA	
Zip Code 02241	Purpose of Disbursement Advertising	Transaction ID : SB17.4239
Candidate Name Michael Marsicano	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	696.33
TOTAL This Period (last page this line number only).....	15762.93

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **committee to elect marsicano for congress** Transaction ID : **SC/10.4145**

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Michael Marsicano	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1135 Pilot Point	

City	State	ZIP Code
Hazle Township	PA	18202

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
16000.00	0.00	16000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05 / 19 / 2015	none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	16000.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **committee to elect marsicano for congress** Transaction ID : **SC/10.4144**

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Michael Marsicano	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1135 Pilot Point	

City	State	ZIP Code
Hazle Township	PA	18202

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 30 / Y 2015 Y	M M / D D / Y Y Y Y			0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	100000.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4255**
 committee to elect marsicano for congress

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Michael Marsicano	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1135 Pilot Point	

City	State	ZIP Code
Hazle Township	PA	18202

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
14299.68	0.00	14299.68

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
01 / 13 / 2016	/ /	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____

SUBTOTALS This Period This Page (optional).....	▶	14299.68
TOTALS This Period (last page in this line only).....	▶	130299.68

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.