

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.
ROTHFUS FOR CONGRESS

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** ▼
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲
 STATE ▼ DISTRICT

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 in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 07 / 01 / 2015 through 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 WILLIAM HASKINS
Signature of Treasurer WILLIAM HASKINS [Electronically Filed] Date 10 / 20 / 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

Write or Type Committee Name
ROTHFUS 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))....	164536.01	568639.49
(b) Total Contribution Refunds (from Line 20(d))	2700.00	5800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	161836.01	562839.49
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	51647.44	235216.30
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1078.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	51647.44	234138.30
8. Cash on Hand at Close of Reporting Period (from Line 27).....	858365.86	
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).....	1538.16	

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

ROTHFUS 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

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).....	119699.23	425849.23
(ii) Unitemized	7286.78	11240.26
(iii) TOTAL of contributions from individuals	126986.01	437089.49
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	37550.00	131550.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	164536.01	568639.49
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	1078.00
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).....	164536.01	569717.49

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	51647.44	235216.30
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	2700.00	2800.00
(b) Political Party Committees.....	0.00	3000.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2700.00	5800.00
21. OTHER DISBURSEMENTS	7250.00	24250.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	61597.44	265266.30

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	755427.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	164536.01
25. SUBTOTAL (add Line 23 and Line 24).....	919963.30
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	61597.44
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	858365.86

**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 90
(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)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AG GROUP ASSOCIATES, LLC

Mailing Address 81 SEALY DR

City State Zip Code
LAWRENCE NY 11559

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : SA11AI.30364

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MR. DAVID GAST

Mailing Address 81 SEALY DRIVE

City State Zip Code
LAWRENCE NY 11559

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

Name of Employer Occupation
AG GROUP REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : SA11AI.30507

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
AG GROUP ASSOCIATES, LLC

Mailing Address 81 SEALY DR

City State Zip Code
LAWRENCE NY 11559

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : SA11AI.30365

Amount of Each Receipt this Period
2300.00

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 6 OF 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. DAVID GAST

Mailing Address 81 SEALY DRIVE

City State Zip Code
LAWRENCE NY 11559

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

Name of Employer Occupation
AG GROUP REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : SA11AI.30509

Amount of Each Receipt this Period
2300.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MR. RAYMOND K. AIKEN

Mailing Address 170 BROWN ROAD

City State Zip Code
WEXFORD PA 15090

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2015

Transaction ID : SA11AI.30416

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. ROBERT R. AURAY JR.

Mailing Address 610 BERKSHIRE DRIVE

City State Zip Code
PITTSBURGH PA 15215

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

Name of Employer Occupation
GENCO ATC CEO-RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : SA11AI.30597

Amount of Each Receipt this Period
2200.00

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

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

2450.00

**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 90
	<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)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. ROBERT R. AURAY JR.

Mailing Address 610 BERKSHIRE DRIVE

City State Zip Code
PITTSBURGH PA 15215

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

Name of Employer Occupation
GENCO ATC CEO-RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : SA11AI.30598

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MR. JAMES P. BALET

Mailing Address 525 PINE RD

City State Zip Code
SEWICKLEY PA 15143

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

Name of Employer Occupation
PITTSBURGH UNIVERSAL MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : SA11AI.30647

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. ROBERT BARKER

Mailing Address 2971 EASTVIEW ROAD

City State Zip Code
BETHEL PARK PA 15102

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

Name of Employer Occupation
DUQUESNE UNIVERSITY LAW PROFESSOR

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
 09 / 30 / 2015

Transaction ID : SA11AI.30662

Amount of Each Receipt this Period
1000.00

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

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

4700.00

**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 90
	<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)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NICOLA BATTAGLIA

Mailing Address 2006 VERDEN CT

City State Zip Code
ALLISON PARK PA 15101

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

Name of Employer Occupation
NORTHWEST INC. TREASURER

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 / 11 / 2015

Transaction ID : SA11AI.30499

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
C PETER BAUER

Mailing Address 4556 NATURE TRAIL DR

City State Zip Code
ALLISON PARK PA 15101

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

Name of Employer Occupation
HOWARD HANNA MORTGAGE SALES MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : SA11AI.30604

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. G. NICHOLAS BECKWITH, III III

Mailing Address 1 LITTLE LANE

City State Zip Code
PITTSBURGH PA 15215

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

Name of Employer Occupation
ARCH STREET MANAGEMENT, LLC CHAIRMAN & CEO-BUSINESS EXEC.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.30658

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 9 OF 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. CLIFFORD BENSON

Mailing Address 133 CENTENNIAL AVENUE

City State Zip Code
SEWICKLEY PA 15143

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

Name of Employer Occupation
BUFFALO SABRES CHIEF DEVELOPMENT OFFICER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 30 2015

Transaction ID : SA11AI.30653

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. DAVID J. BERARDINELLI

Mailing Address 814 OXFORD COURT

City State Zip Code
GIBSONIA PA 15044

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

Name of Employer Occupation
DEFOREST KOSCELNIK ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 08 2015

Transaction ID : SA11AI.30571

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MRS. ROSLYN BERGER

Mailing Address 203 GRANDVIEW DR. SOUTH

City State Zip Code
PITTSBURGH PA 15215

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 24 2015

Transaction ID : SA11AI.30632

Amount of Each Receipt this Period
250.00

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

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

700.00

**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 90
	<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)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS. LYNN D. BETTS

Mailing Address 10982 BABCOCK BLVD.

City State Zip Code
GIBSONIA PA 15044

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : SA11AI.30574

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
MR. JOHN F. BITZER III

Mailing Address 210 CHATHAM LANE

City State Zip Code
PITTSBURGH PA 15238

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

Name of Employer Occupation
ABARTA INC. EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.30681

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. STANLEY BLAYLOCK

Mailing Address 451 MAPLE LANE

City State Zip Code
SEWICKLEY PA 15143

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

Name of Employer Occupation
PHYSICIANS IMMEDIATE CARE EXECUTIVE

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
 07 / 01 / 2015

Transaction ID : SA11AI.30314

Amount of Each Receipt this Period
2000.00

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

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

2900.00

**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 90
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JAN M BONE		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 22 / 2015	
Mailing Address 1501 APPLERIDGE CT		Transaction ID : SA11AI.30606	
City GIBSONIA	State PA	Zip Code 15044	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer TRISTATE CAPITAL BANK	Occupation HEAD OF OPERATIONS		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. CARL BONGIOVANNI		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 27 / 2015	
Mailing Address 3174 BEECHWOOD DR		Transaction ID : SA11AI.30541	
City ALLISON PARK	State PA	Zip Code 15101	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00	
Name of Employer BON TOOL	Occupation OWNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) C. MS. CONSTANCE BOSCHETTO		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2015	
Mailing Address 213 HAZEL LANE		Transaction ID : SA11AI.30683	
City SEWICKLEY	State PA	Zip Code 15143	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.16	
Name of Employer INFORMATION REQUESTED	Occupation HOUSEWIFE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.64		

SUBTOTAL of Receipts This Page (optional).....	1050.16
TOTAL This Period (last page this line number only).....	[Empty Box]

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

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

FOR LINE NUMBER: PAGE 12 OF 90
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. EUGENE BRINGOL JR.

Mailing Address 212 WASHINGTON AVE.

City BRIDGEVILLE State PA Zip Code 15017

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

Name of Employer VICTORIAN FINANCE Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.30686

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MR. EUGENE BRINGOL JR.

Mailing Address 212 WASHINGTON AVE.

City BRIDGEVILLE State PA Zip Code 15017

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

Name of Employer VICTORIAN FINANCE Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.30687

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM BROWN

Mailing Address 625 EAST DRIVE

City SEWICKLEY State PA Zip Code 15143

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

Name of Employer MERRILL LYNCH Occupation FINANCIAL ADVISOR

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
 09 / 22 / 2015

Transaction ID : SA11AI.30675

Amount of Each Receipt this Period
500.00

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

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

5900.00

**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 90
	<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)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. ROBERT BRUCE

Mailing Address 510 SHENANGO STOP ROAD

City State Zip Code
NEW CASTLE PA 16101

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

Name of Employer Occupation
BRUCE & MERRILEES MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.30664

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
KAREN JOYCE BRUCE

Mailing Address 510 SHENANGO STOP RD

City State Zip Code
NEW CASTLE PA 16101

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.30665

Amount of Each Receipt this Period
1400.00

C. Full Name (Last, First, Middle Initial)
BART T BRUSH

Mailing Address 7 KNOLLWOOD DR

City State Zip Code
PITTSBURGH PA 15215

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : SA11AI.30635

Amount of Each Receipt this Period
300.00

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

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

1800.00

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

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

FOR LINE NUMBER: PAGE 14 OF 90
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. BRADLEY BUSATTO

Mailing Address 520 WOODLAND ROAD EXT.

City State Zip Code
SEWICKLEY PA 15143

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

Name of Employer Occupation
INDUSTRY TERMINAL & SALVAGE PRESIDENT

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
 09 / 15 / 2015

Transaction ID : SA11AI.30673

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DR. JOHN BUZZATTO

Mailing Address 4012 LETORT LANE

City State Zip Code
ALLISON PARK PA 15101

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

Name of Employer Occupation
SELF EMPLOYED ORTHODONTIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.30671

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL F. CALANDRA

Mailing Address 81 BRUNO DRIVE

City State Zip Code
INDIANOLA PA 15051

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

Name of Employer Occupation
JENNMAR VP OF SALES

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
 09 / 22 / 2015

Transaction ID : SA11AI.30619

Amount of Each Receipt this Period
500.00

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

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

1250.00

**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 15 OF 90
	<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)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. FRANK CALANDRA, JR.

Mailing Address **PO BOX 111253**

City **PITTSBURGH** State **PA** Zip Code **15238**

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

Name of Employer **JENNMAR CORPORATION** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 22 / 2015

Transaction ID : SA11AI.30615

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. MARTIN CALIHAN

Mailing Address **133 FREEPORT ROAD**

City **PITTSBURGH** State **PA** Zip Code **15215**

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

Name of Employer **BRADFORD SCHOOLS, INC.** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : SA11AI.30646

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
HELEN HANNA CASEY

Mailing Address **14 W WOODLAND RD**

City **PITTSBURGH** State **PA** Zip Code **15232**

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

Name of Employer **HOWARD HANNA** Occupation **PRESIDENT**

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
08 / 11 / 2015

Transaction ID : SA11AI.30500

Amount of Each Receipt this Period
2000.00

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

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

2750.00

**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 16 OF 90
	<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)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. EDWIN V. CLARKE JR.

Mailing Address 629 ACADEMY AVENUE

City State Zip Code
SEWICKLEY PA 15143

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : SA11A1.30579

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
THADDEUS J CLEMENTS

Mailing Address 221 GEORGETOWN VLG

City State Zip Code
INDIANA PA 15701

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

Name of Employer Occupation
TRISTATE CAPITAL BANK HEAD OF HUMAN RESOURCES

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : SA11A1.30607

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. JAY W. CLEVELAND, JR.

Mailing Address 4565 WILLIAM PENN HWY.

City State Zip Code
MURRYSVILLE PA 15668

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

Name of Employer Occupation
CLEVELAND BROTHERS EQUIP CO. PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2015

Transaction ID : SA11A1.30402

Amount of Each Receipt this Period
100.00

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

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

1850.00

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

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

FOR LINE NUMBER: PAGE 17 OF 90
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JAY W. CLEVELAND, JR.

Mailing Address 4565 WILLIAM PENN HWY.

City MURRYSVILLE State PA Zip Code 15668

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

Name of Employer CLEVELAND BROTHERS EQUIP CO. Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2015

Transaction ID : SA11AI.30403

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
JOHN COUCH

Mailing Address 865 MENLO OAKS DR

City MENLO PARK State CA Zip Code 94025

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2015

Transaction ID : SA11AI.30537

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
MR. DAVID K. CRANSTON, JR. JR.

Mailing Address 361 COBBLESTONE CIRCLE

City MCKEES ROCKS State PA Zip Code 15136

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

Name of Employer CRANSTON MATERIAL HANDLING Occupation PRESIDENT

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 / 11 / 2015

Transaction ID : SA11AI.30498

Amount of Each Receipt this Period
 500.00

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

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

3450.00

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

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

FOR LINE NUMBER: PAGE 18 OF 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. KENNETH CUCCINELLI

Mailing Address 1801 SOUTH VILLA DRIVE

City State Zip Code
GIBSONIA PA 15044

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 08 2015

Transaction ID : SA11AI.30575

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. STEPHAN H. DAKE

Mailing Address 4 DEER SPRING LN.

City State Zip Code
PITTSBURGH PA 15238

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

Name of Employer Occupation
SARGENT ELECTRIC EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 22 2015

Transaction ID : SA11AI.30623

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
MR. FRANK DELVAUX

Mailing Address 936 LOVINGSTON DR

City State Zip Code
PITTSBURGH PA 15216

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 22 2015

Transaction ID : SA11AI.30610

Amount of Each Receipt this Period
500.00

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

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

1750.00

**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 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JOHN H. DEMMLER

Mailing Address **2 WINDING WAY**

City **VERONA** State **PA** Zip Code **15147**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
530.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : SA11AI.30545

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
MR. RALPH T. DESTEFANO

Mailing Address **214 TYLER COURT**

City **GIBSONIA** State **PA** Zip Code **15044**

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

Name of Employer **INFORMATION REQUESTED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 22 / 2015

Transaction ID : SA11AI.30621

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DICK BUILDING COMPANY, LLC

Mailing Address **1900 STATE ROUTE 51**

City **JEFFERSON HILLS** State **PA** Zip Code **15025**

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

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
09 / 22 / 2015

Transaction ID : SA11AI.30625

Amount of Each Receipt this Period
500.00

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

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

1030.00

**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 90
	<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)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DOUGLAS P DICK

Mailing Address 136 KISSELL SPRINGS RD

City LIGONLER State PA Zip Code 15658

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

Name of Employer DICK BUILDING COMPANY, LLC Occupation CHAIRMAN

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
 09 / 22 / 2015

Transaction ID : SA11AI.30626

Amount of Each Receipt this Period
500.00

[MEMO ITEM]
PARTNERSHIP DICK BUILDING COMPANY, LLC

B. Full Name (Last, First, Middle Initial)
MR. RICHARD A. DICLAUDIO

Mailing Address 816 11TH STREET

City OAKMONT State PA Zip Code 15139

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

Name of Employer GILMARY RETREAT Occupation DIRECTOR

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
 09 / 22 / 2015

Transaction ID : SA11AI.30591

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
CHARLES D DOLAN

Mailing Address 90 BETA DR

City PITTSBURGH State PA Zip Code 15238

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

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
 09 / 22 / 2015

Transaction ID : SA11AI.30614

Amount of Each Receipt this Period
500.00

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

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

1500.00

**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 21 OF 90
	<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)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JARROD DUFFY

Mailing Address 123 S 23RD ST

City State Zip Code
PITTSBURGH PA 15203

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

Name of Employer Occupation
THORP REED & ARMSTRONG, LLP EXECUTIVE

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
 09 / 30 / 2015

Transaction ID : SA11AI.30656

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. TERRY DUNLAP

Mailing Address 15 SWEET WATER COURT

City State Zip Code
PITTSBURGH PA 15238

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

Name of Employer Occupation
SWEET WATER LLC CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2015

Transaction ID : SA11AI.30670

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. DANIEL J. EICHENLAUB

Mailing Address P.O. BOX 111282

City State Zip Code
PITTSBURGH PA 15238

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

Name of Employer Occupation
EICHENLAUB, INC. LANDSCAPE CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.30659

Amount of Each Receipt this Period
750.00

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

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

1500.00

**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 90
	<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)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHARLES C FAWCETT

Mailing Address 108 TEABERRY LANE

City State Zip Code
VENETIA PA 15367

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

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
 09 / 22 / 2015

Transaction ID : SA11AI.30613

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. BRIAN FETTEROLF

Mailing Address 524 WOODLAND ROAD

City State Zip Code
SEWICKLEY PA 15143

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

Name of Employer Occupation
TRISTATE CAPITAL CHIEF RISK OFFICER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 11 / 2015

Transaction ID : SA11AI.30501

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
MR. MILTON FINE

Mailing Address 625 LIBERTY AVENUE #3110

City State Zip Code
PITTSBURGH PA 15222

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

Name of Employer Occupation
FFC CAPITAL DEVELOPER

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
 09 / 24 / 2015

Transaction ID : SA11AI.30640

Amount of Each Receipt this Period
1000.00

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

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

4000.00

**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 23 OF 90
	<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)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JAMES (CLIFF) C. FORREST III

Mailing Address 3 COLBERT LANE

City State Zip Code
PITTSBURGH PA 15215

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

Name of Employer Occupation
ROSEBUD MINING CO. PRESIDENT

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
 09 / 22 / 2015

Transaction ID : SA11AI.30595

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MS. KATHERINE FREYVOGEL

Mailing Address 1001 LIBERTY AVENUE #850

City State Zip Code
PITTSBURGH PA 15222

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

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
 09 / 22 / 2015

Transaction ID : SA11AI.30616

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. MORDECHAI GAL-OR

Mailing Address 137 PHILLIPS PLACE

City State Zip Code
PITTSBURGH PA 15217

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

Name of Employer Occupation
NONE RETIRED

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
 07 / 27 / 2015

Transaction ID : SA11AI.30423

Amount of Each Receipt this Period
500.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 24 OF 90
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. DANIEL A. GARCIA

Mailing Address 172 WOODSHIRE RD.

City State Zip Code
PITTSBURGH PA 15215

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

Name of Employer Occupation
BOWMAN CONSULTING EXECUTIVE-OIL AND GAS TEAM LEADER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : SA11AI.30638

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. JAMES G. GETZ

Mailing Address 5 MEADOWOOD DRIVE

City State Zip Code
PITTSBURGH PA 15215

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

Name of Employer Occupation
TRISTATE CAPITAL BANK CEO & CHAIRMAN, BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : SA11AI.30641

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
THOMAS M GRONEMAN

Mailing Address 130 SOUTHWYCK DR

City State Zip Code
CHAGRIN FALLS OH 44022

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : SA11AI.30634

Amount of Each Receipt this Period
250.00

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

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

3450.00

**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 25 OF 90
	<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)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. CHARLES L HAMMEL III III

Mailing Address 609 ACADEMY AVENUE

City State Zip Code
SEWICKLEY PA 15143

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

Name of Employer Occupation
PITT OHIO TRUCKING CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 16 / 2015

Transaction ID : SA11AI.30586

Amount of Each Receipt this Period
2400.00

B. Full Name (Last, First, Middle Initial)
GREGORY F HAMMILL

Mailing Address 3705 GLENEAGLE DRIVE

City State Zip Code
MURRYSVILLE PA 15668

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

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
09 / 22 / 2015

Transaction ID : SA11AI.30617

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. PATRICK HAMPSON

Mailing Address 405 AVONLEA COURT

City State Zip Code
GIBSONIA PA 15044

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.30668

Amount of Each Receipt this Period
2700.00

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

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

5600.00

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

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

FOR LINE NUMBER: PAGE 26 OF 90
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DEBRA M HAMPSON

Mailing Address 405 AVONLEA COURT

City State Zip Code
GIBSONIA PA 15044

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.30669

Amount of Each Receipt this Period
2300.00

B. Full Name (Last, First, Middle Initial)
MR. HOWARD W. HANNA

Mailing Address 119 GAMMA DRIVE

City State Zip Code
PITTSBURGH PA 15238

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

Name of Employer Occupation
HOWARD HANNA REALTY REALTOR

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
 09 / 22 / 2015

Transaction ID : SA11AI.30589

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
HOWARD W HANNA JR

Mailing Address 505 GRANDVIEW DR

City State Zip Code
VERONA PA 15147

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

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
 09 / 22 / 2015

Transaction ID : SA11AI.30592

Amount of Each Receipt this Period
1000.00

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

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

4300.00

**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 27 OF 90
	<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)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
W. SCOTT HARDY

Mailing Address 200 FIELD BROOK CT

City State Zip Code
GIBSONIA PA 15044

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

Name of Employer Occupation
OGLETREE DEAKINS ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : SA11AI.30573

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MR. MYLES HARRINGTON

Mailing Address 250 MCKINNEY ROAD

City State Zip Code
WEXFORD PA 15090

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

Name of Employer Occupation
GRANT STREET GROUP PRESIDENT

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
 09 / 30 / 2015

Transaction ID : SA11AI.30660

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. WESLEY HARRIS

Mailing Address 4286 OLD NEW ENGLAND ROAD

City State Zip Code
ALLISON PARK PA 15101

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

Name of Employer Occupation
JENNMAR SALES

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
 09 / 22 / 2015

Transaction ID : SA11AI.30618

Amount of Each Receipt this Period
500.00

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

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

1800.00

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

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

FOR LINE NUMBER: PAGE 28 OF 90
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. WILLIAM K. HASKINS

Mailing Address 3908 ASHLAND COURT

City State Zip Code
ALLISON PARK PA 15101

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

Name of Employer Occupation
GRANT STREET GROUP CFO

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
 09 / 08 / 2015

Transaction ID : SA11AI.30577

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MS. HEATHER HEIDELBAUGH

Mailing Address 141 WOODHAVEN DRIVE

City State Zip Code
PITTSBURGH PA 15228

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

Name of Employer Occupation
LEECH TISHMAN ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : SA11AI.30608

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. JOHN (JACK) HENNE

Mailing Address 110 GREYFRIAR DRIVE

City State Zip Code
PITTSBURGH PA 15216

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

Name of Employer Occupation
NONE RETIRED

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
 09 / 22 / 2015

Transaction ID : SA11AI.30611

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 29 OF 90
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JOHN G. HENNE

Mailing Address 119 SOUTH DRIVE

City State Zip Code
PITTSBURGH PA 15238

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

Name of Employer Occupation
HENNE JEWELRY JEWELER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : SA11AI.30639

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. JOHN W JACOB

Mailing Address 952 SHADY LANE

City State Zip Code
SOMERSET PA 15501

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

Name of Employer Occupation
HIGHLAND TANK EXECUTIVE

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 / 16 / 2015

Transaction ID : SA11AI.30585

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
MR. GREGG KANDER

Mailing Address 5440 DARLINGTON ROAD

City State Zip Code
PITTSBURGH PA 15217

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

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

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
 07 / 27 / 2015

Transaction ID : SA11AI.30422

Amount of Each Receipt this Period
500.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 30 OF 90
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KEVIN J LAIRD

Mailing Address **348 MAPLE AVE**

City **PITTSBURGH** State **PA** Zip Code **15218**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 22 / 2015

Transaction ID : SA11AI.30605

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. ROBERT A. MACKEY

Mailing Address **PO BOX 279**

City **SEWICKLEY** State **PA** Zip Code **15143**

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

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 06 / 2015

Transaction ID : SA11AI.30488

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
MR. ROBERT A. MACKEY

Mailing Address **PO BOX 279**

City **SEWICKLEY** State **PA** Zip Code **15143**

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

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **475.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 21 / 2015

Transaction ID : SA11AI.30522

Amount of Each Receipt this Period
150.00

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

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

525.00

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

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

FOR LINE NUMBER: PAGE 31 OF 90
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. EUGENE MALONEY

Mailing Address **FEDERATED INVESTORS, INC.**
1001 LIBERTY AVENUE, 27TH FLOOR

City **PITTSBURGH** State **PA** Zip Code **15222**

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

Name of Employer **FEDERATED INVESTORS** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 17 / 2015

Transaction ID : SA11AI.30400

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
JED MANOCHERIAN

Mailing Address **18 EAST 50TH ST**

City **NEW YORK** State **NY** Zip Code **10022**

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

Name of Employer **WOODBANCH INVESTMENTS** Occupation **REAL ESTATE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 24 / 2015

Transaction ID : SA11AI.30644

Amount of Each Receipt this Period
2700.00

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

Mailing Address **18 EAST 50TH ST**

City **NEW YORK** State **NY** Zip Code **10022**

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

Name of Employer **WOODBANCH INVESTMENTS** Occupation **REAL ESTATE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 24 / 2015

Transaction ID : SA11AI.30645

Amount of Each Receipt this Period
2300.00

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

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

6500.00

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

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

FOR LINE NUMBER: PAGE 32 OF 90
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DR. JOSEPH C. MAROON

Mailing Address **703 MAIN STREET**

City **BRIDGEPORT** State **OH** Zip Code **43912**

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

Name of Employer **UNIVERSITY OF PITTSBURGH** Occupation **NEUROSURGEON**

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 / 22 / 2015

Transaction ID : SA11AI.30674

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
RENEE J MATHUR

Mailing Address **912 SUNNEHANNA DR.**

City **JOHNSTOWN** State **PA** Zip Code **15905**

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

Name of Employer **SELF EMPLOYED** Occupation **PHYSICIAN**

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
09 / 29 / 2015

Transaction ID : SA11AI.30680

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. MARK W. MCCLYMONDS

Mailing Address **P.O. BOX 296**

City **PORTERSVILLE** State **PA** Zip Code **16051**

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

Name of Employer **MCCLYMONDS SUPPLY & TRANSIT** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.30666

Amount of Each Receipt this Period
2200.00

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

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

4200.00

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

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

FOR LINE NUMBER: PAGE 33 OF 90
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JANET L MCCLYMONDS

Mailing Address **PO BOX 296**

City **PORTERSVILLE** State **PA** Zip Code **16051**

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

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.30667

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER R MCCRADY

Mailing Address **102 HAWTHORNE RD**

City **PITTSBURGH** State **PA** Zip Code **15238**

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

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 24 / 2015

Transaction ID : SA11AI.30636

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
MR. CHAD A. MCCUTCHEON

Mailing Address **612 FIELDSTONE DRIVE**

City **APOLLO** State **PA** Zip Code **15613**

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

Name of Employer
MCCUTCHEON ENTERPRISES, INC.

Occupation
COMMUNICATIONS PROFESSIONAL

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
07 / 27 / 2015

Transaction ID : SA11AI.30417

Amount of Each Receipt this Period
500.00

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

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

3600.00

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

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

FOR LINE NUMBER: PAGE 34 OF 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS. JOANNE F. MCVAY

Mailing Address 106 SKYLARK DRIVE

City State Zip Code
GLENSHAW PA 15116

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 17 / 2015

Transaction ID : SA11AI.30397

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. ROBERT MILLER

Mailing Address 2271 COUNTRY CLUB DRIVE

City State Zip Code
PITTSBURGH PA 15241

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

Name of Employer Occupation
NONE RETIRED

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
 09 / 08 / 2015

Transaction ID : SA11AI.30576

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. DAVID A MOLNAR

Mailing Address 319 HEATHER HILL DR

City State Zip Code
GIBSONIA PA 15044

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : SA11AI.30633

Amount of Each Receipt this Period
250.00

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

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

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 35 OF 90
	<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)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. RONALD MUHLENKAMP

Mailing Address 725 THREE DEGREE ROAD

City State Zip Code
BUTLER PA 16002

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

Name of Employer Occupation
MUHLENKAMP & CO. INC. PRESIDENT

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
 09 / 22 / 2015

Transaction ID : SA11AI.30590

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. LLOYD MYERS

Mailing Address 11 ROSEMONT LN

City State Zip Code
PITTSBURGH PA 15217

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

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
 07 / 27 / 2015

Transaction ID : SA11AI.30421

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ROBERT NAEGELE JR.

Mailing Address 7993 VIA VECCHIA

City State Zip Code
NAPLES FL 34108

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : SA11AI.30642

Amount of Each Receipt this Period
2700.00

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

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

4200.00

**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 36 OF 90
	<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)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ELLIS F NAEGELE

Mailing Address 7993 VIA VECCHIA

City State Zip Code
NAPLES FL 34108

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : SA11AI.30643

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM NEWLIN

Mailing Address 752 FLEMING LANE

City State Zip Code
SEWICKLEY PA 15143

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

Name of Employer Occupation
NEWLIN INVESTMENT COMPANY, LLC CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : SA11AI.30622

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
MS. PAMELA L. NOBLIT

Mailing Address 356 ROUP AVENUE

City State Zip Code
PITTSBURGH PA 15232

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : SA11AI.30631

Amount of Each Receipt this Period
250.00

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

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

3700.00

**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 37 OF 90
	<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)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JAMES NORRIS

Mailing Address 3475 PALOMINO DRIVE

City State Zip Code
GIBSONIA PA 15044

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

Name of Employer Occupation
ECKERT SEAMANS ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 17 / 2015

Transaction ID : SA11AI.30398

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. ROBERT OLES

Mailing Address 120 ELLIE DRIVE

City State Zip Code
BEAVER PA 15009

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 21 / 2015

Transaction ID : SA11AI.30525

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
MR. JAMES C POLACHECK

Mailing Address 6643 BEACON ST

City State Zip Code
PITTSBURGH PA 15217

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

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

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
07 / 27 / 2015

Transaction ID : SA11AI.30424

Amount of Each Receipt this Period
500.00

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

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

1050.00

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

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

FOR LINE NUMBER: PAGE 38 OF 90
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. BURTON ROBERTS

Mailing Address 1069 PARKVIEW BLVD.

City State Zip Code
PITTSBURGH PA 15217

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

Name of Employer Occupation
EXTENDED DAY SERVICES OWNER

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
 09 / 24 / 2015

Transaction ID : SA11AI.30637

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. PETER RUSS

Mailing Address 4085 JUPITER DRIVE

City State Zip Code
ALLISON PARK PA 15101

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

Name of Employer Occupation
BUCHANAN INGERSOLL ROONEY ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
575.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : SA11AI.30578

Amount of Each Receipt this Period
575.00

C. Full Name (Last, First, Middle Initial)
MS. JEMELE SANDERSON

Mailing Address 710 STRAIGHT STREET

City State Zip Code
SEWICKLEY PA 15143

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1075.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : SA11AI.30554

Amount of Each Receipt this Period
75.00

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

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

1150.00

**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 39 OF 90
	<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)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS. JEMELE SANDERSON

Mailing Address 710 STRAIGHT STREET

City State Zip Code
SEWICKLEY PA 15143

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2075.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.30651

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. A WILLIAM SCHENCK III III

Mailing Address 2 LITTLE LN

City State Zip Code
PITTSBURGH PA 15215

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

Name of Employer Occupation
TRISTATE CAPITAL BANK VICE CHAIRMAN

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
 07 / 27 / 2015

Transaction ID : SA11AI.30420

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MRS. RUTH N. SCHMIDT

Mailing Address 511 WIMER CIRCLE

City State Zip Code
PITTSBURGH PA 15237

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

Name of Employer Occupation
NONE RETIRED

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
 09 / 30 / 2015

Transaction ID : SA11AI.30654

Amount of Each Receipt this Period
500.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 40 OF 90
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. CHUCK SCHMIELER

Mailing Address 1573 HANCOCK AVE

City APOLLO State PA Zip Code 15613

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

Name of Employer LAUREL AWNING COMPANY Occupation EXECUTIVE

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 / 24 / 2015

Transaction ID : SA11AI.30678

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
DAVID SCULLEY

Mailing Address 509 HEGNER WAY

City SEWICKLEY State PA Zip Code 15143

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

Name of Employer SCULLEY BROTHERS Occupation INVESTOR

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 / 30 / 2015

Transaction ID : SA11AI.30655

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
MR. HERBERT S. SHEAR

Mailing Address 215 NORTH WOODLAND RD.

City PITTSBURGH State PA Zip Code 15232

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

Name of Employer NONE Occupation RETIRED

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 / 04 / 2015

Transaction ID : SA11AI.30407

Amount of Each Receipt this Period
 1500.00

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

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

3000.00

**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 41 OF 90
	<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)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. HERBERT S. SHEAR

Mailing Address 215 NORTH WOODLAND RD.

City State Zip Code
PITTSBURGH PA 15232

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2015

Transaction ID : SA11AI.30425

Amount of Each Receipt this Period
700.00

B. Full Name (Last, First, Middle Initial)
MR. HERBERT S. SHEAR

Mailing Address 215 NORTH WOODLAND RD.

City State Zip Code
PITTSBURGH PA 15232

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2015

Transaction ID : SA11AI.30426

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
MR. PETER SHEPTAK

Mailing Address 14 SURREY ROAD

City State Zip Code
PALM BEACH GARDENS FL 33418

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

Name of Employer Occupation
JM FAMILY ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.30688

Amount of Each Receipt this Period
250.00

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

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

1250.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 42 OF 90

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. THOMAS SMITH

Mailing Address **736 BEAVER STREET**

City **SEWICKLEY** State **PA** Zip Code **15143**

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

Name of Employer **SELF EMPLOYED** Occupation **MARKETING DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

Transaction ID : SA11AI.30728

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. PETER SOUR

Mailing Address **ROCKLEDGE FARM**
P.O. BOX 68

City **SEWICKLEY** State **PA** Zip Code **15143**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : SA11AI.30570

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MR. DANIEL C. STATLER

Mailing Address **745 MUIRFIELD DRIVE**

City **GREENSBURG** State **PA** Zip Code **15601**

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

Name of Employer **JENNMAR** Occupation **VICE PRESIDENT**

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
09 / 22 / 2015

Transaction ID : SA11AI.30620

Amount of Each Receipt this Period
500.00

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

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

1700.00

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

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

FOR LINE NUMBER: PAGE 43 OF 90
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARK D STEELE

Mailing Address **405 SOUTHWICK COURT**

City **MARS** State **PA** Zip Code **16046**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

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
09 / 22 / 2015

Transaction ID : SA11AI.30596

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MRS. GWENDOLYN STEIGERWALT

Mailing Address **2624 WOODMONT LANE**

City **WEXFORD** State **PA** Zip Code **15090**

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

Name of Employer **SKYLINE PITTSBURGH** Occupation **CO-OWNER**

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 / 27 / 2015

Transaction ID : SA11AI.30418

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. PETER H. STEPHAICH

Mailing Address **525 WILLIAM PENN PLACE
SUITE 3101**

City **PITTSBURGH** State **PA** Zip Code **15219**

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

Name of Employer **BLUE DANUBE INCORPORATED** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.30663

Amount of Each Receipt this Period
1200.00

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

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

3200.00

**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 44 OF 90
	<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)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DR. ERIN A. SULLIVAN

Mailing Address 650 CANTERBURY LANE

City State Zip Code
SEWICKLEY PA 15143

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

Name of Employer Occupation
UPMC ANESTHESIOLOGIST

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 : SA11AI.30502

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MARK L SULLIVAN

Mailing Address 21 THE TRILLIUM

City State Zip Code
FOX CHAPEL PA 15238

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

Name of Employer Occupation
TRISTATE CAPITAL BANK CFO

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
 09 / 22 / 2015

Transaction ID : SA11AI.30612

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. DANIEL VERES

Mailing Address 10210 GRUBBS ROAD

City State Zip Code
WEXFORD PA 15090

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

Name of Employer Occupation
GRANT STREET GROUP COO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : SA11AI.30726

Amount of Each Receipt this Period
500.00

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

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

1500.00

**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 45 OF 90
	<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)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. DANIEL VERES

Mailing Address 10210 GRUBBS ROAD

City WEXFORD State PA Zip Code 15090

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

Name of Employer GRANT STREET GROUP Occupation COO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.30685

Amount of Each Receipt this Period
700.00

B. Full Name (Last, First, Middle Initial)
MR. HARTLEY WALKER

Mailing Address 308 CHESTNUT ROAD

City SEWICKLEY State PA Zip Code 15143

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

Name of Employer NONE Occupation RETIRED

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
 09 / 30 / 2015

Transaction ID : SA11AI.30661

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MELVIN M WASHINGTON

Mailing Address 1519 MAPLE AVE

City VERONA State PA Zip Code 15147

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

Name of Employer TRISTATE CAPITAL BANK Occupation RISK MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : SA11AI.30609

Amount of Each Receipt this Period
350.00

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

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

2050.00

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

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

FOR LINE NUMBER: PAGE 46 OF 90
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. LOUIS WEISS

Mailing Address 2975 BEECHWOOD BLVD.

City State Zip Code
PITTSBURGH PA 15217

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

Name of Employer Occupation
WEISSLINES SALES

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : SA11AI.30602

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MS. STACEY H. WEST

Mailing Address 246 PINK HOUSE ROAD

City State Zip Code
SEWICKLEY PA 15143

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

Name of Employer Occupation
NONE RETIRED

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
 08 / 21 / 2015

Transaction ID : SA11AI.30526

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR DAVID M WILKE

Mailing Address 325 TWIN HILLS DR

City State Zip Code
PITTSBURGH PA 15216

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

Name of Employer Occupation
PITTSBURGH RIVERHOUNDS OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2015

Transaction ID : SA11AI.30495

Amount of Each Receipt this Period
250.00

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

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

1350.00

**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 47 OF 90
	<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)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. DENNIS WILKE

Mailing Address 726 WOODBRIDGE DRIVE

City OAKDALE State PA Zip Code 15071

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

Name of Employer ROSEDALE TECH Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
644.07

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : SA11AI.30479

Amount of Each Receipt this Period
644.07

IN-KIND:EVENT CATERING

B. Full Name (Last, First, Middle Initial)
MR. DENNIS WILKE

Mailing Address 726 WOODBRIDGE DRIVE

City OAKDALE State PA Zip Code 15071

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

Name of Employer ROSEDALE TECH Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1144.07

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2015

Transaction ID : SA11AI.30496

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. BERNARD WILKE

Mailing Address 215 BEECHAM DR, STE 2

City PITTSBURGH State PA Zip Code 15205

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

Name of Employer ROSEDALE TECH Occupation OWNER

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 / 11 / 2015

Transaction ID : SA11AI.30497

Amount of Each Receipt this Period
500.00

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

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

1644.07

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

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

FOR LINE NUMBER: PAGE 48 OF 90
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. DAVID WILLIAMS

Mailing Address 1614 ENGLISH OAK COURT

City State Zip Code
WEXFORD PA 15090

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

Name of Employer Occupation
PNC FINANCIAL SERVICES GROUP SVP - MERGERS & ACQUISITIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : SA11AI.30679

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MRS. JULIE A. WILTMAN

Mailing Address 44 WAY HOLLOW ROAD

City State Zip Code
SEWICKLEY PA 15143

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.30650

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. ROBERT T. WOODINGS

Mailing Address 6 MEADOWOOD DRIVE

City State Zip Code
PITTSBURGH PA 15215

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

Name of Employer Occupation
IWCC ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : SA11AI.30593

Amount of Each Receipt this Period
1000.00

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

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

6400.00

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

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

FOR LINE NUMBER: PAGE 49 OF 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. THOMAS WORRALL IV

Mailing Address 10 EDGEWOOD ROAD

City State Zip Code
PITTSBURGH PA 15215

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

Name of Employer Occupation
WHITMER & WORRALL GOV'T RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2015

Transaction ID : SA11AI.30672

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. KENNETH E. WRIGHT

Mailing Address 4 WAY HOLLOW RD.

City State Zip Code
SEWICKLEY PA 15143

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

Name of Employer Occupation
WRIGHT AUTOMOTIVE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2015

Transaction ID : SA11AI.30535

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. RICHARD ZAPPALA

Mailing Address 6800 SE HARBOR CIR.

City State Zip Code
STUART FL 34996

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2015

Transaction ID : SA11AI.30401

Amount of Each Receipt this Period
2700.00

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

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

3450.00

119699.23

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

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

FOR LINE NUMBER: PAGE 50 OF 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AARON'S, INC. POLITICAL ACTION COMMITTEE

Mailing Address 309 EAST PACES FERRY ROAD, N.E.

City ATLANTA State GA Zip Code 30305

FEC ID number of contributing federal political committee. **C** C00459933

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 / 06 / 2015

Transaction ID : SA11C.30489

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 421 AVIATION WAY

City FREDERICK State MD Zip Code 21701

FEC ID number of contributing federal political committee. **C** C00131185

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 / 30 / 2015

Transaction ID : SA11C.30649

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 CONNECTICUT AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004275

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 / 30 / 2015

Transaction ID : SA11C.30754

Amount of Each Receipt this Period
 2000.00

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

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

4000.00

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

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

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC)

Mailing Address 1015 15TH ST. NW
SUITE 802

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00010868**

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
 09 / 30 / 2015

Transaction ID : SA11C.30752

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
AQUA AMERICA, INC. H2O POLITICAL ACTION COMMITTEE

Mailing Address 762 WEST LANCASTER AVENUE

City State Zip Code
BRYN MAWR PA 19010

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 / 17 / 2015

Transaction ID : SA11C.30399

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
CITIZENS FOR DAVID J LOZIER

Mailing Address 117 WISHART DR

City State Zip Code
BEAVER PA 15009

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : SA11C.30568

Amount of Each Receipt this Period
100.00

PERMISSIBLE FUNDS

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

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

2100.00

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

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

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CONSERVATIVE ACTION FUND

Mailing Address **717 KING STREET**
STE 300

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00496505**

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 / 03 / 2015

Transaction ID : SA11C.30481

Amount of Each Receipt this Period
 750.00

B. Full Name (Last, First, Middle Initial)
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION

Mailing Address **8400 WESTPARK DRIVE**

City **MCLEAN** State **VA** Zip Code **22102**

FEC ID number of contributing federal political committee. **C C00040998**

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 / 07 / 2015

Transaction ID : SA11C.30362

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION

Mailing Address **8400 WESTPARK DRIVE**

City **MCLEAN** State **VA** Zip Code **22102**

FEC ID number of contributing federal political committee. **C C00040998**

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 / 30 / 2015

Transaction ID : SA11C.30755

Amount of Each Receipt this Period
 2500.00

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

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

5750.00

**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 53 OF 90
	<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)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DOLLAR SAVINGS BANK POLITICAL ACTION COMMITTEE (DOLPAC)

Mailing Address **THREE GATEWAY CENTER
PUBLIC AFFAIRS 1 EAST**

City **PITTSBURGH** State **PA** Zip Code **15222**

FEC ID number of contributing federal political committee. **C C00151563**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11C.30657

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
EAGLE FORUM PAC

Mailing Address **PO BOX 618**

City **ALTON** State **IL** Zip Code **62002**

FEC ID number of contributing federal political committee. **C C00103937**

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
08 / 03 / 2015

Transaction ID : SA11C.30482

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ECOLAB INC. POLITICAL ACTION COMMITTEE

Mailing Address **370 WABASH STREET N.**

City **ST. PAUL** State **MN** Zip Code **55102**

FEC ID number of contributing federal political committee. **C C00101485**

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
08 / 28 / 2015

Transaction ID : SA11C.30529

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

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FAMILY PAC

Mailing Address 1001 LIBERTY AVENUE #850

City State Zip Code
PITTSBURGH PA 15222

FEC ID number of contributing federal political committee. **C** C00336842

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : SA11C.30594

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
FEDEXPAC FEDERAL EXPRESS POLITICAL ACTION COMMITTEE

Mailing Address 942 SOUTH SHADY GROVE ROAD 1ST FLO

City State Zip Code
MEMPHIS TN 38120

FEC ID number of contributing federal political committee. **C** C00068692

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
 08 / 21 / 2015

Transaction ID : SA11C.30577

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF SAM DEMARCO

Mailing Address 24 MOLINARO CIRCLE

City State Zip Code
OAKDALE PA 15071

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : SA11C.30572

Amount of Each Receipt this Period
250.00

PERMISSIBLE FUNDS

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

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

2250.00

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

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

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
H.J. HEINZ COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1 PPG PLACE, SUITE 3100

City State Zip Code
PITTSBURGH PA 15222

FEC ID number of contributing federal political committee. **C** C00336040

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.30751

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL BOTTLED WATER ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1700 DIAGONAL ROAD SUITE 650

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00457226

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
 09 / 22 / 2015

Transaction ID : SA11C.30588

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JOBS ECONOMY & BUDGET FUND PAC

Mailing Address PO BOX 30844

City State Zip Code
BETHESDA MD 20824

FEC ID number of contributing federal political committee. **C** C00420695

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.30757

Amount of Each Receipt this Period
2500.00

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

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

4500.00

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

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

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARKETPLACE IDEAS AND CONSERVATIVE KNOWLEDGE PAC-MICK PAC

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00502591

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 / 27 / 2015

Transaction ID : SA11C.30427

Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE

Mailing Address 1125 EXECUTIVE CIRCLE

City State Zip Code
IRVING TX 75038

FEC ID number of contributing federal political committee. **C** C00140061

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 / 30 / 2015

Transaction ID : SA11C.30753

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
OFFICE OF THE COMMISSIONER OF MAJOR LEAGUE BASEBALL POLITICAL ACTION COMMITTEE

Mailing Address 1050 CONNECTICUT AVE NW # 1100

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00368142

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 / 27 / 2015

Transaction ID : SA11C.30419

Amount of Each Receipt this Period
 1000.00

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

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

4000.00

**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 57 OF 90
	<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)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PENNSYLVANIA ASSOCIATION OF PRIVATE SCHOOL ADMINISTRATORS PAC

Mailing Address **224 PINE ST**

City **HARRISBURG** State **PA** Zip Code **17101**

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

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 11 / 2015

Transaction ID : SA11C.30506

Amount of Each Receipt this Period
200.00

PERMISSIBLE FUNDS

B. Full Name (Last, First, Middle Initial)
PHILIPS ELECTRONICS NORTH AMERICA CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address **1050 K STREET, NW
SUITE 900**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00239780**

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
09 / 30 / 2015

Transaction ID : SA11C.30750

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
PPL PEOPLE FOR GOOD GOVERNMENT

Mailing Address **TWO NORTH NINTH STREET
GENTW2**

City **ALLENTOWN** State **PA** Zip Code **18101**

FEC ID number of contributing federal political committee. **C C00228106**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11C.30756

Amount of Each Receipt this Period
2500.00

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

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

3200.00

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

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

FOR LINE NUMBER: PAGE 58 OF 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
REGIONS FINANCIAL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1015 15TH STREET NW
SUITE 920

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00432252**

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 / 03 / 2015

Transaction ID : SA11C.30483

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
SUNTRUST PAC

Mailing Address 919 E MAIN STREET

City State Zip Code
RICHMOND VA 23219

FEC ID number of contributing federal political committee. **C C00386524**

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 / 28 / 2015

Transaction ID : SA11C.30528

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
TEA PARTY LEADERSHIP FUND

Mailing Address 203 S UNION ST, STE 300

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00520825**

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 / 03 / 2015

Transaction ID : SA11C.30484

Amount of Each Receipt this Period
 750.00

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

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

3750.00

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

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

FOR LINE NUMBER: PAGE 59 OF 90
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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
U.S. BANCORP FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 950 F ST. NW, STE 750

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00488882**

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
 09 / 16 / 2015

Transaction ID : SA11C.30584

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
UNITED MINE WORKERS OF AMERICA - COAL MINERS POLITICAL ACTION COMMITTEE

Mailing Address 18354 QUANTICO GATEWAY DR
SUITE 200

City State Zip Code
TRIANGLE VA 22172

FEC ID number of contributing federal political committee. **C C00013342**

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
 09 / 30 / 2015

Transaction ID : SA11C.30648

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
VSP HOLDINGS COMPANY INC PAC

Mailing Address THE ALTANTIC BUILDING
950 F STREET

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00493502**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2015

Transaction ID : SA11C.30490

Amount of Each Receipt this Period
2500.00

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

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

4500.00

37550.00

**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 60 OF 90			
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CONEMAUGH VALLEY VETERANS			Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address PO BOX 714			Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.30437
City JOHNSTOWN	State PA	Zip Code 15907	
Purpose of Disbursement SPONSORSHIP		Category/ Type 001	
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. COSTCO			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address 1050 CRANBERRY SQUARE DRIVE			Amount of Each Disbursement this Period 184.65 Transaction ID : SB17.30445
City CRANBERRY TWP	State PA	Zip Code 16066	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	
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) C. COSTCO			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2015
Mailing Address 1050 CRANBERRY SQUARE DRIVE			Amount of Each Disbursement this Period 83.94 Transaction ID : SB17.30444
City CRANBERRY TWP	State PA	Zip Code 16066	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	
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: _____		

SUBTOTAL of Disbursements This Page (optional).....	768.94
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 61 OF 90			
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DUQUESNE CLUB		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address PO BOX 387		Amount of Each Disbursement this Period 1650.41 Transaction ID : SB17.30441
City PITTSBURGH	State PA	
Zip Code 15230	Purpose of Disbursement EVENT CATERING	Category/ Type 001
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. ELECTEKUSA		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address PO BOX 23715		Amount of Each Disbursement this Period 6911.42 Transaction ID : SB17.30438
City CHAGRIN FALLS	State OH	
Zip Code 44023	Purpose of Disbursement DATABASE SOFTWARE	Category/ Type 001
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) C. ELECTEKUSA		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2015
Mailing Address PO BOX 23715		Amount of Each Disbursement this Period 2300.97 Transaction ID : SB17.30740
City CHAGRIN FALLS	State OH	
Zip Code 44023	Purpose of Disbursement DATABASE SOFTWARE	Category/ Type 001
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:	

SUBTOTAL of Disbursements This Page (optional).....	10862.80
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 62 OF 90			
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ELECTEKUSA		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2015
Mailing Address PO BOX 23715		Amount of Each Disbursement this Period 2304.37 Transaction ID : SB17.30705
City CHAGRIN FALLS	State OH	
Zip Code 44023	Purpose of Disbursement DATABASE SOFTWARE	Category/ Type 001
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. ELECTEKUSA		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015
Mailing Address PO BOX 23715		Amount of Each Disbursement this Period -2310.08 Transaction ID : SB17.30744
City CHAGRIN FALLS	State OH	
Zip Code 44023	Purpose of Disbursement VOID OF PREVIOUS - DUPLICATE PAYMENT	Category/ Type 001
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) C. MARQUIS STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address PO BOX 262		Amount of Each Disbursement this Period 7343.87 Transaction ID : SB17.30439
City BEAVER	State PA	
Zip Code 15009	Purpose of Disbursement FUNDRAISING ECONSULTING	Category/ Type 001
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:	

SUBTOTAL of Disbursements This Page (optional).....	7338.16
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 63 OF 90			
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MARQUIS STRATEGIES			Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015	
Mailing Address PO BOX 262			Amount of Each Disbursement this Period 12940.04	
City BEAVER	State PA	Zip Code 15009	Transaction ID : SB17.30440	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001		
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. MARQUIS STRATEGIES			Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2015	
Mailing Address PO BOX 262			Amount of Each Disbursement this Period 4391.54	
City BEAVER	State PA	Zip Code 15009	Transaction ID : SB17.30530	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001		
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) C. MARQUIS STRATEGIES			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015	
Mailing Address PO BOX 262			Amount of Each Disbursement this Period 5793.73	
City BEAVER	State PA	Zip Code 15009	Transaction ID : SB17.30742	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001		
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:				

SUBTOTAL of Disbursements This Page (optional).....	23125.31
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 64 OF 90			
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MY FAX SERVICE		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address 6922 HOLLYWOOD BLVD.		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.30710
City HOLLYWOOD	State CA	
Zip Code 90028	Purpose of Disbursement TELEPHONE	Category/ Type 001
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. PNC BANK		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address PO BOX 609		Amount of Each Disbursement this Period 30.50 Transaction ID : SB17.30446
City PITTSBURGH	State PA	
Zip Code 15230	Purpose of Disbursement BANK FEES	Category/ Type 001
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) C. PNC BANK		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address PO BOX 609		Amount of Each Disbursement this Period 35.97 Transaction ID : SB17.30447
City PITTSBURGH	State PA	
Zip Code 15230	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
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:	

SUBTOTAL of Disbursements This Page (optional).....	86.47
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 65 OF 90			
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PNC BANK			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015		
Mailing Address PO BOX 609			Amount of Each Disbursement this Period 16.36		
City PITTSBURGH	State PA	Zip Code 15230	Transaction ID : SB17.30448		
Purpose of Disbursement CC TRANSACTION FEES		001	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. PNC BANK			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015		
Mailing Address PO BOX 609			Amount of Each Disbursement this Period 0.60		
City PITTSBURGH	State PA	Zip Code 15230	Transaction ID : SB17.30449		
Purpose of Disbursement BANK FEES		001	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) C. PNC BANK			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015		
Mailing Address PO BOX 609			Amount of Each Disbursement this Period 30.50		
City PITTSBURGH	State PA	Zip Code 15230	Transaction ID : SB17.30735		
Purpose of Disbursement BANK FEES		001	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:					

SUBTOTAL of Disbursements This Page (optional).....	47.46
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 66 OF 90			
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PNC BANK		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address PO BOX 609		Amount of Each Disbursement this Period 22.49
City PITTSBURGH	State PA	
Zip Code 15230	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.30736
Candidate Name	001 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. PNC BANK		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address PO BOX 609		Amount of Each Disbursement this Period 16.00
City PITTSBURGH	State PA	
Zip Code 15230	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.30737
Candidate Name	001 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. PNC BANK		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address PO BOX 609		Amount of Each Disbursement this Period 30.50
City PITTSBURGH	State PA	
Zip Code 15230	Purpose of Disbursement BANK FEES	Transaction ID : SB17.30706
Candidate Name	001 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:		

SUBTOTAL of Disbursements This Page (optional).....	68.99
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 67 OF 90			
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PNC BANK		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address PO BOX 609		Amount of Each Disbursement this Period 22.49
City PITTSBURGH	State PA	
Zip Code 15230	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.30707
Candidate Name	001 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. PNC BANK		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address PO BOX 609		Amount of Each Disbursement this Period 16.00
City PITTSBURGH	State PA	
Zip Code 15230	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.30708
Candidate Name	001 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. PNC BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address PO BOX 856177		Amount of Each Disbursement this Period 760.08
City LOUISVILLE	State KY	
Zip Code 40285	Purpose of Disbursement SEE MEMO ENTRIES	Transaction ID : SB17.30450
Candidate Name	001 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:		

SUBTOTAL of Disbursements This Page (optional).....	798.57
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 68 OF 90			
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE CHEESECAKE FACTORY		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 903-L 400 S BALDWIN AVE WESTFIELD SANTA ANITA		Amount of Each Disbursement this Period 3834.07
City ARCADIA State CA Zip Code 91007	Purpose of Disbursement MEETING EXPENSE 001 Category/Type	
Purpose of Disbursement MEETING EXPENSE		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:		

Transaction ID : SB17.30470
[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. DOLLAR RENT A CAR		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 5330 E 31ST ST		Amount of Each Disbursement this Period 220.60
City TULSA State OK Zip Code 74135	Purpose of Disbursement TRANSPORTATION 001 Category/Type	
Purpose of Disbursement TRANSPORTATION		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:		

Transaction ID : SB17.30471
[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. PNC BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2015
Mailing Address PO BOX 856177		Amount of Each Disbursement this Period 3834.07
City LOUISVILLE State KY Zip Code 40285	Purpose of Disbursement SEE MEMO ENTRIES 001 Category/Type	
Purpose of Disbursement SEE MEMO ENTRIES		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:		

Transaction ID : SB17.30451

SUBTOTAL of Disbursements This Page (optional).....	3834.07
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 69 OF 90			
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMTRAK			Date of Disbursement MM / DD / YYYY 08 / 02 / 2015		
Mailing Address PO BOX 14368			Amount of Each Disbursement this Period 585.00		
City PHILADELPHIA	State PA	Zip Code 19115	Transaction ID : SB17.30453 [MEMO ITEM]		
Purpose of Disbursement TRAVEL EXPENSE		001 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. US AIRWAYS			Date of Disbursement MM / DD / YYYY 08 / 02 / 2015		
Mailing Address 4000 E SKY HARBOR BLVD.			Amount of Each Disbursement this Period 201.10		
City PHOENIX	State AZ	Zip Code 85034	Transaction ID : SB17.30454 [MEMO ITEM]		
Purpose of Disbursement AIRFARE		001 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) C. VERIZON			Date of Disbursement MM / DD / YYYY 08 / 02 / 2015		
Mailing Address PO BOX 4002			Amount of Each Disbursement this Period 50.08		
City ACWORTH	State GA	Zip Code 30101	Transaction ID : SB17.30455 [MEMO ITEM]		
Purpose of Disbursement TELEPHONE		001 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:					

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 70 OF 90			
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE KIMBERLY HOTEL			Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2015	
Mailing Address 145 E 50TH ST			Amount of Each Disbursement this Period 550.34	
City NEW YORK	State NY	Zip Code 10022	Transaction ID : SB17.30456	
Purpose of Disbursement LODGING		Category/ Type 001	[MEMO ITEM]	
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. NEW YORK ATHLETIC CLUB			Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2015	
Mailing Address 31 SHORE RD.			Amount of Each Disbursement this Period 311.97	
City PELHAM	State NY	Zip Code 10803	Transaction ID : SB17.30457	
Purpose of Disbursement LODGING		Category/ Type 001	[MEMO ITEM]	
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) C. CONSTANT CONTACT			Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2015	
Mailing Address 1601 TRAPELO ROAD			Amount of Each Disbursement this Period 42.80	
City WALTHAM	State MA	Zip Code 02451	Transaction ID : SB17.30458	
Purpose of Disbursement EMAIL SERVICES		Category/ Type 001	[MEMO ITEM]	
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:			

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 71 OF 90			
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. COLBEH			Date of Disbursement MM / DD / YYYY 08 / 02 / 2015	
Mailing Address 32 W 39TH ST			Amount of Each Disbursement this Period 350.00	
City NEW YORK	State NY	Zip Code 10018	Transaction ID : SB17.30459	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	[MEMO ITEM]	
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. OPERATION STRONG VET			Date of Disbursement MM / DD / YYYY 08 / 02 / 2015	
Mailing Address PO BOX 1025			Amount of Each Disbursement this Period 250.00	
City WEXFORD	State PA	Zip Code 15090	Transaction ID : SB17.30464	
Purpose of Disbursement DONATION		Category/ Type 012	[MEMO ITEM]	
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) C. HOUSE GIFT SHOP			Date of Disbursement MM / DD / YYYY 08 / 02 / 2015	
Mailing Address LONGWORTH HOUSE OFFICE BUILDING			Amount of Each Disbursement this Period 276.00	
City WASHINGTON	State DC	Zip Code 20515	Transaction ID : SB17.30465	
Purpose of Disbursement GIFTS		Category/ Type 001	[MEMO ITEM]	
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:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 72 OF 90	
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES, INC.		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2015
Mailing Address 233 S WACKER DR		Amount of Each Disbursement this Period 273.10
City CHICAGO State IL Zip Code 60606	Purpose of Disbursement AIRFARE	
Candidate Name		Transaction ID : SB17.30475 [MEMO ITEM]
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. GIANT EAGLE		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2015
Mailing Address 5550 CENTRE AVENUE		Amount of Each Disbursement this Period 81.57
City PITTSBURGH State PA Zip Code 15219	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.30476 [MEMO ITEM]
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. WEB NETWORK SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2015
Mailing Address 12808 GRAN BAY PARKWAY		Amount of Each Disbursement this Period 62.57
City JACKSONVILLE State FL Zip Code 32258	Purpose of Disbursement WEB SERVICES	
Candidate Name		Transaction ID : SB17.30477 [MEMO ITEM]
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:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 73 OF 90			
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PNC BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address PO BOX 856177		Amount of Each Disbursement this Period 918.53 Transaction ID : SB17.30709
City LOUISVILLE State KY Zip Code 40285	Purpose of Disbursement SEE MEMO ENTIRES 001 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. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 300 FIRST STREET, SE		Amount of Each Disbursement this Period 209.18 Transaction ID : SB17.30716 [MEMO ITEM]
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement MEETING EXPENSE 001 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) C. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address PO BOX 4002		Amount of Each Disbursement this Period 50.08 Transaction ID : SB17.30717 [MEMO ITEM]
City ACWORTH State GA Zip Code 30101	Purpose of Disbursement TELEPHONE 001 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:		

SUBTOTAL of Disbursements This Page (optional).....	918.53
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 74 OF 90	
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CONSTANT CONTACT			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015	
Mailing Address 1601 TRAPELO ROAD			Amount of Each Disbursement this Period 42.80	
City WALTHAM	State MA	Zip Code 02451	Transaction ID : SB17.30719	
Purpose of Disbursement EMAIL SERVICES		Category/ Type 001	[MEMO ITEM]	
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. US POSTMASTER			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015	
Mailing Address 521 THORN STREET			Amount of Each Disbursement this Period 49.00	
City SEWICKLEY	State PA	Zip Code 15143	Transaction ID : SB17.30721	
Purpose of Disbursement POSTAGE		Category/ Type 001	[MEMO ITEM]	
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) C. RIVERLIFE'S PARTY AT THE PIER			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015	
Mailing Address 777 CASINO DR			Amount of Each Disbursement this Period 225.00	
City PITTSBURGH	State PA	Zip Code 15212	Transaction ID : SB17.30722	
Purpose of Disbursement SPONSORSHIP		Category/ Type 001	[MEMO ITEM]	
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: _____			

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 75 OF 90			
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HOLIDAY INN		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 4859 MCKNIGHT ROAD		Amount of Each Disbursement this Period 94.44
City PITTSBURGH	State PA	
Zip Code 15237	Purpose of Disbursement MEETING EXPENSE	Transaction ID : SB17.30723
Candidate Name	001 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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. REPUBLICAN COMMITTEE OF ALLEGHENY COUNTY		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2015
Mailing Address 100 FLEET STREET, #205		Amount of Each Disbursement this Period 500.00
City PITTSBURGH	State PA	
Zip Code 15220	Purpose of Disbursement SPONSORSHIP	Transaction ID : SB17.30533
Candidate Name	001 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. KEITH ROTHFUS		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015
Mailing Address PO BOX 435		Amount of Each Disbursement this Period -1364.33
City SEWICKLEY	State PA	
Zip Code 15143	Purpose of Disbursement VOID OF PREVIOUS - EXPENSE NOT INCURRED	Transaction ID : SB17.30745
Candidate Name KEITH ROTHFUS	001 Category/ Type	
Office Sought: <input checked="" 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: PA District: 12		

SUBTOTAL of Disbursements This Page (optional).....	-864.33
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 76 OF 90			
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 158.30
City SAN FRANCISCO	State CA	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001
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. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 719.80
City SAN FRANCISCO	State CA	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001
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) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 07 / 04 / 2015
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 118.80
City SAN FRANCISCO	State CA	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001
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:		

SUBTOTAL of Disbursements This Page (optional).....	996.90
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 77 OF 90		
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2015
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 2.28 Transaction ID : SB17.30410
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
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. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2015
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 8.04 Transaction ID : SB17.30432
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
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) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2015
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 4.25 Transaction ID : SB17.30505
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
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:	

SUBTOTAL of Disbursements This Page (optional).....	14.57
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 78 OF 90			
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 39.80
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.30503
Candidate Name	001 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. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2015
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 20.05
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.30536
Candidate Name	001 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. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 20.05
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.30538
Candidate Name	001 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:		

SUBTOTAL of Disbursements This Page (optional).....	79.90
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 80 OF 90			
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 48.00
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.30727
Candidate Name	001 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. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 79.30
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.30743
Candidate Name	001 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. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 20.05
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.30689
Candidate Name	001 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:		

SUBTOTAL of Disbursements This Page (optional).....	147.35
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 81 OF 90		
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 20.05 Transaction ID : SB17.30690
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
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. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 79.60 Transaction ID : SB17.30691
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
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) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 119.10 Transaction ID : SB17.30692
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
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:	

SUBTOTAL of Disbursements This Page (optional).....	218.75
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 82 OF 90		
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 293.93 Transaction ID : SB17.30693
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
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. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2015
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 609.64 Transaction ID : SB17.30694
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
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) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 20.05 Transaction ID : SB17.30695
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
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:	

SUBTOTAL of Disbursements This Page (optional).....	923.62
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 83 OF 90		
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TROJAN FOOTBALL BOOSTERS			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2015
Mailing Address 1617 RTE 228			Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.30580
City CRANBERRY TOWNSHIP	State PA	Zip Code 16066	
Purpose of Disbursement SPONSORSHIP	Category/ Type 001		
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. US POSTMASTER			Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2015
Mailing Address 521 THORN STREET			Amount of Each Disbursement this Period 125.00 Transaction ID : SB17.30442
City SEWICKLEY	State PA	Zip Code 15143	
Purpose of Disbursement POSTAL PERMIT	Category/ Type 001		
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) C. USSVI REQUIN BASE			Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address PO BOX 352			Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.30434
City GIBSONIA	State PA	Zip Code 15044	
Purpose of Disbursement SPONSORSHIP	Category/ Type 001		
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:			

SUBTOTAL of Disbursements This Page (optional).....	725.00
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 84 OF 90	
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USSVI REQUIN BASE			Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015	
Mailing Address PO BOX 352			Amount of Each Disbursement this Period 50.00	
City GIBSONIA	State PA	Zip Code 15044	Transaction ID : SB17.30733	
Purpose of Disbursement SPONSORSHIP		Category/ Type 001		
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. MR. DENNIS WILKE			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015	
Mailing Address 726 WOODBRIDGE DRIVE			Amount of Each Disbursement this Period 644.07	
City OAKDALE	State PA	Zip Code 15071	Transaction ID : SB17.30480	
Purpose of Disbursement IN-KIND:EVENT CATERING		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) C.			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: _____			

SUBTOTAL of Disbursements This Page (optional).....	694.07
TOTAL This Period (last page this line number only).....	50868.47

**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 85 OF 90			
	<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				

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NAME OF COMMITTEE (In Full)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MRS. LINDA L. SEDWICK			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015		
Mailing Address 443 BELMONT ROAD			Amount of Each Disbursement this Period 2700.00 Transaction ID : SB20A.30758		
City BUTLER	State PA	Zip Code 16001			
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

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

SUBTOTAL of Disbursements This Page (optional).....	2700.00
TOTAL This Period (last page this line number only).....	2700.00

**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 86 OF 90
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANDY TOBIN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015
Mailing Address 2532 NORTH 4TH STREET #528		Amount of Each Disbursement this Period -2000.00 Transaction ID : SB21.30746
City FLAGSTAFF State AZ Zip Code 86004	Purpose of Disbursement VOID OF PREVIOUS - EXPENSE NOT INCURRED 011 Category/Type	
Candidate Name ANDY TOBIN	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: AZ District: 01		

Full Name (Last, First, Middle Initial) B. CITIZENS FOR DAVID J LOZIER		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address 117 WISHART DR		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.30698
City BEAVER State PA Zip Code 15009	Purpose of Disbursement CONTRIBUTION 011 Category/Type	
Candidate Name CITIZENS FOR DAVID J LOZIER	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. COMMITTEE TO ELECT GERALD WALKER		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address 3011 HUCKLEBERRY HWY		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.30703
City BERLIN State PA Zip Code 15530	Purpose of Disbursement POLITICAL CONTRIBUTION 011 Category/Type	
Candidate Name COMMITTEE TO ELECT GERALD WALKER	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).....	-1250.00
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 87 OF 90
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FRIENDS OF GUY		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.30704
City	State Zip Code	
Purpose of Disbursement POLITICAL CONTRIBUTION	Category/Type 011	
Candidate Name FRIENDS OF GUY		
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. FRIENDS OF SAM DEMARCO		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address 24 MOLINARO CIRCLE		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.30697
City	State Zip Code	
Purpose of Disbursement CONTRIBUTION	Category/Type 011	
Candidate Name FRIENDS OF SAM DEMARCO		
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. JOURNEY TO NORMAL		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address 420 DUKE COURT		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.30435
City	State Zip Code	
Purpose of Disbursement DONATION	Category/Type 012	
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:		

SUBTOTAL of Disbursements This Page (optional).....	1750.00
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 88 OF 90	
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PENNSYLVANIA FUTURE FUND		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2015
Mailing Address		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB21.30738
City	State Zip Code	
Purpose of Disbursement POLITICAL CONTRIBUTION	011	Category/ Type
Candidate Name PENNSYLVANIA FUTURE FUND		
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. SOMERSET COUNTY REPUBLICAN COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address 60 EAST MAIN STREET		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.30700
City	State Zip Code	
Purpose of Disbursement POLITICAL CONTRIBUTION	011	Category/ Type
Candidate Name SOMERSET COUNTY REPUBLICAN COMMITTEE		
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. TEAM CAMBRIA		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address 715 BREEZEWOOD DR		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.30701
City	State Zip Code	
Purpose of Disbursement POLITICAL CONTRIBUTION	011	Category/ Type
Candidate Name TEAM CAMBRIA		
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).....	6500.00
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 89 OF 90	
	<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)
ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. YODER FOR COMMISSIONER COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address 228 EMERT RD		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.30702
City SOMERSET	State PA	
Zip Code 15501		Category/ Type 011
Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name YODER FOR COMMISSIONER COMMITTEE		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input 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.		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		Disbursement For: <input type="checkbox"/> Primary <input 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) C.		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		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	7250.00

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)

ROTHFUS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
KEITH ROTHFUS

Nature of Debt (Purpose):
2014 POST GEN SHIPPING, MEETING EXPENSE, PARKING

Mailing Address PO BOX 435

City State Zip Code
SEWICKLEY PA 15143

Outstanding Balance Beginning This Period

Transaction ID : SD10.31

378.57

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

378.57

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
KEITH ROTHFUS

Nature of Debt (Purpose):
POST GEN MEETING EXPENSES, POSTAGE, SHIPPING, AIRFARE

Mailing Address PO BOX 435

City State Zip Code
SEWICKLEY PA 15143

Outstanding Balance Beginning This Period

Transaction ID : SD10.32

1159.59

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

1159.59

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) **SUBTOTALS** This Period This Page (optional) ▶

1538.16

2) **TOTALS** This Period (last page this line number only) ▶

1538.16

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

1538.16