

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) International Brotherhood of Electrical Workers Local 98 Committee on Political Education		FEC IDENTIFICATION NUMBER ▼ C C00162818
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Print & Sew		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2014
Mailing Address 10960 Dutton Rd		Amount 100.00
City Philadelphia	State PA	Zip Code 19154-3204
Purpose of Expenditure Window decals: Brendan Boyle (indep expend)	Category/Type	Transaction ID : E9317E5AB6C9B48EABA5 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Mr. Brendan Boyle	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 953.20		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Broad Street Media, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 13 / 2014
Mailing Address Suite 306		Amount 332.50
City Cherry Hill	State NJ	Zip Code 08002
Purpose of Expenditure GOTV ad: B. Boyle for Congress	Category/Type	Transaction ID : E7767E2DFEF624720BA5 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Mr. Brendan Boyle	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 1285.70		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	432.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BRIAN BURROWS

[Electronically Filed]

Date

MM / DD / YYYY
05 / 30 / 2014

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee KO Sporting Goods		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2014
Mailing Address 2001 E Moyamensing Ave		Amount 3406.00
City Philadelphia	State PA	Zip Code 19148-2510
Purpose of Expenditure Shirts supporting B. Boyle (Congress)	Category/Type	Transaction ID : EEB2D8075A4314634A44 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Mr. Brendan Boyle	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 4691.70		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3406.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	3838.50

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BRIAN BURROWS

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Date

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05 / 30 / 2014

Signature