

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 Fattah For Congress

ADDRESS (number and street) P.O. Box 30743 Philadelphia PA 19104 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00254441 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT PA 02

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X 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 / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 07 / 01 / 2015 through M M / D D / Y Y Y Y 09 / 30 / 2015

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 Mr. Roger Jackson

Signature of Treasurer Mr. Roger Jackson [Electronically Filed] Date M M / D D / Y Y Y Y 10 / 15 / 2015

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

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**Fattah For Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y 09 / 30 / 2015

	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))....	13500.00	165665.00
(b) Total Contribution Refunds (from Line 20(d)) .....	4000.00	4000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	9500.00	161665.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	30082.37	190503.71
(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)).....	30082.37	190503.71
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2607.59	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	-1785.50	

**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

**Fattah For Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2000.00	68450.00
(ii) Unitemized.....	0.00	715.00
(iii) TOTAL of contributions from individuals ▶	2000.00	69165.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	11500.00	96500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	13500.00	165665.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	4700.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	4700.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	13500.00	170365.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	30082.37	190503.71
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	3000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	3000.00
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).....	4000.00	4000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	4000.00	4000.00
21. OTHER DISBURSEMENTS .....	520.00	7327.37
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	34602.37	204831.08

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	23709.96
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13500.00
25. SUBTOTAL (add Line 23 and Line 24).....	37209.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	34602.37
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2607.59

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

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

FOR LINE NUMBER: PAGE 5 OF 30  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Fattah For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**The Chickasaw Nation**

Mailing Address 2020 Lonnie Abbott Blvd

City State Zip Code  
Ada OK 74820-9255

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2015

**Transaction ID : VPFC0FBWWJ7**

Amount of Each Receipt this Period  
 1500.00

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address 4747 S Broad St  
Bldg 101

City State Zip Code  
Philadelphia PA 19112-1327

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

Name of Employer Occupation  
Synterra Landscape Architect

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : VPFC0FR95T0**

Amount of Each Receipt this Period  
 500.00

Amount of Each Receipt this Period  
 1000.00

**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).....

2000.00

2000.00

**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 30
	<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)  
**Fattah For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Aqua America, Inc.**

Mailing Address 762 W Lancaster Ave

City State Zip Code  
Bryn Mawr PA 19010-3402

FEC ID number of contributing federal political committee. **C** C00340455

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2015

**Transaction ID : VPFC0FBWPR2**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Brotherhood Of Railroad Signalmen PAC**

Mailing Address 917 Shenandoah Shores Rd

City State Zip Code  
Front Royal VA 22630-6418

FEC ID number of contributing federal political committee. **C** C00011262

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : VPFC0FBWWR4**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Capuano for Congress Committee**

Mailing Address PO Box 44035

City State Zip Code  
Somerville MA 02144

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : VPFC0FR97B4**

Amount of Each Receipt this Period  
2000.00

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

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

3500.00

**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 7 OF 30
	<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)  
**Fattah For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CWA COPE PCC**

Mailing Address 501 3rd St NW

City Washington State DC Zip Code 20001-2760

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2015

**Transaction ID : VPFC0FBWPK3**

Amount of Each Receipt this Period  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**Friends of Cindy Bass**

Mailing Address 6432 Emlen St

City Philadelphia State PA Zip Code 19119-2708

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2015

**Transaction ID : VPFC0FBWWS2**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**The Keystone Fund**

Mailing Address 700 13th St NW Ste 600

City Washington State DC Zip Code 20005-5998

FEC ID number of contributing federal political committee. **C C00381681**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : VPFC0FR9649**

Amount of Each Receipt this Period  
 2000.00

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

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

8000.00

11500.00

**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 8 OF 30			
	<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)  
**Fattah For Congress**

Full Name (Last, First, Middle Initial) <b>A. Ally</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address PO Box 380901		Amount of Each Disbursement this Period 708.75
City Minneapolis	State MN	
Zip Code 55438-0901	Purpose of Disbursement Payment	Transaction ID : VPECRA03FN5
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) <b>B. Ally</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address PO Box 380901		Amount of Each Disbursement this Period 708.75
City Minneapolis	State MN	
Zip Code 55438-0901	Purpose of Disbursement Payment	Transaction ID : VPECRA03FP3
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) <b>C. Ally</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015
Mailing Address PO Box 380901		Amount of Each Disbursement this Period 722.92
City Minneapolis	State MN	
Zip Code 55438-0901	Purpose of Disbursement Payment	Transaction ID : VPECRA03FQ0
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2140.42
<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 9 OF 30			
	<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)  
**Fattah For Congress**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2015
Mailing Address Philadelphia International Airport		Amount of Each Disbursement this Period 631.20 <b>Transaction ID : VPECRA03FS6</b>
City Philadelphia	State PA Zip Code 19153	
Purpose of Disbursement Business Travel	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) <b>B. American Express Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 174.30 <b>Transaction ID : VPECRA03FT4</b>
City Phoenix	State AZ Zip Code 85072-3852	
Purpose of Disbursement Processing Fees	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) <b>C. American Express Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 7.38 <b>Transaction ID : VPECRA03FV2</b>
City Phoenix	State AZ Zip Code 85072-3852	
Purpose of Disbursement Processing Fees	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	812.88
<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 10 OF 30		
	<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)  
**Fattah For Congress**

Full Name (Last, First, Middle Initial) <b>A. Amtrak Go Usa</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2015
Mailing Address 30th & Market Street		Amount of Each Disbursement this Period 239.00
City Philadelphia	State PA Zip Code 19104	
Purpose of Disbursement Train Ticket	Candidate Name	Transaction ID : VPECRA03FX8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Amtrak Go Usa</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 30th & Market Street		Amount of Each Disbursement this Period 76.00
City Philadelphia	State PA Zip Code 19104	
Purpose of Disbursement Train Ticket	Candidate Name	Transaction ID : VPECRA03FZ4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. BP/Amoco Food Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2015
Mailing Address Ridge & Girard Avenue		Amount of Each Disbursement this Period 53.25
City Philadelphia	State PA Zip Code 19102	
Purpose of Disbursement Fuel	Candidate Name	Transaction ID : VPECRA03GB8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	368.25
<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 11 OF 30	
	<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)  
**Fattah For Congress**

Full Name (Last, First, Middle Initial) <b>A. LightCMS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address Web Based		Amount of Each Disbursement this Period 29.00 <b>Transaction ID : VPECRA03MD3</b>
City Philadelphia	State PA Zip Code 19131	
Purpose of Disbursement Software Package	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) <b>B. LightCMS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2015
Mailing Address Web Based		Amount of Each Disbursement this Period 29.00 <b>Transaction ID : VPECRA03MF9</b>
City Philadelphia	State PA Zip Code 19131	
Purpose of Disbursement Software Package	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) <b>c. LightCMS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015
Mailing Address Web Based		Amount of Each Disbursement this Period 29.00 <b>Transaction ID : VPECRA03MG7</b>
City Philadelphia	State PA Zip Code 19131	
Purpose of Disbursement Software Package	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	87.00
<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 12 OF 30
	<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)  
**Fattah For Congress**

Full Name (Last, First, Middle Initial) <b>A. Marriott Marquis</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2015
Mailing Address 400 New Jersey Ave NW		Amount of Each Disbursement this Period 29.20
City Washington State DC Zip Code 20001-2002	Purpose of Disbursement CBCF Meal	
Candidate Name	Category/Type 002	Transaction ID : VPECRA05SN9
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>B. Marriott Marquis</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2015
Mailing Address 400 New Jersey Ave NW		Amount of Each Disbursement this Period 96.40
City Washington State DC Zip Code 20001-2002	Purpose of Disbursement CBCF Meal	
Candidate Name	Category/Type 002	Transaction ID : VPECRA05SR3
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>c. Marriott Marquis</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015
Mailing Address 400 New Jersey Ave NW		Amount of Each Disbursement this Period 353.83
City Washington State DC Zip Code 20001-2002	Purpose of Disbursement CBCF Lodging	
Candidate Name	Category/Type 002	Transaction ID : VPECRA05SV6
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	479.43
<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 13 OF 30	
	<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)  
**Fattah For Congress**

Full Name (Last, First, Middle Initial) <b>A. Marriott Marquis</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015
Mailing Address 400 New Jersey Ave NW		Amount of Each Disbursement this Period 222.10 <b>Transaction ID : VPECRA05SX2</b>
City Washington State DC Zip Code 20001-2002	Purpose of Disbursement CBCF Meal Candidate Name Category/Type 002	
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>B. NGP VAN Incorporated</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 1890.00 <b>Transaction ID : VPECRA03NT6</b>
City Washington State DC Zip Code 20005-5006	Purpose of Disbursement Software Package 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) <b>c. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2015
Mailing Address PO Box 965		Amount of Each Disbursement this Period 54.00 <b>Transaction ID : VPECRA03QX5</b>
City Southeastern State PA Zip Code 19399-0965	Purpose of Disbursement Processing Fees 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2066.10
<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 14 OF 30			
	<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)  
**Fattah For Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2015
Mailing Address PO Box 965		Amount of Each Disbursement this Period 62.00
City Southeastern	State PA	
Zip Code 19399-0965	Purpose of Disbursement Processing Fees	Transaction ID : VPECRA03QY3
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) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address PO Box 965		Amount of Each Disbursement this Period 54.00
City Southeastern	State PA	
Zip Code 19399-0965	Purpose of Disbursement Processing Fees	Transaction ID : VPECRA03QZ1
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) <b>c. Philadelphia Parking Authority</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address PO Box 41818		Amount of Each Disbursement this Period 3.25
City Philadelphia	State PA	
Zip Code 19101-1818	Purpose of Disbursement Parking Fee	Transaction ID : VPECRA03P11
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	119.25
<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 15 OF 30			
	<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)  
**Fattah For Congress**

Full Name (Last, First, Middle Initial) <b>A. Post Schell</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2015
Mailing Address 4 Penn Ctr 1600 John f. Kennedy Blvd		Amount of Each Disbursement this Period 2588.60
City Philadelphia	State PA Zip Code 19103-2852	
Purpose of Disbursement Attorney Fees		Transaction ID : VPECRA03R31
Candidate Name		
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Ross Legal Practice, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 1800 John F Kennedy Blvd Ste 1500		Amount of Each Disbursement this Period 3000.00
City Philadelphia	State PA Zip Code 19103-7401	
Purpose of Disbursement Payment on Outstanding Balance		Transaction ID : VPECR9Z0HC0
Candidate Name		
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Kristen M. Stoner</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2015
Mailing Address 821 S Saint Bernard St		Amount of Each Disbursement this Period 5000.00
City Philadelphia	State PA Zip Code 19143-3308	
Purpose of Disbursement Fundraising. Consultant		Transaction ID : VPECR9Z4JD3
Candidate Name		
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10588.60
<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 16 OF 30			
	<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)  
**Fattah For Congress**

Full Name (Last, First, Middle Initial) <b>A. Sun Trust</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015
Mailing Address PO Box 6600		Amount of Each Disbursement this Period 157.64
City Hagerstown	State MD	
Zip Code 21741-6600	Purpose of Disbursement Transaction	Transaction ID : VPECRA049F1
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) <b>B. Sun Trust</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address PO Box 6600		Amount of Each Disbursement this Period 45.12
City Hagerstown	State MD	
Zip Code 21741-6600	Purpose of Disbursement Transaction Fees	Transaction ID : VPECRA049G9
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) <b>C. Sun Trust</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address PO Box 6600		Amount of Each Disbursement this Period 35.00
City Hagerstown	State MD	
Zip Code 21741-6600	Purpose of Disbursement Transaction Fees	Transaction ID : VPECRA049K3
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	237.76
<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 17 OF 30	
	<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)  
**Fattah For Congress**

Full Name (Last, First, Middle Initial) <b>A. Sunoco Station</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015
Mailing Address 1735 Market St		Amount of Each Disbursement this Period 211.71 <b>Transaction ID : VPECRA04986</b>
City Philadelphia	State PA Zip Code 19103-7501	
Purpose of Disbursement July Fuel	Category/Type	
Candidate Name		
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>B. Sunoco Station</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address 1735 Market St		Amount of Each Disbursement this Period 161.33 <b>Transaction ID : VPECRA04994</b>
City Philadelphia	State PA Zip Code 19103-7501	
Purpose of Disbursement August Fuel	Category/Type	
Candidate Name		
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>c. Sunoco Station</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 1735 Market St		Amount of Each Disbursement this Period 281.10 <b>Transaction ID : VPECRA049A2</b>
City Philadelphia	State PA Zip Code 19103-7501	
Purpose of Disbursement September Fuel	Category/Type	
Candidate Name		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	654.14
<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 18 OF 30			
	<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)  
**Fattah For Congress**

Full Name (Last, First, Middle Initial) <b>A. The Hartford/AARP</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2015
Mailing Address PO Box 14219		Amount of Each Disbursement this Period 400.26 <b>Transaction ID : VPECRA057E6</b>
City Lexington	State KY Zip Code 40512-4219	
Purpose of Disbursement Insurance	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) <b>B. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015
Mailing Address PO Box 8585		Amount of Each Disbursement this Period 89.35 <b>Transaction ID : VPECRA057X5</b>
City Philadelphia	State PA Zip Code 19101-8585	
Purpose of Disbursement Landline and Fax	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) <b>C. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015
Mailing Address PO Box 8585		Amount of Each Disbursement this Period 220.72 <b>Transaction ID : VPECRA05824</b>
City Philadelphia	State PA Zip Code 19101-8585	
Purpose of Disbursement Wireless Phones	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	710.33
<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 19 OF 30			
	<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)  
**Fattah For Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2015
Mailing Address PO Box 8585		Amount of Each Disbursement this Period 94.86
City Philadelphia	State PA	
Zip Code 19101-8585		
Purpose of Disbursement Landline and Fax		
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) <b>B. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015
Mailing Address PO Box 8585		Amount of Each Disbursement this Period 452.74
City Philadelphia	State PA	
Zip Code 19101-8585		
Purpose of Disbursement Wireless Phones		
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) <b>C. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address PO Box 8585		Amount of Each Disbursement this Period 95.40
City Philadelphia	State PA	
Zip Code 19101-8585		
Purpose of Disbursement Landline and Fax		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	643.00
<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 20 OF 30	
	<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)  
**Fattah For Congress**

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

Mailing Address PO Box 8585

City Philadelphia State PA Zip Code 19101-8585

Purpose of Disbursement Wireless Phones

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 23 / 2015

Amount of Each Disbursement this Period: 129.58

Transaction ID : VPECRA05858

Full Name (Last, First, Middle Initial)  
**B. Weaver & Associates, P.C.**

Mailing Address 1525 Locust St  
FI 14

City Philadelphia State PA Zip Code 19102-3718

Purpose of Disbursement Payment on Outstanding Balance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 10 / 2015

Amount of Each Disbursement this Period: 10000.00

Transaction ID : VPECR9Z70X4

Full Name (Last, First, Middle Initial)  
**c. Wells Fargo Bank**

Mailing Address 123 S Broad St

City Philadelphia State PA Zip Code 19109-1027

Purpose of Disbursement Service Charge

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 08 / 2015

Amount of Each Disbursement this Period: 12.95

Transaction ID : VPECRA058B5

**SUBTOTAL** of Disbursements This Page (optional) ..... 10142.53

**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 21 OF 30		
	<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)  
**Fattah For Congress**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2015
Mailing Address 123 S Broad St		Amount of Each Disbursement this Period 12.95
City Philadelphia	State PA	
Zip Code 19109-1027	Purpose of Disbursement Service Charge	Transaction ID : VPECRA058D1
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) <b>B. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address 123 S Broad St		Amount of Each Disbursement this Period 12.95
City Philadelphia	State PA	
Zip Code 19109-1027	Purpose of Disbursement Service Charge	Transaction ID : VPECRA058G5
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) <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).....	25.90
<b>TOTAL</b> This Period (last page this line number only).....	29075.59

# 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 22 OF 30	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Fattah For Congress**

Full Name (Last, First, Middle Initial) <b>A. Citizens For Hughes</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 7478 Rhoads St Ste A		Amount of Each Disbursement this Period 4000.00
City Philadelphia	State PA Zip Code 19151-2922	
Purpose of Disbursement Excess Contribution	Candidate Name	Transaction ID : VPECR9YZ3N4
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 MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
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 MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
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).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	4000.00

**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 23 OF 30		
	<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)  
**Fattah For Congress**

Full Name (Last, First, Middle Initial) <b>A. The National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 25 / 2015</b>
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period <b>520.00</b>
City Washington State DC Zip Code 20003-4071	Purpose of Disbursement Catering	
Candidate Name	Category/Type	<b>Transaction ID : VPECRA03MK1</b>
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>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	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>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).....	<b>520.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>520.00</b>

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Fattah For Congress**

Transaction ID : **VPFC0B9N9R3L**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**Chaka Fattah**

Primary

General

Other (specify) ▼

Mailing Address  
PO Box 30743

City State ZIP Code  
Philadelphia PA 19104-0743

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
3500.00 2000.00 1500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

01

23

2015

02

28

2015

none

% (apr)

Yes

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)..... 1500.00

**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) **Fattah For Congress** Transaction ID : **VPFC0B9N9S0L**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **Chaka Fattah** *[PERSONAL FUNDS]* Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address PO Box 30743  
 City Philadelphia State PA ZIP Code 19104-0743

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1200.00	1000.00	200.00

**TERMS**  
 Date Incurred: M 02 / D 01 / Y 2015  
 Date Due: M / D / Y none  
 Interest Rate: none % (apr)  
 Secured:  Yes  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:

<b>SUBTOTALS</b> This Period This Page (optional).....	200.00
<b>TOTALS</b> This Period (last page in this line only).....	1700.00

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

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Fattah For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Cornerstone Legal Consultants, LLC</b>	Nature of Debt (Purpose): Monthly Database Hosting
Mailing Address 4775 League Island Blvd	
City State Zip Code Philadelphia PA 19112-1220	

Outstanding Balance Beginning This Period 2278.94	<b>Transaction ID : VPCE89H82P1</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2278.94

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Robert Half Legal</b>	Nature of Debt (Purpose): Legal Staffing Services
Mailing Address 12400 Collection Center Dr	
City State Zip Code Chicago IL 60693-0124	

Outstanding Balance Beginning This Period 15114.34	<b>Transaction ID : VPCE89H82Q9</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15114.34

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ross Legal Practice, LLC</b>	Nature of Debt (Purpose): Legal Fees
Mailing Address 1800 John F Kennedy Blvd Ste 1500	
City State Zip Code Philadelphia PA 19103-7401	

Outstanding Balance Beginning This Period 5254.70	<b>Transaction ID : VPCE89H82M5</b>	
Amount Incurred This Period 0.00	Payment This Period 3000.00	Outstanding Balance at Close of This Period 2254.70

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	19647.98
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 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : VPCE89H82P1

Quality check, search, convert, bates and produce documents

Form/Schedule: SD10

Transaction ID: VPCE89H82Q9

Staffing Services to review documents

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

Form/Schedule: SD10

Transaction ID : VPCE89H82M5

Reviewing and preparing documents for government review

Form/Schedule:

Transaction ID:

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Fattah For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Weaver &amp; Associates, P.C.</b>		Nature of Debt (Purpose): Attorney Fees
Mailing Address 1525 Locust St FI 14		
City State	Zip Code	
Philadelphia	PA 19102-3718	

Outstanding Balance Beginning This Period	<b>Transaction ID : VPCE89H82N3</b>	
-13133.48		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	10000.00	-23133.48

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	-23133.48
2) <b>TOTALS</b> This Period (last page this line number only) .....	-3485.50
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 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : VPCE89H82N3

Legal representation to review documents and provide responses

Form/Schedule:

Transaction ID: