

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Citizens for Boyle

ADDRESS (number and street)

PO Box 11545

Check if different than previously reported. (ACC)

Philadelphia

PA

19116

2. FEC IDENTIFICATION NUMBER ▼

C C00543363

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

PA

13

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / 11

D D / 04

Y Y Y Y 2014

in the State of

PA

5. Covering Period

M M / 10

D D / 16

Y Y Y Y 2014

through

M M / 11

D D / 24

Y Y Y Y 2014

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

Type or Print Name of Treasurer Janica Kyriacopoulos

Signature of Treasurer Janica Kyriacopoulos

[Electronically Filed]

Date

M M / 12

D D / 04

Y Y Y Y 2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Citizens for Boyle**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	116236.00	1274770.41
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	4850.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	116236.00	1269920.41
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	49377.42	891382.05
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	65.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	49377.42	891317.05
8. Cash on Hand at Close of Reporting Period (from Line 27).....	403535.48	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	41664.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Citizens for Boyle

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

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election)  through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="16300.00"/>	<input type="text" value="506603.26"/>	<input type="text" value="500.00"/>
(ii) Unitemized		
<input type="text" value="1096.00"/>	<input type="text" value="75168.80"/>	<input type="text" value="25.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="17396.00"/>	<input type="text" value="581772.06"/>	<input type="text" value="525.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="98840.00"/>	<input type="text" value="630265.00"/>	<input type="text" value="6500.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	62733.35	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
116236.00	1274770.41	7025.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	70000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	70000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	65.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	21.53	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
116236.00	1344856.94	7025.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 58

Write or Type Committee Name

Citizens for Boyle

 Report Covering the Period: From:  /  /  To:  /  / 
**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
49377.42	891382.05	16239.41
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	30000.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	30000.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
0.00	100.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

## POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 58

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	4750.00	0.00
------	---------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	4850.00	0.00
------	---------	------

**21. OTHER DISBURSEMENTS**

150.00	675.00	0.00
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**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

49527.42	926907.05	16239.41
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

116236.00	1269920.41	7025.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

49377.42	891317.05	16239.41
----------	-----------	----------

**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	336826.90
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	116236.00
25. SUBTOTAL (add Line 23 and Line 24).....	453062.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	49527.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	403535.48

**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 58
	<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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Russell G Benner**

Mailing Address 3365 Martins Ln

City Hellertown State PA Zip Code 18055-9606

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

Name of Employer T and M Associates Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : C10421142**

Amount of Each Receipt this Period  
 750.00

**B.** Full Name (Last, First, Middle Initial)  
**Mark R Campbell**

Mailing Address 54 Parker St

City Carlisle State PA Zip Code 17013

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

Name of Employer Senior Program Manager Defense Lean Occupation Founder

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 10 / 2014

**Transaction ID : C10491484**

Amount of Each Receipt this Period  
 500.00

Postmarked Before 11/4/14

**C.** Full Name (Last, First, Middle Initial)  
**Fedayi Cebe**

Mailing Address 1333 Skiles Boulevard

City West Chester State PA Zip Code 19382

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

Name of Employer Dow Chemical Occupation SAP BI Architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : C10398030**

Amount of Each Receipt this Period  
 700.00

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

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

1950.00

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

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

FOR LINE NUMBER: PAGE 8 OF 58  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

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

Mailing Address 1525 Locust St

City Philadelphia State PA Zip Code 19102-3709

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

Name of Employer Self Occupation consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : C10414803**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mary Clarke**

Mailing Address 9221 Forest Haven Dr

City Alexandria State VA Zip Code 22309-3216

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

Name of Employer None Occupation Retired Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 01 / 2014

**Transaction ID : C10445812**

Amount of Each Receipt this Period  
 50.00

**C.** Full Name (Last, First, Middle Initial)  
**Ertugrul Cubukcu**

Mailing Address 3231 Walnut St  
Rm 401

City Philadelphia State PA Zip Code 19104-6202

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

Name of Employer University of Pennsylvania Occupation Assistant Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : C10398035**

Amount of Each Receipt this Period  
 1000.00

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

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

1300.00



**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 58
	<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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**John M Elliott**

Mailing Address 925 Harvest Dr  
Ste 300

City State Zip Code  
Blue Bell PA 19422-1956

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

Name of Employer Occupation  
Elliott Greenleaf Chairman and Senior Shareholder

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 27 / 2014

**Transaction ID : C10424786**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Kelli Emerick**

Mailing Address 708 Scarborough Way

City State Zip Code  
Alexandria VA 22314-6211

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

Name of Employer Occupation  
121 Strategies Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 03 / 2014

**Transaction ID : C10457679**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Suleyman Erdem**

Mailing Address 517 E Lancaster Ave  
Apt 304

City State Zip Code  
Wayne PA 19087-5116

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

Name of Employer Occupation  
IMS Health Commercial Operations Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1550.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : C10398031**

Amount of Each Receipt this Period  
1550.00

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

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

3800.00

**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 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

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

Mailing Address 1140 Conneticut Avenue, NW Suite 5

City Washington State DC Zip Code 20036

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

Name of Employer Ridge Policy Group Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : C10384469**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert D Hornick**

Mailing Address 2401 Pennsylvania Ave  
Apt 18 B 30

City Philadelphia State PA Zip Code 19130-3002

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

Name of Employer Self - Accountant Occupation Certified Public Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : C10421177**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Larry R Kaiser**

Mailing Address 408 Barbara Ln

City Bryn Mawr State PA Zip Code 19010-2128

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

Name of Employer Temple University Health System Occupation President and CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : C10421175**

Amount of Each Receipt this Period  
250.00

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

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

1350.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

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

Mailing Address 9 Pebble Ln

City State Zip Code  
Cherry Hill NJ 08002-1555

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

Name of Employer Occupation  
Cantor Fitzgerald Software Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : C10398036**

Amount of Each Receipt this Period  
 1150.00

**B.** Full Name (Last, First, Middle Initial)  
**Ismail Kul**

Mailing Address 60 River Woods Dr

City State Zip Code  
Wilmington DE 19809-2475

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

Name of Employer Occupation  
Widener University Associate Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : C10398032**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Laura J Kuller**

Mailing Address 401 N. 2nd Street

City State Zip Code  
Harrisburg PA 17101

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

Name of Employer Occupation  
Ridge Policy Group Government Affairs Counsel

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : C10421161**

Amount of Each Receipt this Period  
 250.00

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

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

2400.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

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

Mailing Address 117 Chesney Ln

City State Zip Code  
Glenside PA 19038-7803

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

Name of Employer Occupation  
Springfield Twp Dems Dem Committeeperson

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2735.77**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : C10421216**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Robert E Paul**

Mailing Address 345 N Bowman Ave

City State Zip Code  
Merion Station PA 19066

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

Name of Employer Occupation  
Paul, Reich, & Myers, P.C. Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : C10421185**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**George Pazuniak**

Mailing Address 1201 N Orange St  
Ste 7114

City State Zip Code  
Wilmington DE 19801-1155

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

Name of Employer Occupation  
Pazuniak Law Office LLC Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : C10427646**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1450.00**

**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 58
	<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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen G Pollock Esq**

Mailing Address 3756 Levy Ln

City State Zip Code  
Huntingdon Valley PA 19006-3108

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

Name of Employer Occupation  
Zarwin Baum Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**725.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : C10421180**

Amount of Each Receipt this Period  
**300.00**

**B.** Full Name (Last, First, Middle Initial)  
**Noam Roizman**

Mailing Address 80 Windermere Dr

City State Zip Code  
Blue Bell PA 19422-1448

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

Name of Employer Occupation  
Roizman Development inc Real Estate Development

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : C10426668**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Rejep Sayin Jr**

Mailing Address 2927 Kensington Ave

City State Zip Code  
Philadelphia PA 19134-3030

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : C10398027**

Amount of Each Receipt this Period  
**600.00**

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

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

**1900.00**

**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 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Nelson J Shaffer**

Mailing Address 1715 Hillcrest Ln

City Aston State PA Zip Code 19014-1041

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

Name of Employer Pennoni Associates Occupation Executive Vice President and CAO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : C10421200**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Sandy Sheller**

Mailing Address 225 S 18th St  
PH 1802

City Philadelphia State PA Zip Code 19103-6162

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

Name of Employer The Salvation Army Occupation Clinical Director, Art & Family Therap

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : C10421213**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Stephen Sheller**

Mailing Address 1528 Walnut St  
FL 4

City Philadelphia State PA Zip Code 19102-3626

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

Name of Employer Sheller, Ludwig & Badey Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : C10402784**

Amount of Each Receipt this Period  
**500.00**

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 58
	<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)  
**Citizens for Boyle**

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

Mailing Address 361 Tulpehocken Ave

City Elkins Park State PA Zip Code 19027-1638

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **525.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : C10436443**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Marc J Sonnenfeld**

Mailing Address 234 Cuylers Lane

City Haverford State PA Zip Code 19041

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

Name of Employer Morgan Lewis Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : C10421135**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Sellersville Junction Development, LP**

Mailing Address 8 Devonshires Ct

City Blue Bell State PA Zip Code 19422-2560

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : C10416285**

Amount of Each Receipt this Period  
**500.00**

PARTNERSHIP--partners below if itemized

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

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

**850.00**

**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 58
	<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)  
**Citizens for Boyle**

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

Mailing Address 1400 Melrose Ave

City Elkins Park State PA Zip Code 19027-3155

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

Name of Employer None Occupation Self Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : C10438143A**

Amount of Each Receipt this Period  
**50.00**

\* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 382110

City CAMBRIDGE State MA Zip Code 02238

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**75.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : C10438143AB**

Amount of Each Receipt this Period  
**50.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**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).....

**50.00**

**16300.00**



**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 17 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**4MA PAC**

Mailing Address **PO BOX 590-464**

City **NEWTON** State **MA** Zip Code **02459**

FEC ID number of contributing federal political committee. **C C00543504**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**10 / 20 / 2014**

**Transaction ID : C10398037**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**4MA PAC**

Mailing Address **PO BOX 590-464**

City **NEWTON** State **MA** Zip Code **02459**

FEC ID number of contributing federal political committee. **C C00543504**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**11 / 03 / 2014**

**Transaction ID : C10463967**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE (SKINPAC)**

Mailing Address **1445 NEW YORK AVENUE NW  
STE 800**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00359539**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**10 / 16 / 2014**

**Transaction ID : C10384434**

Amount of Each Receipt this Period  
**2500.00**

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

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

**3500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**American Council of Engineering Companies**

Mailing Address 1015 15TH ST. NW  
SUITE 802

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 03 / 2014

**Transaction ID : C10457816**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1111 14TH STREET, NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00000729**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2014

**Transaction ID : C10432449**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN HOSPITAL ASSOCIATION PAC**

Mailing Address 800 TENTH STREET, NW  
TWO CITYCENTER, SUITE 400

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00106146**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2014

**Transaction ID : C10442623**

Amount of Each Receipt this Period  
2500.00

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

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

7000.00

**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 19 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1505 PRINCE STREET  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : C10384458**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE**

Mailing Address 1061 AMERICAN LANE

City SCHAUMBURG State IL Zip Code 60173

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : C10489208**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 762 WEST LANCASTER AVENUE

City BRYN MAWR State PA Zip Code 19010

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : C10440868**

Amount of Each Receipt this Period  
500.00

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

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

10500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**ARKEMA POLITICAL ACTION COMMITTEE**

Mailing Address 900 FIRST AVE

City State Zip Code  
KING OF PRUSSIA PA 19406

FEC ID number of contributing federal political committee. **C C00182980**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 30 / 2014

**Transaction ID : C10439576**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS (BUILD PAC)

Mailing Address 1201 15TH STREET, NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00000901**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 28 / 2014

**Transaction ID : C10432459**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERAL (CITIGROUP PAC-FEDERAL)

Mailing Address 1101 PENNSYLVANIA AVENUE NW #1000

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00008474**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 30 / 2014

**Transaction ID : C10439511**

Amount of Each Receipt this Period  
3000.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION (LETTER CARRIERS POLITICAL ACTION FUND)		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2014
A. Mailing Address 100 INDIANA AVE., N. W.		Transaction ID : C10426255
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C C00023580		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) <b>DAY &amp; ZIMMERMANN INC FEDERAL PAC (AKA 'DAYPAC - FEDERAL')</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 03 / 2014
B. Mailing Address 1500 SPRING GARDEN STREET		Transaction ID : C10463959
City PHILADELPHIA	State PA	
FEC ID number of contributing federal political committee. C C00341271		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>DOYLE FOR CONGRESS COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2014
C. Mailing Address 205 HAWTHORNE COURT		Transaction ID : C10445989
City PITTSBURGH	State PA	
FEC ID number of contributing federal political committee. C C00290064		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**DUANE MORRIS GOVERNMENT COMMITTEE**

Mailing Address 30 S 17th St

City Philadelphia State PA Zip Code 19103-4016

FEC ID number of contributing federal political committee. **C C00364133**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : C10416971**

Amount of Each Receipt this Period  
**2600.00**

**B.** Full Name (Last, First, Middle Initial)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address LILLY CORPORATE CENTER

City INDIANAPOLIS State IN Zip Code 46285

FEC ID number of contributing federal political committee. **C C00082792**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : C10426272**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**ENDO PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (ENDO PAC)**

Mailing Address 1400 ATWATER DRIVE

City MALVERN State PA Zip Code 19355

FEC ID number of contributing federal political committee. **C C00452052**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : C10384450**

Amount of Each Receipt this Period  
**1000.00**

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

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

**4600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**EXELON CORPORATION POLITICAL ACTION COMMITTEE (EXELON PAC)**

Mailing Address 101 CONSTITUTION AVENUE NW  
SUITE 400 EAST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00141218**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : C10424779**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**FRANKLIN SQUARE POLITICAL ACTION COMMITTEE (FS PAC)**

Mailing Address 2929 ARCH STREET SUITE 675

City PHILADELPHIA State PA Zip Code 19104

FEC ID number of contributing federal political committee. **C C00559302**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : C10489210**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF DON BEYER**

Mailing Address 1751 POTOMAC GREENS DRIVE

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00555888**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : C10424775**

Amount of Each Receipt this Period  
1000.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Friends of Ed Pawlowski**

Mailing Address 43 N 11th St

City Allentown State PA Zip Code 18101

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : C10432448**

Amount of Each Receipt this Period  
1000.00

Permissible Funds Information Requested

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

Mailing Address 256 N SAM HOUSTON PKWY E  
SUITE 278

City HOUSTON State TX Zip Code 77060

FEC ID number of contributing federal political committee. **C** C00494047

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 11 / 2014

**Transaction ID : C10491911**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**HIGHMARK HEALTH PAC OF HIGHMARK INC.**

Mailing Address 1800 CENTER STREET

City CAMP HILL State PA Zip Code 17089

FEC ID number of contributing federal political committee. **C** C00302844

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : C10398038**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**KAPTUR FOR CONGRESS**

Mailing Address P.O. BOX 899

City Toledo State OH Zip Code 43697

FEC ID number of contributing federal political committee. **C** C00154625

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : C10463972**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**LEAGUE OF CONSERVATION VOTERS ACTION FUND**

Mailing Address 1920 L ST NW SUITE 800

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00252940

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4990.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : C10427657**

Amount of Each Receipt this Period  
 4850.00

**C.** Full Name (Last, First, Middle Initial)  
**LEAGUE OF CONSERVATION VOTERS ACTION FUND**

Mailing Address 1920 L ST NW SUITE 800

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00252940

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4990.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : C10463980**

Amount of Each Receipt this Period  
 140.00

\* In-Kind: Endorsement and Related Activities

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

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

5990.00

**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 26 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**MCGUIREWOODS LLP Federal PAC Fund**

Mailing Address **ONE JAMES CENTER**  
**901 E. CARY STREET**

City **RICHMOND** State **VA** Zip Code **23219**

FEC ID number of contributing federal political committee. **C C00225342**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 18 / 2014**

**Transaction ID : C10396444**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MCGUIREWOODS LLP Federal PAC Fund**

Mailing Address **ONE JAMES CENTER**  
**901 E. CARY STREET**

City **RICHMOND** State **VA** Zip Code **23219**

FEC ID number of contributing federal political committee. **C C00225342**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 20 / 2014**

**Transaction ID : C10505685**

Amount of Each Receipt this Period  
 1000.00

2014 Primary Debt Retirement

**C.** Full Name (Last, First, Middle Initial)  
**MERCK & CO., INC., EMPLOYEES POLITICAL ACTION COMMITTEE (MERCK PAC)**

Mailing Address **601 PENNSYLVANIA AVE., NW**  
**NORTH BUILDING, SUITE 1200**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00097485**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : C10489207**

Amount of Each Receipt this Period  
 2500.00

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

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

4500.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**MORAN FOR CONGRESS**

Mailing Address 311 NORTH WASHINGTON STREET  
SUITE 200L

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00241349**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 29 / 2014

**Transaction ID : C10434804**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC**

Mailing Address 1325 MASSACHUSETTS AVE., NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00238725**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : C10439492**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF POSTAL SUPERVISORS PAC**

Mailing Address 1727 KING ST  
SUITE 400

City State Zip Code  
ALEXANDRIA VA 22311

FEC ID number of contributing federal political committee. **C C00092957**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 22 / 2014

**Transaction ID : C10403997**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 28 OF 58  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF POSTMASTERS OF THE UNITED STATES (NA**  
 Mailing Address **8 HERBERT STREET**  
 City State Zip Code  
**ALEXANDRIA VA 22305**  
 FEC ID number of contributing federal political committee. **C C00100404**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 28 2014**  
**Transaction ID : C10434768**  
 Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**  
 Mailing Address **1101 KING STREET SUITE 600**  
 City State Zip Code  
**ALEXANDRIA VA 22314**  
 FEC ID number of contributing federal political committee. **C C00144766**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 16 2014**  
**Transaction ID : C10384466**  
 Amount of Each Receipt this Period  
**5000.00**

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA PAC)**  
 Mailing Address **25 MASSACHUSETTS AVENUE, NW #100**  
 City State Zip Code  
**WASHINGTON DC 20001**  
 FEC ID number of contributing federal political committee. **C C00010082**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 31 2014**  
**Transaction ID : C10442621**  
 Amount of Each Receipt this Period  
**1000.00**

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

**6500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL GROCERS ASSOCIATION GROCERS PAC**

Mailing Address 1005 NORTH GLEBE ROAD SUITE 250

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C C00508770**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : C10426266**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL RURAL LETTER CARRIERS' ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1630 DUKE STREET  
2ND FLOOR

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00072025**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : C10416276**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL TREASURY EMPLOYEES POLITICAL ACTION COMMITTEE**

Mailing Address 1750 H STREET, NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00107128**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : C10404004**

Amount of Each Receipt this Period  
 1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**New York Life Insurance Political Action Committee**

Mailing Address **51 MADISON AVENUE  
ROOM 1109**

City **NEW YORK** State **NY** Zip Code **10010**

FEC ID number of contributing federal political committee. **C C00158881**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 30 / 2014**

**Transaction ID : C10440629**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address **555 Capitol Mall  
Ste 1425**

City **Sacramento** State **CA** Zip Code **95814-4602**

FEC ID number of contributing federal political committee. **C C00557850**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 29 / 2014**

**Transaction ID : C10437411**

Amount of Each Receipt this Period  
 3000.00

**C.** Full Name (Last, First, Middle Initial)  
**PROFESSIONAL AVIATION SAFETY SPECIALISTS PAC**

Mailing Address **1150 17TH STREET NW  
SUITE 702**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00286807**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : C10416262**

Amount of Each Receipt this Period  
 1000.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

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

Mailing Address **P.O. BOX 3157**

City **LONG BRANCH** State **NJ** Zip Code **07740**

FEC ID number of contributing federal political committee. **C C00410308**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

**Transaction ID : C10424513**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**THE DOW CHEMICAL COMPANY EMPLOYEES PAC (DOWPAC)**

Mailing Address **2030 DOW CENTER**

City **MIDLAND** State **MI** Zip Code **48674**

FEC ID number of contributing federal political committee. **C C00074096**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2014

**Transaction ID : C10439522**

Amount of Each Receipt this Period  
**2500.00**

**C.** Full Name (Last, First, Middle Initial)  
**THE NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION ACTION COMMITTEE FOR RURAL ELECTRIFICA**

Mailing Address **4301 WILSON BOULEVARD**

City **ARLINGTON** State **VA** Zip Code **22203**

FEC ID number of contributing federal political committee. **C C00002972**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2014

**Transaction ID : C10505686**

Amount of Each Receipt this Period  
**2500.00**

2014 Primary Debt Retirement

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

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

**7500.00**

**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 32 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
TRANSPORTATION TRADES DEPARTMENT AFL-CIO POLITICAL ACTION COMMITTEE (TTD/PAC)

Mailing Address 815 16th St NW  
FI 4

City Washington State DC Zip Code 20006-4101

FEC ID number of contributing federal political committee. **C** C00280909

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2014

**Transaction ID : C10416273**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**UNITED MINE WORKERS OF AMERICA POWER PAC**

Mailing Address 18354 QUANTICO GATEWAY DRIVE #200

City TRIANGLE State VA Zip Code 22172

FEC ID number of contributing federal political committee. **C** C00489203

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 05 / 2014

**Transaction ID : C10491471**

Amount of Each Receipt this Period  
1000.00

Postmarked before 11/4/14

**C.** Full Name (Last, First, Middle Initial)  
**UNITED PARCEL SERVICE INC. PAC**

Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 22 / 2014

**Transaction ID : C10404016**

Amount of Each Receipt this Period  
5000.00

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

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

7000.00



**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 33 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**VICTORY IN NOVEMBER ELECTION PAC (VINEPAC)**

Mailing Address 700 13TH STREET, NW SUITE 600

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00378695

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : C10463976**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**VICTORY NOW PAC**

Mailing Address 10537 ST. PAUL ST.

City State Zip Code  
KENSINGTON MD 20895

FEC ID number of contributing federal political committee. **C** C00416743

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : C10437409**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**W.E.S.T.R.U.M. PAC**

Mailing Address 370 Commerce Drive

City State Zip Code  
Fort Washington PA 19034

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : C10432464**

Amount of Each Receipt this Period  
 250.00

Permissible Funds

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

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

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 34 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT**

Mailing Address 702 S.W. 8TH STREET

City State Zip Code  
BENTONVILLE AR 72716

FEC ID number of contributing federal political committee. **C C00093054**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : C10489209**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**WE THE PEOPLE PAC**

Mailing Address PO BOX 2426

City State Zip Code  
JENKINTOWN PA 19046

FEC ID number of contributing federal political committee. **C C00438721**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : C10463964**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**WESTINGHOUSE ELECTRIC COMPANY LLC PAC**

Mailing Address 900 19TH STREET, NW  
SUITE 350

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C C00346361**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 17 / 2014

**Transaction ID : C10495689**

Amount of Each Receipt this Period  
1000.00

2014 Primary Debt Retirement

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 35 OF 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial)  
WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 30 2014

Transaction ID : C10439729

Amount of Each Receipt this Period  
 2000.00

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

2000.00

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

98840.00

**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 36 OF 58	
	<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)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 1.98 <b>Transaction ID : D500328</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 0.99 <b>Transaction ID : D500931</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period 3070.24 <b>Transaction ID : D500557</b>
City Washington	State DC	
Zip Code 20003-4028	Purpose of Disbursement Fundraising Consulting Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3073.21
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 58	
	<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)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 03 / 2014</b>
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period <b>3413.39</b> <b>Transaction ID : D500558</b>
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Fundraising Consulting Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 17 / 2014</b>
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period <b>4057.52</b> <b>Transaction ID : D502677</b>
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Fundraising Consulting Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Area 9/154 Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 03 / 2014</b>
Mailing Address 530 Spring Lane		Amount of Each Disbursement this Period <b>283.00</b> <b>Transaction ID : D500559</b>
City Glenside State PA Zip Code 19038	Purpose of Disbursement Printing	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>7753.91</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 58	
	<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)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Brulee Catering</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address Attention: Sheralda Davis Mosley Independence Visitor Center		Amount of Each Disbursement this Period 71.36 <b>Transaction ID : D501233</b>
City Philadelphia	State PA Zip Code 19106	
Purpose of Disbursement Catering	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Promotions, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address PO Box 231		Amount of Each Disbursement this Period 1012.30 <b>Transaction ID : D501231</b>
City Glenside	State PA Zip Code 19038-0231	
Purpose of Disbursement Printing	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Promotions, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO Box 231		Amount of Each Disbursement this Period 1012.30 <b>Transaction ID : D500122</b>
City Glenside	State PA Zip Code 19038-0231	
Purpose of Disbursement Printing	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2095.96
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 58			
	<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)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Decision Communications LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 10 Canal Street, Suite 228			Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : D500123</b>
City Bristol	State PA	Zip Code 19007	
Purpose of Disbursement Voter Survey Phone Calls		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. First Data</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 5565 Glenridge Connector NE Ste 2000			Amount of Each Disbursement this Period 374.34 <b>Transaction ID : D503062</b>
City Atlanta	State GA	Zip Code 30342-1651	
Purpose of Disbursement Merchant Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. John Linnie Enterprises</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 19 Frelinghuysen Ave			Amount of Each Disbursement this Period 1100.00 <b>Transaction ID : D501060</b>
City Raritan	State NJ	Zip Code 08869-1920	
Purpose of Disbursement Printing		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4074.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 58			
	<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)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Kennedy Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 926 N St NW Studio R7		Amount of Each Disbursement this Period 1161.00
City Washington State DC Zip Code 20001-4485	Purpose of Disbursement Design & Printing Services	
Candidate Name	Category/Type	Transaction ID : D500552
Office Sought: House Senate President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kennedy Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 926 N St NW Studio R7		Amount of Each Disbursement this Period 9500.00
City Washington State DC Zip Code 20001-4485	Purpose of Disbursement Design & Printing Services	
Candidate Name	Category/Type	Transaction ID : D500553
Office Sought: House Senate President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Liberty Building Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 13050 Bustleton Ave		Amount of Each Disbursement this Period 900.00
City Philadelphia State PA Zip Code 19116-1631	Purpose of Disbursement Office Rent	
Candidate Name	Category/Type	Transaction ID : D500551
Office Sought: House Senate President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11561.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 58	
	<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)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Montgomery McCracken Walker &amp; Rhoads LLP</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 06 / 2014</b>
Mailing Address 123 South Broad St 24th Floor		Amount of Each Disbursement this Period <b>2000.00</b>
City Philadelphia	State PA Zip Code 19109-1099	
Purpose of Disbursement Legal Services	Candidate Name	<b>Transaction ID : D501159</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. O'Brien Printing</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 07 / 2014</b>
Mailing Address 324 Dorrance St		Amount of Each Disbursement this Period <b>2651.06</b>
City Bristol	State PA Zip Code 19007	
Purpose of Disbursement Printing	Candidate Name	<b>Transaction ID : D501269</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period <b>762.14</b>
City Rochester	State NY Zip Code 14625-2311	
Purpose of Disbursement Payroll Taxes	Candidate Name	<b>Transaction ID : D501260</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5413.20</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 58	
	<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)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>911 Panorama Trl S</b>			Amount of Each Disbursement this Period <b>73.15</b> Transaction ID : <b>D501261</b>
City <b>Rochester</b>	State <b>NY</b>	Zip Code <b>14625-2311</b>	
Purpose of Disbursement <b>Payroll Processing Fee</b>		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <b>2014</b>			
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			
<input type="checkbox"/> Other (specify)			
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>11 / 14 / 2014</b>
Mailing Address <b>911 Panorama Trl S</b>			Amount of Each Disbursement this Period <b>762.15</b> Transaction ID : <b>D503496</b>
City <b>Rochester</b>	State <b>NY</b>	Zip Code <b>14625-2311</b>	
Purpose of Disbursement <b>Payroll Taxes</b>		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <b>2014</b>			
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			
<input type="checkbox"/> Other (specify)			
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>11 / 14 / 2014</b>
Mailing Address <b>911 Panorama Trl S</b>			Amount of Each Disbursement this Period <b>73.15</b> Transaction ID : <b>D503498</b>
City <b>Rochester</b>	State <b>NY</b>	Zip Code <b>14625-2311</b>	
Purpose of Disbursement <b>Payroll Processing Fee</b>		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <b>2014</b>			
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			
<input type="checkbox"/> Other (specify)			
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>908.45</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 58	
	<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)  
**Citizens for Boyle**

**A. Political Compliance Management Services**

Full Name (Last, First, Middle Initial)  
Mailing Address 1050 17th St NW Ste 590  
City Washington State DC Zip Code 20036-5592  
Purpose of Disbursement Accounting Services  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)  
State: District:

Date of Disbursement: 11 / 17 / 2014  
Amount of Each Disbursement this Period: 1541.89  
Transaction ID : D502678

**B. Political Compliance Management Services**

Full Name (Last, First, Middle Initial)  
Mailing Address 1050 17th St NW Ste 590  
City Washington State DC Zip Code 20036-5592  
Purpose of Disbursement Accounting Services  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)  
State: District:

Date of Disbursement: 11 / 03 / 2014  
Amount of Each Disbursement this Period: 1508.33  
Transaction ID : D500554

**C. Political Compliance Management Services**

Full Name (Last, First, Middle Initial)  
Mailing Address 1050 17th St NW Ste 590  
City Washington State DC Zip Code 20036-5592  
Purpose of Disbursement Accounting Services  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)  
State: District:

Date of Disbursement: 11 / 03 / 2014  
Amount of Each Disbursement this Period: 1537.59  
Transaction ID : D500555

**SUBTOTAL** of Disbursements This Page (optional) ..... 4587.81  
**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 44 OF 58			
	<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)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial)  
**A. Political Compliance Management Services**

Mailing Address 1050 17th St NW  
Ste 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement Accounting Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 03 / 2014

Amount of Each Disbursement this Period: 1511.76

Transaction ID : D500556

Full Name (Last, First, Middle Initial)  
**B. United States Postal Service**

Mailing Address 3000 Chestnut St

City Philadelphia State PA Zip Code 19104-5003

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 06 / 2014

Amount of Each Disbursement this Period: 490.00

Transaction ID : D501232

Full Name (Last, First, Middle Initial)  
**c. United States Postal Service**

Mailing Address 3000 Chestnut St

City Philadelphia State PA Zip Code 19104-5003

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 03 / 2014

Amount of Each Disbursement this Period: 19.99

Transaction ID : D503063

**SUBTOTAL** of Disbursements This Page (optional)..... 2021.75

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 58			
	<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)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Bank, NA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 47.00
City Portland	State OR	
Zip Code 97228-6995	Purpose of Disbursement Banking Service Charge	Transaction ID : D503064
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo Bank, NA</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 3.00
City Portland	State OR	
Zip Code 97228-6995	Purpose of Disbursement Banking Service Charge	Transaction ID : D503065
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Michael Alex Byrd</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1610 Melrose Avenue		Amount of Each Disbursement this Period 135.18
City Elkins Park	State PA	
Zip Code 19027	Purpose of Disbursement Office Supply Reimbursement	Transaction ID : D500560
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	185.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 58			
	<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)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Walgreens</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 2 E Street Rd		Amount of Each Disbursement this Period 135.18
City Feasterville Treose	State PA Zip Code 19053-7603	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : D500561
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Mr. Scott H Heppard</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 225 Loring Ct		Amount of Each Disbursement this Period 1023.93
City Sewell	State NJ Zip Code 08080-3005	
Purpose of Disbursement Expense Reimbursement	Candidate Name	Transaction ID : D501070
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. OfficeMax</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 300 York Road		Amount of Each Disbursement this Period 5.08
City Willow Grove	State PA Zip Code 19090	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : D501074
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1023.93
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 58			
	<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)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Szechuan East Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 744 Red Lion Rd		Amount of Each Disbursement this Period 400.00
City Philadelphia	State PA	
Zip Code 19115	Purpose of Disbursement Catering	Transaction ID : D501081
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 3000 Chestnut St		Amount of Each Disbursement this Period 204.78
City Philadelphia	State PA	
Zip Code 19104-5003	Purpose of Disbursement Postage	Transaction ID : D501072
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Virgin Mobile</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 10 Independence Blvd		Amount of Each Disbursement this Period 53.50
City Warren	State NJ	
Zip Code 07059-2730	Purpose of Disbursement Telephone Services	Transaction ID : D501083
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 58	
	<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)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Walgreens</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 2 E Street Rd		Amount of Each Disbursement this Period 24.59
City Feasterville Trevose	State PA Zip Code 19053-7603	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : D501080
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Mr. Scott H Heppard</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 225 Loring Ct		Amount of Each Disbursement this Period 532.00
City Sewell	State NJ Zip Code 08080-3005	
Purpose of Disbursement Travel and Office Supply Reimbursement	Candidate Name	Transaction ID : D501147
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 9940 Roosevelt Blvd		Amount of Each Disbursement this Period 82.00
City Philadelphia	State PA Zip Code 19115	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : D501148
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	532.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 58			
	<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)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Sunoco Philmont</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 2883 Philmont Ave			Amount of Each Disbursement this Period 450.00
City Huntingdon Valley	State PA	Zip Code 19006	
Purpose of Disbursement Travel		Category/ Type	<b>Transaction ID : D501149</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Seth Kaplan</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 10015 Northeast Ave FI 1			Amount of Each Disbursement this Period 15.00
City Philadelphia	State PA	Zip Code 19116-3711	
Purpose of Disbursement Reimbursement		Category/ Type	<b>Transaction ID : D501155</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Mr. Scott H Heppard</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 225 Loring Ct			Amount of Each Disbursement this Period 235.96
City Sewell	State NJ	Zip Code 08080-3005	
Purpose of Disbursement Reimbursement		Category/ Type	<b>Transaction ID : D501157</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	250.96
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 58			
	<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)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 1101 15th St. NW		Amount of Each Disbursement this Period 235.96
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Automated Phone Calls	Transaction ID : D501158
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Michael Alex Byrd</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 1610 Melrose Avenue		Amount of Each Disbursement this Period 161.05
City Elkins Park	State PA	
Zip Code 19027	Purpose of Disbursement Reimbursement	Transaction ID : D501160
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Walgreens</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 2 E Street Rd		Amount of Each Disbursement this Period 44.50
City Feasterville Treose	State PA	
Zip Code 19053-7603	Purpose of Disbursement Office Supplies	Transaction ID : D501163
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	161.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 58	
	<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)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>911 Panorama Trl S</b>		Amount of Each Disbursement this Period <b>1749.70</b>
City <b>Rochester</b> State <b>NY</b> Zip Code <b>14625-2311</b>	Purpose of Disbursement <b>Payroll</b>	
Candidate Name	Category/Type	<b>Transaction ID : D501257</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carly Frame</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>119 Christine Dr</b>		Amount of Each Disbursement this Period <b>730.15</b>
City <b>Downingtown</b> State <b>PA</b> Zip Code <b>19335-1516</b>	Purpose of Disbursement <b>Payroll</b>	
Candidate Name	Category/Type	<b>Transaction ID : D501263</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mr. Scott H Heppard</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>225 Loring Ct</b>		Amount of Each Disbursement this Period <b>1019.55</b>
City <b>Sewell</b> State <b>NJ</b> Zip Code <b>08080-3005</b>	Purpose of Disbursement <b>Payroll</b>	
Candidate Name	Category/Type	<b>Transaction ID : D501265</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1749.70</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 58	
	<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)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Mr. Scott H Heppard</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 225 Loring Ct		Amount of Each Disbursement this Period 457.17 <b>Transaction ID : D502679</b>
City Sewell	State NJ	
Zip Code 08080-3005	Purpose of Disbursement Reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Amazon</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 1516 Second Ave		Amount of Each Disbursement this Period 106.90 <b>Transaction ID : D502688</b> <b>[MEMO ITEM]</b>
City Seattle	State WA	
Zip Code 98101	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Dunkin Donuts</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 110 E Street Rd		Amount of Each Disbursement this Period 86.00 <b>Transaction ID : D502681</b> <b>[MEMO ITEM]</b>
City Feasterville Trevoise	State PA	
Zip Code 19053-7604	Purpose of Disbursement Catering	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	457.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 58	
	<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)  
**Citizens for Boyle**

**A. Philly Soft Pretzel Factory**

Full Name (Last, First, Middle Initial)  
Mailing Address 499 Horsham Rd

City Horsham State PA Zip Code 19044-2066

Purpose of Disbursement Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 17 / 2014

Amount of Each Disbursement this Period: 82.20

Transaction ID : D502683

[MEMO ITEM]

**B. United States Postal Service**

Full Name (Last, First, Middle Initial)  
Mailing Address 3000 Chestnut St

City Philadelphia State PA Zip Code 19104-5003

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 17 / 2014

Amount of Each Disbursement this Period: 53.31

Transaction ID : D502684

[MEMO ITEM]

**c. Walgreens**

Full Name (Last, First, Middle Initial)  
Mailing Address 2 E Street Rd

City Feasterville Treose State PA Zip Code 19053-7603

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 17 / 2014

Amount of Each Disbursement this Period: 8.41

Transaction ID : D502685

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 58			
	<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)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Rep Brendan Boyle</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address PO Box 11545		Amount of Each Disbursement this Period 958.11 <b>Transaction ID : D503040</b>
City Philadelphia	State PA Zip Code 19116	
Purpose of Disbursement Reimbursement	Category/Type	
Candidate Name <b>Rep Brendan Boyle</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 13		

Full Name (Last, First, Middle Initial) <b>B. COSI</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 700 11th St NW		Amount of Each Disbursement this Period 18.62 <b>Transaction ID : D503046</b> <b>[MEMO ITEM]</b>
City Washington	State DC Zip Code 20001	
Purpose of Disbursement Catering	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Dunkin Donuts</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 110 E Street Rd		Amount of Each Disbursement this Period 542.53 <b>Transaction ID : D503041</b> <b>[MEMO ITEM]</b>
City Feasterville Treose	State PA Zip Code 19053-7604	
Purpose of Disbursement Catering	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	958.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 58	
	<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)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 1749.69
City Rochester	State NY Zip Code 14625-2311	
Purpose of Disbursement Payroll	Category/Type	<b>Transaction ID : D503495</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carly Frame</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 119 Christine Dr		Amount of Each Disbursement this Period 730.15
City Downingtown	State PA Zip Code 19335-1516	
Purpose of Disbursement Payroll	Category/Type	<b>Transaction ID : D503501</b> <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mr. Scott H Heppard</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 225 Loring Ct		Amount of Each Disbursement this Period 1019.54
City Sewell	State NJ Zip Code 08080-3005	
Purpose of Disbursement Payroll	Category/Type	<b>Transaction ID : D503505</b> <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1749.69
<b>TOTAL</b> This Period (last page this line number only).....	48557.42

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Citizens for Boyle

Transaction ID : L927

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

Rep Brendan Boyle

[PERSONAL FUNDS]

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO Box 11545

City State ZIP Code  
Philadelphia PA 19116

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
40000.00 30000.00 10000.00

### TERMS

Date Incurred Date Due Interest Rate Secured:  
M 05 / D 07 / Y 2014 M M / D D / No Due Date 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

SUBTOTALS This Period This Page (optional)..... ▶ 10000.00

TOTALS This Period (last page in this line only)..... ▶

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



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

NAME OF COMMITTEE (In Full) **Citizens for Boyle** Transaction ID : L929

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Rep Brendan Boyle</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 11545		
City Philadelphia	State PA	ZIP Code 19116

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 19 / Y 2014 Y	M M / D D / No Due Date	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	30000.00
<b>TOTALS</b> This Period (last page in this line only).....	40000.00

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

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

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Kennedy Communications</b>		Nature of Debt (Purpose): Design & Printing Services - 2014 Primary Debt
Mailing Address 926 N St NW Studio R7		
City State	Zip Code	
Washington	DC 20001-4485	

Outstanding Balance Beginning This Period	<b>Transaction ID : D483005</b>	
11164.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	9500.00	1664.00

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

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	1664.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	1664.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	40000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	41664.00