REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 OCT 26 A 10:14

1. NAME OF COMMITTEE (in full)
BOB BRADY FOR CONGRESS

ADDRESS (number and street) ☐ Check if different than previously reported.
ONE LOGAN SQUARE, SUITE 2929

CITY, STATE and ZIP CODE STATE/DISTRICT
PHILADELPHIA, PA 19103

2. FEC IDENTIFICATION NUMBER
C00333740

3. IS THIS REPORT AN AMENDMENT?
☐ YES ☒ NO

4. TYPE OF REPORT

☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report (Non-election Year Only)

☒ Twelfth day report preceding General (Type of Election) election on 11/07/2000 in the State of PA
☐ Thirtieth day report following the General Election on _____ in the State of _____
☐ Termination Report

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

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-date
5.	Covering Period 10/01/2000 through 10/18/2000		
6.	Net Contributions (other than loans)		
	(a) Total Contributions(other than loans) (from Line 11(e))	$40600.00	$354915.00
	(b) Total Contribution Refunds (From Line 20(d))	$0.00	$4750.00
	(c) Net Contributions (other than loans)(subtract Line 6(b) from 6(a))	$40600.00	$350165.00
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	$16923.01	$229457.80
	(b) Total Offsets to Operating Expenditures (from Line 14)	$0.00	$0.00
	(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	$16923.01	$229457.80
8.	Cash on Hand at Close of Reporting Period (from Line 27)	$274656.57	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$5000.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$0.00	

For further information:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Type or Print Name of Treasurer: MICHAEL G. HORSEY

Signature of Treasurer: Michael G. Horsey

Date: 10/23/20

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

FEC FORM 3
(Revised 4/87)