

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

GORDON FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2015 To: M M / D D / Y Y Y Y 12 / 31 / 2015

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	26325.67	35475.67
(b) Total Contribution Refunds (from Line 20(d))	0.00	-75.84
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	26325.67	35551.51
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	27866.73	31265.82
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	27866.73	31265.82
8. Cash on Hand at Close of Reporting Period (from Line 27).....	16169.28	
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).....	0.00	

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

GORDON FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19950.00	27850.00
(ii) Unitemized	6375.67	6375.67
(iii) TOTAL of contributions from individuals	26325.67	34225.67
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate	0.00	1250.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	26325.67	35475.67
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	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	26325.67	35475.67

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	27866.73	31265.82
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	-75.84
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	-75.84
21. OTHER DISBURSEMENTS	500.00	1600.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	28366.73	32789.98

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18210.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	26325.67
25. SUBTOTAL (add Line 23 and Line 24).....	44536.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28366.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	16169.28

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 42
	<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	

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)
GORDON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Donald Bean

Mailing Address 302 Spruce Street

City Philadelphia State PA Zip Code 19106

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

Name of Employer Retired 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
 12 / 14 / 2015

Transaction ID : SA11AI.4855

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Cari Bender

Mailing Address 5 Haymarket Lane

City Bryn Mawr State PA Zip Code 19010

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

Name of Employer Self-employed Occupation Publicist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 13 / 2015

Transaction ID : SA11AI.4754

Amount of Each Receipt this Period
 250.00

Conduit: ActBlue

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

Mailing Address Box 685

City Brooklandville State MD Zip Code 21022

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

Name of Employer Astra Zeneca Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 22 / 2015

Transaction ID : SA11AI.4720

Amount of Each Receipt this Period
 250.00

Conduit: ActBlue

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 6 OF 42
	<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)
GORDON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Hanley Bodek

Mailing Address 3622 Pearl Street

City Philadelphia State PA Zip Code 19104

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

Name of Employer Self-employed Occupation Real Estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2015

Transaction ID : SA11AI.4716

Amount of Each Receipt this Period
 300.00

Conduit: ActBlue

B. Full Name (Last, First, Middle Initial)
George Broseman

Mailing Address 684 Fernfield Circle

City Wayne State PA Zip Code 19087

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

Name of Employer Kaplin Stewart Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2015

Transaction ID : SA11AI.4712

Amount of Each Receipt this Period
 250.00

Conduit: ActBlue

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

Mailing Address 2011 Pine Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer Retired 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
 10 / 23 / 2015

Transaction ID : SA11AI.4777

Amount of Each Receipt this Period
 250.00

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

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

800.00

**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 42
	<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)
GORDON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John Dani

Mailing Address 375 Baird Rd

City Merion Station State PA Zip Code 19066

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

Name of Employer U Penn Occupation Professor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015

Transaction ID : SA11AI.4678

Amount of Each Receipt this Period
 1000.00

Conduit: ActBlue

B. Full Name (Last, First, Middle Initial)
David H Denenberg

Mailing Address 518 Sussex Road

City Wynnewood State PA Zip Code 19096

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

Name of Employer Self-employed Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2015

Transaction ID : SA11AI.4837

Amount of Each Receipt this Period
 250.00

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

Mailing Address 3940 Netherfield Rd.

City Philadelphia State PA Zip Code 19129

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

Name of Employer Self-employed Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2015

Transaction ID : SA11AI.4736

Amount of Each Receipt this Period
 500.00

Conduit: ActBlue

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: (check only one)	PAGE 8 OF 42
	<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)
GORDON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Alan Donnerfeld

Mailing Address 510 S. Sydbury Lane

City Wynnewood State PA Zip Code 19096

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

Name of Employer: Womens Health Care Group Occupation: Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11AI.4856

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Jeffrey L Eichen

Mailing Address 575-7th Street NW

City Washington State DC Zip Code 20004

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

Name of Employer: Self-employed Occupation: Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2015

Transaction ID : SA11AI.4830

Amount of Each Receipt this Period
 500.00

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

Mailing Address 2416 Naudain St.

City Philadelphia State PA Zip Code 19146

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

Name of Employer: Eisenberg, Rothweiler Occupation: Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 13 / 2015

Transaction ID : SA11AI.4746

Amount of Each Receipt this Period
 500.00

Conduit: ActBlue

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 9 OF 42
	<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)
GORDON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Vicki Erlbaum

Mailing Address 100 Taylor Lane

City Haverford State PA Zip Code 19041

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

Name of Employer Self-employed Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2015

Transaction ID : SA11AI.4772

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Stanley Goldis

Mailing Address 167 Gramercy Road

City Bala Cynwyd State PA Zip Code 19004

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

Name of Employer Citrin Cooperman & Co LLP Occupation CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2015

Transaction ID : SA11AI.4698

Amount of Each Receipt this Period
 500.00

Conduit: ActBlue

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

Mailing Address 8 Creekside Trail

City Delran State NJ Zip Code 08075

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

Name of Employer Tucker International LLC Occupation CPO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2015

Transaction ID : SA11AI.4700

Amount of Each Receipt this Period
 250.00

Conduit: ActBlue

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: (check only one)	PAGE 10 OF 42
	<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)
GORDON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Steerman Tamara Gordon

Mailing Address 259 South 17th Street
Apt. 601

City Philadelphia State PA Zip Code 19103

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

Name of Employer Retired 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
 12 / 14 / 2015

Transaction ID : SA11AI.4970

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Arlin S Green

Mailing Address 21 Tunbridge Road

City Haverford State PA Zip Code 19041

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

Name of Employer Self-employed Occupation Real Estate 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
 11 / 08 / 2015

Transaction ID : SA11AI.4792

Amount of Each Receipt this Period
 250.00

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

Mailing Address 930 Mount Pleasant Rd.

City Bryn Mawr State PA Zip Code 19010

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

Name of Employer Fairmount Partners Occupation Investment Banker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4706

Amount of Each Receipt this Period
 250.00

Conduit: ActBlue

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

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

800.00

**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 42
	<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)
GORDON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Arlene Groch

Mailing Address 1413 Shore Rd.

City	State	Zip Code
Northfield	NJ	08225

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
 _____ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2015

Transaction ID : SA11AI.4733

Amount of Each Receipt this Period
 _____ 300.00

Conduit: ActBlue

B. Full Name (Last, First, Middle Initial)
Ricky Guerra

Mailing Address 37 Oakland Terrace

City	State	Zip Code
Bala Cynwyd	PA	19004

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

Name of Employer	Occupation
Lavin, O'Neil, Cedrone & DiSipio	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
 10 / 18 / 2015

Transaction ID : SA11AI.4692

Amount of Each Receipt this Period
 _____ 300.00

Conduit: ActBlue

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

Mailing Address 707 S. Bowman Ave.

City	State	Zip Code
Merion Station	PA	19066

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

Name of Employer	Occupation
Self-employed	Cook Book Author

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
 10 / 13 / 2015

Transaction ID : SA11AI.4874

Amount of Each Receipt this Period
 _____ 2500.00

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

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

_____ 3100.00

**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 12 OF 42
	<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)
GORDON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Walter Hofman

Mailing Address 707 S. Bowman Ave.

City Merion Station	State PA	Zip Code 19066
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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
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 13 / 2015

Transaction ID : SA11AI.4762

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Michael Leibowitz

Mailing Address 255 Meeting House Lane

City Merion Station	State PA	Zip Code 19066
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FEC ID number of contributing federal political committee. **C**

Name of Employer F. Rothman Enterprises, LLC	Occupation Food Broker
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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
 10 / 05 / 2015

Transaction ID : SA11AI.4760

Amount of Each Receipt this Period
250.00

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

Mailing Address 1221 Locust Street, Third Floor

City Philadelphia	State PA	Zip Code 19107
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FEC ID number of contributing federal political committee. **C**

Name of Employer Lindy & Tauber	Occupation 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
 11 / 08 / 2015

Transaction ID : SA11AI.4710

Amount of Each Receipt this Period
500.00

Conduit: ActBlue

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

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

3250.00

**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 42
	<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)
GORDON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Stella Ludwig

Mailing Address 2200 Delancey Place

City Philadelphia State PA Zip Code 19103

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

Name of Employer Self-employed Occupation Interior Designer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 03 / 2015

Transaction ID : SA11AI.4809

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Chris Naticchia

Mailing Address 143 Chestnut Hill Place

City Claremont State CA Zip Code 91711

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

Name of Employer California State University Occupation Professor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 18 / 2015

Transaction ID : SA11AI.4690

Amount of Each Receipt this Period
 500.00

Conduit: ActBlue

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

Mailing Address 200 South Broad Street
3rd Floor

City Philadelphia State PA Zip Code 19102

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

Name of Employer Wynnewood Advisors Occupation Advisor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 17 / 2015

Transaction ID : SA11AI.4858

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 14 OF 42
	<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)
GORDON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Robert Sachs

Mailing Address 646 Lindley Road

City State Zip Code
Glenside PA 19038

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

Name of Employer Occupation
Shrager, Spivey & Sachs Attorney

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
10 / 11 / 2015

Transaction ID : SA11AI.4687

Amount of Each Receipt this Period
1000.00

Conduit: ActBlue

B. Full Name (Last, First, Middle Initial)
Carl Schneider

Mailing Address 1601 Locust St

City State Zip Code
Philadelphia PA 19102

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

Name of Employer Occupation
Self-employed Lawyer

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
11 / 29 / 2015

Transaction ID : SA11AI.4726

Amount of Each Receipt this Period
500.00

Conduit: ActBlue

C. Full Name (Last, First, Middle Initial)
Rosa J Serota

Mailing Address 360 Wister Road

City State Zip Code
Wynnewood PA 19096

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

Name of Employer Occupation
Retired 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
11 / 08 / 2015

Transaction ID : SA11AI.4790

Amount of Each Receipt this Period
250.00

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: (check only one)	PAGE 15 OF 42
	<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)
GORDON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Todd Sinai

Mailing Address 353 North Bowman Avenue

City Merion Station State PA Zip Code 19066

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

Name of Employer University of Pennsylvania Occupation Professor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2015

Transaction ID : SA11AI.4799

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Howard Treatman

Mailing Address 1 Lehman Lane

City Philadelphia State PA Zip Code 19144

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

Name of Employer Self-employed Occupation Real Estate 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
 12 / 03 / 2015

Transaction ID : SA11AI.4816

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1830 Rittenhouse Sq.

City Philadelphia State PA Zip Code 19103-5814

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

Name of Employer Retired 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
 10 / 19 / 2015

Transaction ID : SA11AI.4768

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: (check only one)	PAGE 16 OF 42
	<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)
GORDON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
David J Whellan

Mailing Address 643 Moreno Road

City Narberth State PA Zip Code 19072

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

Name of Employer Self-employed Occupation Doctor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4794

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
L. Douglas Wilkerson

Mailing Address 517 Pine Street

City Philadelphia State PA Zip Code 19106

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

Name of Employer Self-employed Occupation Doctor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11AI.4818

Amount of Each Receipt this Period
 250.00

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

Mailing Address 196 97th Avenue NE

City Saint Petersburg State FL Zip Code 33702

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

Name of Employer Cheffy Passidomo, PA Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 04 / 2015

Transaction ID : SA11AI.4679

Amount of Each Receipt this Period
 1000.00

Conduit: ActBlue

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

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

1500.00

19950.00

**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 42
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
GORDON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

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
12 / 31 / 2015

Transaction ID : SA11C.4758

Amount of Each Receipt this Period
10845.67

Total Received Through Conduit This Period
[MEMO ITEM]

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

0.00

0.00

**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 18 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)
GORDON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015
Mailing Address 366 Summer Street			Amount of Each Disbursement this Period 33.65 Transaction ID : SB17.4865
City Somerville	State MA	Zip Code 02144	
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2015
Mailing Address 366 Summer Street			Amount of Each Disbursement this Period 33.58 Transaction ID : SB17.4866
City Somerville	State MA	Zip Code 02144	
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2015
Mailing Address 366 Summer Street			Amount of Each Disbursement this Period 23.31 Transaction ID : SB17.4867
City Somerville	State MA	Zip Code 02144	
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	90.54
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 19 OF 42			
	<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)
GORDON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement
Mailing Address 366 Summer Street		M M / D D / Y Y Y Y 11 / 22 / 2015
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Credit Card Processing Fees	Candidate Name	Amount of Each Disbursement this Period 13.83
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	

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement
Mailing Address 366 Summer Street		M M / D D / Y Y Y Y 11 / 29 / 2015
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Credit Card Processing Fees	Candidate Name	Amount of Each Disbursement this Period 27.66
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	

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement
Mailing Address 366 Summer Street		M M / D D / Y Y Y Y 12 / 06 / 2015
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Credit Card Processing Fees	Candidate Name	Amount of Each Disbursement this Period 58.27
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	

SUBTOTAL of Disbursements This Page (optional).....	99.76
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 20 OF 42			
	<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)
GORDON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2015
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 37.70
City Somerville State MA Zip Code 02144	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/Type	Transaction ID : SB17.4871
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. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2015
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 3.96
City Somerville State MA Zip Code 02144	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/Type	Transaction ID : SB17.4872
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. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 3.95
City Somerville State MA Zip Code 02144	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/Type	Transaction ID : SB17.4873
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).....	45.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 42		
	<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)
GORDON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Michael S Adams		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2015
Mailing Address 1600 Hagys Ford Rd 10-S		Amount of Each Disbursement this Period 2850.00
City Narberth	State PA Zip Code 19072	
Purpose of Disbursement Campaign Management Fee	Category/Type	Transaction ID : SB17.4890
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. Michael S Adams		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2015
Mailing Address 1600 Hagys Ford Rd 10-S		Amount of Each Disbursement this Period 2850.00
City Narberth	State PA Zip Code 19072	
Purpose of Disbursement Campaign Management Fee	Category/Type	Transaction ID : SB17.4919
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. Michael S Adams		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 1600 Hagys Ford Rd 10-S		Amount of Each Disbursement this Period 2850.00
City Narberth	State PA Zip Code 19072	
Purpose of Disbursement Campaign Management Fee	Category/Type	Transaction ID : SB17.4941
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).....	8550.00
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 22 OF 42			
	<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)
GORDON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Nadine D Boulware			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015		
Mailing Address 2409 N. 16th Street			Amount of Each Disbursement this Period 105.02		
City Philadelphia	State PA	Zip Code 19132	Transaction ID : SB17.4876		
Purpose of Disbursement Communications Consulting		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. Nadine D Boulware			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015		
Mailing Address 2409 N. 16th Street			Amount of Each Disbursement this Period 105.02		
City Philadelphia	State PA	Zip Code 19132	Transaction ID : SB17.4880		
Purpose of Disbursement Communications Consulting		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. Nadine D Boulware			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015		
Mailing Address 2409 N. 16th Street			Amount of Each Disbursement this Period 105.02		
City Philadelphia	State PA	Zip Code 19132	Transaction ID : SB17.4888		
Purpose of Disbursement Communications Consulting		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).....	315.06
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 23 OF 42			
	<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)
GORDON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Nadine D Boulware			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015		
Mailing Address 2409 N. 16th Street			Amount of Each Disbursement this Period 105.02		
City Philadelphia	State PA	Zip Code 19132	Transaction ID : SB17.4901		
Purpose of Disbursement Communications Consulting		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. Nadine D Boulware			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015		
Mailing Address 2409 N. 16th Street			Amount of Each Disbursement this Period 105.02		
City Philadelphia	State PA	Zip Code 19132	Transaction ID : SB17.4906		
Purpose of Disbursement Communications Consulting		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. Nadine D Boulware			Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2015		
Mailing Address 2409 N. 16th Street			Amount of Each Disbursement this Period 105.02		
City Philadelphia	State PA	Zip Code 19132	Transaction ID : SB17.4909		
Purpose of Disbursement Communications Consulting		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).....	315.06
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 24 OF 42			
	<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)
GORDON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Nadine D Boulware			Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015		
Mailing Address 2409 N. 16th Street			Amount of Each Disbursement this Period 105.02		
City Philadelphia	State PA	Zip Code 19132	Transaction ID : SB17.4915		
Purpose of Disbursement Communications Consulting		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. Nadine D Boulware			Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2015		
Mailing Address 2409 N. 16th Street			Amount of Each Disbursement this Period 105.02		
City Philadelphia	State PA	Zip Code 19132	Transaction ID : SB17.4923		
Purpose of Disbursement Communications Consulting		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. Nadine D Boulware			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015		
Mailing Address 2409 N. 16th Street			Amount of Each Disbursement this Period 105.02		
City Philadelphia	State PA	Zip Code 19132	Transaction ID : SB17.4925		
Purpose of Disbursement Communications Consulting		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).....	315.06
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 25 OF 42			
	<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)
GORDON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Nadine D Boulware			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2015	
Mailing Address 2409 N. 16th Street			Amount of Each Disbursement this Period 105.02	
City Philadelphia	State PA	Zip Code 19132	Transaction ID : SB17.4932	
Purpose of Disbursement Communications Consulting		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. Nadine D Boulware			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015	
Mailing Address 2409 N. 16th Street			Amount of Each Disbursement this Period 105.02	
City Philadelphia	State PA	Zip Code 19132	Transaction ID : SB17.4940	
Purpose of Disbursement Communications Consulting		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. Nadine D Boulware			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2015	
Mailing Address 2409 N. 16th Street			Amount of Each Disbursement this Period 105.02	
City Philadelphia	State PA	Zip Code 19132	Transaction ID : SB17.4945	
Purpose of Disbursement Communications Consulting		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).....	315.06
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 26 OF 42			
	<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)
GORDON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Nadine D Boulware			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015	
Mailing Address 2409 N. 16th Street			Amount of Each Disbursement this Period 105.02	
City Philadelphia	State PA	Zip Code 19132	Transaction ID : SB17.4956	
Purpose of Disbursement Communications Consulting		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. Chase Card Services			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015	
Mailing Address P.O. Box 15153			Amount of Each Disbursement this Period 993.49	
City Wilmington	State DE	Zip Code 19886	Transaction ID : SB17.4969	
Purpose of Disbursement Travel, Parking, Food and Beverage		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. Fresh Direct			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015	
Mailing Address 4235 Richmond Street			Amount of Each Disbursement this Period 300.00	
City Philadelphia	State PA	Zip Code 19137	Transaction ID : SB17.4969.15	
Purpose of Disbursement 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:				

SUBTOTAL of Disbursements This Page (optional).....	1098.51
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 27 OF 42			
	<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)
GORDON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Grand Hyatt		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 109 E. 42nd Street		Amount of Each Disbursement this Period 206.78
City New York	State NY	
Zip Code 10017	Purpose of Disbursement Travel Expenses	Transaction ID : SB17.4969.16
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Chase Card Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address P.O. Box 15153		Amount of Each Disbursement this Period 371.50
City Wilmington	State DE	
Zip Code 19886	Purpose of Disbursement Travel, Parking, Food and Beverage	Transaction ID : SB17.4950
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. GS Bistro		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address One Belmont Avenue		Amount of Each Disbursement this Period 97.81
City Bala Cynwyd	State PA	
Zip Code 19004	Purpose of Disbursement Food and Beverage	Transaction ID : SB17.4950.1
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	371.50
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 28 OF 42			
	<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)
GORDON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Gordon & Ashworth, PC		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address One Belmont Avenue Suite 703		Amount of Each Disbursement this Period 687.22
City Bala Cynwyd	State PA Zip Code 19004	
Purpose of Disbursement Office Rent and Telephone	Category/Type	Transaction ID : SB17.4892
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. Gordon & Ashworth, PC		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address One Belmont Avenue Suite 703		Amount of Each Disbursement this Period 687.22
City Bala Cynwyd	State PA Zip Code 19004	
Purpose of Disbursement Office Rent and Telephone	Category/Type	Transaction ID : SB17.4918
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. Gordon & Ashworth, PC		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address One Belmont Avenue Suite 703		Amount of Each Disbursement this Period 687.22
City Bala Cynwyd	State PA Zip Code 19004	
Purpose of Disbursement Office Rent and Telephone	Category/Type	Transaction ID : SB17.4953
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).....	2061.66
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 29 OF 42			
	<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)
GORDON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Andrew Howell			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015		
Mailing Address 220 S. 3rd Street			Amount of Each Disbursement this Period 178.40		
City Colwyn	State PA	Zip Code 19023	Transaction ID : SB17.4944		
Purpose of Disbursement Fieldwork Consulting		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. Andrew Howell			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015		
Mailing Address 220 S. 3rd Street			Amount of Each Disbursement this Period 178.40		
City Colwyn	State PA	Zip Code 19023	Transaction ID : SB17.4948		
Purpose of Disbursement Fieldwork Consulting		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. Andrew Howell			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015		
Mailing Address 220 S. 3rd Street			Amount of Each Disbursement this Period 178.40		
City Colwyn	State PA	Zip Code 19023	Transaction ID : SB17.4957		
Purpose of Disbursement Fieldwork Consulting		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).....	535.20
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 30 OF 42			
	<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)
GORDON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Andrew Howell		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 220 S. 3rd Street		Amount of Each Disbursement this Period 41.61 Transaction ID : SB17.4958
City Colwyn	State PA	
Purpose of Disbursement Fieldwork Expenses		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. Kristen McCook		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 873 Perkiomen St.		Amount of Each Disbursement this Period 162.00 Transaction ID : SB17.4937
City Philadelphia	State PA	
Purpose of Disbursement Communications Consulting		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. Kristen McCook		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 873 Perkiomen St.		Amount of Each Disbursement this Period 18.98 Transaction ID : SB17.4938
City Philadelphia	State PA	
Purpose of Disbursement Communications Expenses		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).....	222.59
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 31 OF 42			
	<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)
GORDON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kristen McCook			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015	
Mailing Address 873 Perkiomen St.			Amount of Each Disbursement this Period 160.00	
City Philadelphia	State PA	Zip Code 19130	Transaction ID : SB17.4943	
Purpose of Disbursement Communications Consulting		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) B. Kristen McCook			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015	
Mailing Address 873 Perkiomen St.			Amount of Each Disbursement this Period 160.00	
City Philadelphia	State PA	Zip Code 19130	Transaction ID : SB17.4947	
Purpose of Disbursement Communications Consulting		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) C. Kristen McCook			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015	
Mailing Address 873 Perkiomen St.			Amount of Each Disbursement this Period 160.00	
City Philadelphia	State PA	Zip Code 19130	Transaction ID : SB17.4954	
Purpose of Disbursement Communications Consulting		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	480.00
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 32 OF 42	
	<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)
GORDON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kristen McCook		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address 873 Perkiomen St.		Amount of Each Disbursement this Period 16.44 Transaction ID : SB17.4955
City Philadelphia	State PA Zip Code 19130	
Purpose of Disbursement Communications Consulting	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. Sherry Marcus Milano		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 509 Beacon Hill Circle		Amount of Each Disbursement this Period 1840.00 Transaction ID : SB17.4875
City Plymouth Mount	State PA Zip Code 19462	
Purpose of Disbursement Media and Communications Consulting	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. Sherry Marcus Milano		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2015
Mailing Address 509 Beacon Hill Circle		Amount of Each Disbursement this Period 775.00 Transaction ID : SB17.4877
City Plymouth Mount	State PA Zip Code 19462	
Purpose of Disbursement Media and Communications Consulting	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).....	2631.44
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 33 OF 42			
	<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)
GORDON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sherry Marcus Milano			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015	
Mailing Address 509 Beacon Hill Circle			Amount of Each Disbursement this Period 700.00	
City Plymouth Mount	State PA	Zip Code 19462	Transaction ID : SB17.4883	
Purpose of Disbursement Media and Communications Consulting		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. Sherry Marcus Milano			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015	
Mailing Address 509 Beacon Hill Circle			Amount of Each Disbursement this Period 550.00	
City Plymouth Mount	State PA	Zip Code 19462	Transaction ID : SB17.4894	
Purpose of Disbursement Media and Communications Consulting		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. Sherry Marcus Milano			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015	
Mailing Address 509 Beacon Hill Circle			Amount of Each Disbursement this Period 805.00	
City Plymouth Mount	State PA	Zip Code 19462	Transaction ID : SB17.4902	
Purpose of Disbursement Media and Communications Consulting		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).....	2055.00
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 34 OF 42	
	<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)
GORDON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sherry Marcus Milano		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address 509 Beacon Hill Circle		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.4908
City Plymouth Mount	State PA	
Zip Code 19462	Purpose of Disbursement Media and Communications Consulting	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. Sherry Marcus Milano		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 509 Beacon Hill Circle		Amount of Each Disbursement this Period 969.36 Transaction ID : SB17.4912
City Plymouth Mount	State PA	
Zip Code 19462	Purpose of Disbursement Media Production	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. Sherry Marcus Milano		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2015
Mailing Address 509 Beacon Hill Circle		Amount of Each Disbursement this Period 1190.00 Transaction ID : SB17.4920
City Plymouth Mount	State PA	
Zip Code 19462	Purpose of Disbursement Media and Communications Consulting	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).....	2959.36
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 35 OF 42		
	<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)
GORDON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sherry Marcus Milano		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address 509 Beacon Hill Circle		Amount of Each Disbursement this Period 275.00 Transaction ID : SB17.4939
City Plymouth Mount	State PA	
Zip Code 19462	Purpose of Disbursement Media and Communications Consulting	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. Strassheim Graphic Design		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address 333 N. 15th Street		Amount of Each Disbursement this Period 544.84 Transaction ID : SB17.4899
City Philadelphia	State PA	
Zip Code 19102	Purpose of Disbursement Printing	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. Strassheim Graphic Design		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address 333 N. 15th Street		Amount of Each Disbursement this Period 493.96 Transaction ID : SB17.4900
City Philadelphia	State PA	
Zip Code 19102	Purpose of Disbursement Printing	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).....	1313.80
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 36 OF 42			
	<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)
GORDON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Julian N. Weiss			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015		
Mailing Address 611 Wayland Road			Amount of Each Disbursement this Period 200.00		
City Plymouth Mount	State PA	Zip Code 19462	Transaction ID : SB17.4884		
Purpose of Disbursement Campaign Assistant Fee		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. Julian N. Weiss			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2015		
Mailing Address 611 Wayland Road			Amount of Each Disbursement this Period 37.61		
City Plymouth Mount	State PA	Zip Code 19462	Transaction ID : SB17.4887		
Purpose of Disbursement Travel, Food and Beverage		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. Julian N. Weiss			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015		
Mailing Address 611 Wayland Road			Amount of Each Disbursement this Period 200.00		
City Plymouth Mount	State PA	Zip Code 19462	Transaction ID : SB17.4893		
Purpose of Disbursement Campaign Assistant Fee		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).....	437.61
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 37 OF 42			
	<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)
GORDON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Julian N. Weiss		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address 611 Wayland Road		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4903
City Plymouth Mount	State PA	
Zip Code 19462	Purpose of Disbursement Campaign Assistant Fee	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. Julian N. Weiss		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address 611 Wayland Road		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4907
City Plymouth Mount	State PA	
Zip Code 19462	Purpose of Disbursement Campaign Assistant Fee	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. Julian N. Weiss		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 611 Wayland Road		Amount of Each Disbursement this Period 160.00 Transaction ID : SB17.4913
City Plymouth Mount	State PA	
Zip Code 19462	Purpose of Disbursement Campaign Assistant Fee	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).....	560.00
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 38 OF 42			
	<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)
GORDON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Julian N. Weiss			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015		
Mailing Address 611 Wayland Road			Amount of Each Disbursement this Period 117.76		
City Plymouth Mount	State PA	Zip Code 19462	Transaction ID : SB17.4914		
Purpose of Disbursement Travel Expenses		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. Julian N. Weiss			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015		
Mailing Address 611 Wayland Road			Amount of Each Disbursement this Period 160.00		
City Plymouth Mount	State PA	Zip Code 19462	Transaction ID : SB17.4916		
Purpose of Disbursement Campaign Assistant Fee		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. Julian N. Weiss			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015		
Mailing Address 611 Wayland Road			Amount of Each Disbursement this Period 63.27		
City Plymouth Mount	State PA	Zip Code 19462	Transaction ID : SB17.4917		
Purpose of Disbursement Travel, Food and Beverage		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).....	341.03
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 39 OF 42		
	<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)
GORDON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Julian N. Weiss		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2015
Mailing Address 611 Wayland Road		Amount of Each Disbursement this Period 240.00 Transaction ID : SB17.4921
City Plymouth Mount	State PA	
Zip Code 19462	Purpose of Disbursement Campaign Assistant Fee	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. Julian N. Weiss		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2015
Mailing Address 611 Wayland Road		Amount of Each Disbursement this Period 29.44 Transaction ID : SB17.4922
City Plymouth Mount	State PA	
Zip Code 19462	Purpose of Disbursement Travel Expenses	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. Julian N. Weiss		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address 611 Wayland Road		Amount of Each Disbursement this Period 240.00 Transaction ID : SB17.4926
City Plymouth Mount	State PA	
Zip Code 19462	Purpose of Disbursement Campaign Assistant Fee	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).....	509.44
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 40 OF 42	
	<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)
GORDON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Julian N. Weiss		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address 611 Wayland Road		Amount of Each Disbursement this Period 169.74
City Plymouth Mount	State PA	
Purpose of Disbursement Travel, Office Supplies, Food and Beverage		Transaction ID : SB17.4927
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. Julian N. Weiss		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 611 Wayland Road		Amount of Each Disbursement this Period 240.00
City Plymouth Mount	State PA	
Purpose of Disbursement Campaign Assistant Fee		Transaction ID : SB17.4935
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. Julian N. Weiss		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 611 Wayland Road		Amount of Each Disbursement this Period 80.19
City Plymouth Mount	State PA	
Purpose of Disbursement Travel Expenses		Transaction ID : SB17.4936
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).....	489.93
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 41 OF 42		
	<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)
GORDON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Julian N. Weiss		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address 611 Wayland Road		Amount of Each Disbursement this Period 240.00 Transaction ID : SB17.4942
City Plymouth Mount	State PA	
Zip Code 19462	Purpose of Disbursement Campaign Assistant Fee	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. Julian N. Weiss		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2015
Mailing Address 611 Wayland Road		Amount of Each Disbursement this Period 240.00 Transaction ID : SB17.4946
City Plymouth Mount	State PA	
Zip Code 19462	Purpose of Disbursement Campaign Assistant Fee	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. Julian N. Weiss		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 611 Wayland Road		Amount of Each Disbursement this Period 124.82 Transaction ID : SB17.4959
City Plymouth Mount	State PA	
Zip Code 19462	Purpose of Disbursement Travel, Office Supplies, Food and Beverage	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).....	604.82
TOTAL This Period (last page this line number only).....	26718.04

**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 42 OF 42	
	<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)
GORDON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Philadelphia Democratic City Committee			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015	
Mailing Address 219 Spring Garden Street			Amount of Each Disbursement this Period 300.00 Transaction ID : SB21.4886	
City Philadelphia	State PA	Zip Code 19123		
Purpose of Disbursement Contribution		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:		

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:		

Full Name (Last, First, Middle Initial) 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		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:		

SUBTOTAL of Disbursements This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	300.00