



**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**BOB BRADY FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	153706.00	438206.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	153706.00	438206.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	53547.83	242165.39
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	53547.83	242165.39
8. Cash on Hand at Close of Reporting Period (from Line 27).....	487473.81	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	5000.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**BOB BRADY FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	108125.00	251125.00
(ii) Unitemized.....	2581.00	3581.00
(iii) TOTAL of contributions from individuals ▶	110706.00	254706.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	43000.00	183500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	153706.00	438206.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	2572.93	6059.90
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	156278.93	444265.90

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	53547.83	242165.39
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	214766.00	293613.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	268313.83	535778.39

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	599508.71
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	156278.93
25. SUBTOTAL (add Line 23 and Line 24).....	755787.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	268313.83
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	487473.81

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 84
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. David Albert</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2016	
Mailing Address 417 Park Avenue Apt 5E		<b>Transaction ID : SA11AI.10936</b>	
City State Zip Code New York NY 10022	Amount of Each Receipt this Period _____ 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item Contribution		
Name of Employer Occupation The Carlyle Group Portfolio Manager	Election Cycle-to-Date _____ 1000.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Jane Allsopp</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2016	
Mailing Address 251 S. 25th Street		<b>Transaction ID : SA11AI.11123</b>	
City State Zip Code Philadelphia PA 19103	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item Contribution		
Name of Employer Occupation Art Museum Museum Coordinator	Election Cycle-to-Date _____ 250.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Paul Amundsen</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2016	
Mailing Address 203 Megan Drive		<b>Transaction ID : SA11AI.10980</b>	
City State Zip Code Bear DE 19701	Amount of Each Receipt this Period _____ 1500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item Contribution		
Name of Employer Occupation Philadelphia Energy Solutions Assistant General Counsel	Election Cycle-to-Date _____ 1500.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 2750.00
<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 6 OF 84
	<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)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Michael K Armento**

Mailing Address 1 Crescent Drive  
Suite 302

City Philadelphia State PA Zip Code 19112

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

Name of Employer Torcon Occupation Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

**Transaction ID : SA11AI.10919**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

**B.** Full Name (Last, First, Middle Initial)  
**ATM Capital Investment LLC**

Mailing Address 120 Hampton court

City Sicklerville State NJ Zip Code 08081

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

**Transaction ID : SA11AI.10933**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Mr. William J. Avery**

Mailing Address PO Box 136

City Gwynedd State PA Zip Code 19437

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

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

**Transaction ID : SA11AI.10956**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 84
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Victor L Baldi III</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 11 / 2016	
Mailing Address 3519 South Reserve Drive		<b>Transaction ID : SA11AI.11029</b>	
City Philadelphia	State PA	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution	
Name of Employer Baldi Funeral Home	Occupation Funeral Director		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>Ricahrd Barnhart</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2016	
Mailing Address One Brewery Park 1301 N. 31st St		<b>Transaction ID : SA11AI.10898</b>	
City Philadelphia	State PA	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution	
Name of Employer Pennrose	Occupation Chairman and CEO		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>Michael Bauer</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2016	
Mailing Address 222 W. Rittenhouse Square Apt PH5		<b>Transaction ID : SA11AI.10940</b>	
City Philadelphia	State PA	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution	
Name of Employer Philadelphia Energy Solutions	Occupation Dir of Continuous Improvement		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<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 8 OF 84
	<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)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**D. L. Beerhalter**

Mailing Address 408 Westview Road

City Elkins Park State PA Zip Code 19027

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

Name of Employer E. P. Guidi Inc. Occupation COO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

**Transaction ID : SA11AI.11093**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

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

Mailing Address 52 Pine View Dr

City Huntingdon Valley State PA Zip Code 19006

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

Name of Employer PREIT Occupation Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

**Transaction ID : SA11AI.11091**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Joseph P Bilson**

Mailing Address 6 Dressage Drive

City Sewell State NJ Zip Code 08080

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

Name of Employer Wills Eye Hospital Occupation Hospital Administrator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11AI.10920**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

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

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

2500.00



**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 84
	<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)  
**BOB BRADY FOR CONGRESS**

**A. Myron Bloom**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 227 South 6th Street  
 Apatrment 4 SE  
 City Philadelphia State PA Zip Code 19106  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Bloom & Bloom LLC Occupation Attorney  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : SA11AI.11019**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item Contribution

**B. Mark Brandon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 W. Pine Street  
 City Audubon State NJ Zip Code 08106  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Philadelphia Energy Solutions Occupation VP & General Manager  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016  
**Transaction ID : SA11AI.10912**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item Contribution

**C. Charles F. Calvanese**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Pheasant Hill Drive  
 City Philadelphia State PA Zip Code 19115  
 FEC ID number of contributing federal political committee. C  
 Name of Employer BSI Construction LLC Occupation Vice President  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016  
**Transaction ID : SA11AI.10918**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item Contribution

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

1250.00

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

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

FOR LINE NUMBER: PAGE 10 OF 84  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

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

Mailing Address 448 Arbor Drive

City Swedesboro State NJ Zip Code 08085

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

Name of Employer Philadelphia Energy Solutions Occupation CAO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11AI.10908**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

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

Mailing Address 43712 Burning Samd Ter

City Leesburg State VA Zip Code 20176

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

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

**Transaction ID : SA11AI.11014**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Deborah M Cimino**

Mailing Address 1054 Capie Polk Dr.

City Springfield State PA Zip Code 19064

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

Name of Employer NA Occupation Homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11AI.10938**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

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

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

2000.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 11 OF 84

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

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

Mailing Address 648 Country Club Dr

City State Zip Code  
 Blue Bell PA 19422

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

Name of Employer Occupation  
 Sunoco CFO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11AI.10942**

Amount of Each Receipt this Period  
 1000.00

Memo Item Contribution

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

Mailing Address 12 Cove Road

City State Zip Code  
 Moorestown NJ 08057

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

Name of Employer Occupation  
 Self Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 14 / 2016

**Transaction ID : SA11AI.10957**

Amount of Each Receipt this Period  
 1000.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Blaise Cona**

Mailing Address 24 Cohasset Lane

City State Zip Code  
 Cherry Hill NJ 08003

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

Name of Employer Occupation  
 ARI Project Coordinator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11AI.10906**

Amount of Each Receipt this Period  
 500.00

Memo Item Contribution

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 84
	<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)  
**BOB BRADY FOR CONGRESS**

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

Mailing Address 201 Hopkins Road

City State Zip Code  
Mickleton NJ 08056

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

Name of Employer Occupation  
Philadelphia Energy Solutions Sr. Public Affairs & Communications Mg

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

**Transaction ID : SA11AI.10905**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

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

Mailing Address 2969 Bush Road

City State Zip Code  
Newtown PA 18940

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

**Transaction ID : SA11AI.11237**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**John Cresci**

Mailing Address 148 E. Street Road

City State Zip Code  
Feasterville PA 19053

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 07 / 2016

**Transaction ID : SA11AI.10854**

Amount of Each Receipt this Period  
100.00

Memo Item Contribution

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

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

1100.00

**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 84
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. John Cresci</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2016	
Mailing Address 148 E. Street Road		<b>Transaction ID : SA11AI.10894</b>	
City Feasterville	State PA	Amount of Each Receipt this Period _____ 100.00	
Zip Code 19053		<input type="checkbox"/> Memo Item Contribution	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period _____ 500.00	
Name of Employer Retired	Occupation Retired	<input type="checkbox"/> Memo Item Contribution	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 500.00	

Full Name (Last, First, Middle Initial) <b>B. John Cresci</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 11 / 2016	
Mailing Address 148 E. Street Road		<b>Transaction ID : SA11AI.11060</b>	
City Feasterville	State PA	Amount of Each Receipt this Period _____ 100.00	
Zip Code 19053		<input type="checkbox"/> Memo Item Contribution	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period _____ 600.00	
Name of Employer Retired	Occupation Retired	<input type="checkbox"/> Memo Item Contribution	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. M. Walter Dalessio Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2016	
Mailing Address 580 Wigard Avenue		<b>Transaction ID : SA11AI.10964</b>	
City Philadelphia	State PA	Amount of Each Receipt this Period _____ 700.00	
Zip Code 19128		<input type="checkbox"/> Memo Item Contribution	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period _____ 2700.00	
Name of Employer Northmarq Advisors LLC	Occupation Principal	<input type="checkbox"/> Memo Item Contribution	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 2700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 900.00
<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 14 OF 84
	<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)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. M. Walter Dalessio Jr.**

Mailing Address 580 Wigard Avenue

City Philadelphia State PA Zip Code 19128

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

Name of Employer Northmarq Advisors LLC Occupation Principal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11AI.11238**

Amount of Each Receipt this Period  
300.00

Memo Item Contribution

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

Mailing Address 354 Darlington Road

City Media State PA Zip Code 19063

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

Name of Employer Pennrose Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11AI.10900**

Amount of Each Receipt this Period  
250.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Lawrence Deal**

Mailing Address 1215 Foal Circle

City Warrington State PA Zip Code 18976

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

Name of Employer Self Occupation Contractor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11AI.10973**

Amount of Each Receipt this Period  
2700.00

Memo Item Contribution

**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 15 OF 84
	<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)  
**BOB BRADY FOR CONGRESS**

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

Mailing Address 1 Independence Way

City State Zip Code  
Chadds Ford PA 19317

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

Name of Employer Occupation  
Philadelphia Energy Solutions Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

**Transaction ID : SA11AI.10913**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

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

Mailing Address 1917 Griffith Street

City State Zip Code  
Philadelphia PA 19111

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

Name of Employer Occupation  
Philadelphia Energy Solutions Operations Dir Point Breeze Refinery

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

**Transaction ID : SA11AI.10943**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Peter DePaul**

Mailing Address 1750 Walton Road  
PO Box 1647

City State Zip Code  
Blue Bell PA 19422-0465

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

Name of Employer Occupation  
The DePaul Group President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

**Transaction ID : SA11AI.10966**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

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

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

2500.00

**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 84
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Frank J. DiCicco</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2016	
Mailing Address 1207 South 11th Street		<b>Transaction ID : SA11AI.10924</b>	
City Philadelphia	State PA	Zip Code 19147	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item Contribution	
Name of Employer Frank DiCicco Associates	Occupation Owner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) <b>Dilworth Paxson, LLP</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 11 / 2016	
Mailing Address 1500 Market Street Ste 3500E		<b>Transaction ID : SA11AI.11100</b>	
City Philadelphia	State PA	Zip Code 19102-2101	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item Contribution	
Name of Employer		Occupation	
Receipt For: 1000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 4000.00		

Full Name (Last, First, Middle Initial) <b>David Fair</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 11 / 2016	
Mailing Address 302 W. Earham Ter		<b>Transaction ID : SA11AI.11030</b>	
City Philadelphia	State PA	Zip Code 19144	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item Contribution	
Name of Employer David Fair partners, LLC		Occupation Partner	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1750.00
<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 17 OF 84
	<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)  
**BOB BRADY FOR CONGRESS**

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

Mailing Address 317 Georgian Road

City State Zip Code  
Glenside PA 19038

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

Name of Employer Occupation  
Ferrick Construction Co., Inc. Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

**Transaction ID : SA11AI.10970**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

**B.** Full Name (Last, First, Middle Initial)  
**James Fitzpatrick IV**

Mailing Address 6010 Cricket Road

City State Zip Code  
Flourtown PA 19031

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 11 / 2016

**Transaction ID : SA11AI.11079**

Amount of Each Receipt this Period  
2500.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Ernesto Forlini**

Mailing Address 433 Warren Blvd

City State Zip Code  
Broomall PA 19008

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

Name of Employer Occupation  
Action Supply Co. President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

**Transaction ID : SA11AI.10923**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

**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 18 OF 84
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Thomas Franks</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 16 / 2016	
Mailing Address 49 Dolton Road		<b>Transaction ID : SA11AI.11109</b>	
City Feasterville	State PA	Amount of Each Receipt this Period 1000.00	
Zip Code 19053		<input type="checkbox"/> Memo Item Contribution	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Info Requested	Occupation Infor Requested	<input type="checkbox"/> Memo Item Contribution	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Leo Garonski</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2016	
Mailing Address 2416 Laurel Drive		<b>Transaction ID : SA11AI.10925</b>	
City Cinnaminson	State NJ	Amount of Each Receipt this Period 500.00	
Zip Code 08077		<input type="checkbox"/> Memo Item Contribution	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Garonski Law	Occupation Attorney	<input type="checkbox"/> Memo Item Contribution	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. Gregory Gatta</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2016	
Mailing Address 517 Watch Hill Road		<b>Transaction ID : SA11AI.10945</b>	
City Villanova	State PA	Amount of Each Receipt this Period 1000.00	
Zip Code 19085		<input type="checkbox"/> Memo Item Contribution	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Philadelphia Energy Solutions	Occupation VP & COO	<input type="checkbox"/> Memo Item Contribution	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	2500.00

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

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

FOR LINE NUMBER: PAGE 19 OF 84  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

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

Mailing Address 673 Northfield Lane

City Harleysville State PA Zip Code 19438

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

Name of Employer Occupation  
Monroe Energy LLC Communications Leader

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11AI.10871**

Amount of Each Receipt this Period  
225.00

Memo Item Contribution

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

Mailing Address 170 E. Main Street

City Moorestown State NJ Zip Code 08057

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

Name of Employer Occupation  
Atlantic Trailer Leasing Corp President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

**Transaction ID : SA11AI.11075**

Amount of Each Receipt this Period  
2700.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Julia A. Haller Gottsch**

Mailing Address 1316 Glencoe Road

City Glencoe State MD Zip Code 21152

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

Name of Employer Occupation  
Wills Eye Hospital Physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11AI.10922**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

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

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

3425.00

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

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

FOR LINE NUMBER: PAGE 20 OF 84  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**V. Steve Herzog**

Mailing Address 78 Old Mill Dr.

City State Zip Code  
Media PA 19063

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

Name of Employer Occupation  
Philadelphia Energy Solutions SVP

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

**Transaction ID : SA11AI.11012**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Mr. C. Edward Hillis**

Mailing Address 8470 Limekiln Pike #514

City State Zip Code  
Wyncote PA 19095

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

Name of Employer Occupation  
Domus, Inc. President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11AI.10972**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Edward Hladczuk**

Mailing Address 9617 Eden Hall Lane

City State Zip Code  
Philadelphia PA 19114-3076

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

Name of Employer Occupation  
J E Reality Assoc, LLC Principal

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11AI.10962**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 21 OF 84  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Leo Holt**

Mailing Address **PO Box 69**

City **Gloucester City** State **NJ** Zip Code **08030**

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

Name of Employer **Holt Logistics** Occupation **Executive**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 11 / 2016**

**Transaction ID : SA11AI.11074**

Amount of Each Receipt this Period  
**2700.00**

Memo Item Contribution

**B.** Full Name (Last, First, Middle Initial)  
**J. D. Richards Construction, LLC**

Mailing Address **9310 Keystone St.**

City **Philadelphia** State **PA** Zip Code **19114**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 28 / 2016**

**Transaction ID : SA11AI.10931**

Amount of Each Receipt this Period  
**500.00**

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Cecil James**

Mailing Address **414 Ace Circle**

City **Harleysville** State **PA** Zip Code **19438**

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

Name of Employer **USB Financial Group** Occupation **Executive**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 16 / 2016**

**Transaction ID : SA11AI.11107**

Amount of Each Receipt this Period  
**2000.00**

Memo Item Contribution

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

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

**5200.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 84
	<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)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**John E. Johns**

Mailing Address 122 Chalfont Rd

City State Zip Code  
Kennett Square PA 19348

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

Name of Employer Occupation  
Monroe Energy LLC Organization Leder

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

**Transaction ID : SA11AI.11035**

Amount of Each Receipt this Period  
225.00

Memo Item Contribution

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

Mailing Address 50 South 16th Street  
Unit 4604

City State Zip Code  
Philadelphia PA 19102

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

Name of Employer Occupation  
Knox Consulting Group Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

**Transaction ID : SA11AI.11097**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

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

Mailing Address 261 S. 4th Street

City State Zip Code  
Philadelphia PA 19106

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

Name of Employer Occupation  
Dilworth Paxson Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

**Transaction ID : SA11AI.11061**

Amount of Each Receipt this Period  
2700.00

Memo Item Contribution

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

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

3925.00

**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 84
	<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)  
**BOB BRADY FOR CONGRESS**

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

Mailing Address 261 S. 4th Street

City Philadelphia State PA Zip Code 19106

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

Name of Employer Dilworth Paxson Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 11 / 2016**

**Transaction ID : SA11AI.11063**

Amount of Each Receipt this Period  
**2700.00**

Memo Item Contribution

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

Mailing Address 201 E. Gravers Lane

City Philadelphia State PA Zip Code 19118

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

Name of Employer Philadelphia Energy Solutions Occupation Assistant General Counsel

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 28 / 2016**

**Transaction ID : SA11AI.10867**

Amount of Each Receipt this Period  
**250.00**

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Anna Leva**

Mailing Address 1420 Faunce Street

City Philadelphia State PA Zip Code 19111

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

Name of Employer None Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 28 / 2016**

**Transaction ID : SA11AI.10952**

Amount of Each Receipt this Period  
**1000.00**

Memo Item Contribution

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

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

**3950.00**

**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 84
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Marcy Levin</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 15 / 2016	
Mailing Address 10608 Clark Street		<b>Transaction ID : SA11AI.10855</b>	
City Philadelphia	State PA	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution	
Name of Employer N/A	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) <b>B. David Marchick</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2016	
Mailing Address 6 Leland Court		<b>Transaction ID : SA11AI.10858</b>	
City Chevy Chase	State MD	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution	
Name of Employer The Carlyle Group	Occupation Managing Director		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) <b>C. Joseph S Martz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 11 / 2016	
Mailing Address 3213 W. Coulter Street		<b>Transaction ID : SA11AI.11013</b>	
City Philadelphia	State PA	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution	
Name of Employer Board of Director City Trusts	Occupation Administrator		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<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 25 OF 84
	<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)  
**BOB BRADY FOR CONGRESS**

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

Mailing Address 1730 East Willow Grove Avenue

City Laverock State PA Zip Code 19038

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

Name of Employer Larry C. McCrae, Inc. Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11AI.10959**

Amount of Each Receipt this Period  
 1000.00

Memo Item Contribution

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

Mailing Address 213 Tanglewood Way

City Harleysville State PA Zip Code 19438

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

Name of Employer Self Occupation Contractor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

**Transaction ID : SA11AI.11010**

Amount of Each Receipt this Period  
 500.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**William McEnroe**

Mailing Address 150 Ramunno Cir

City Hockessin State DE Zip Code 19707

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

Name of Employer Monroe Energy LLC Occupation HSES Leader

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

**Transaction ID : SA11AI.11037**

Amount of Each Receipt this Period  
 225.00

Memo Item Contribution

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

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

1725.00

**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 84
	<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)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph M McGonigle**

Mailing Address 212 Wykagyl Road

City Stratford State NJ Zip Code 08084-1024

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

Name of Employer Self Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 28 / 2016**

**Transaction ID : SA11AI.10927**

Amount of Each Receipt this Period  
**500.00**

Memo Item Contribution

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

Mailing Address 525 Marks Road

City Oreland State PA Zip Code 19075

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

Name of Employer Union League Occupation Executive Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 11 / 2016**

**Transaction ID : SA11AI.11017**

Amount of Each Receipt this Period  
**250.00**

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Jeri Mogle**

Mailing Address 27 Overlook Circle

City Berwyn State PA Zip Code 19312

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

Name of Employer Wills Hospital Occupation CFO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 28 / 2016**

**Transaction ID : SA11AI.10921**

Amount of Each Receipt this Period  
**500.00**

Memo Item Contribution

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

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

**1250.00**

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

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

FOR LINE NUMBER: PAGE 27 OF 84  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

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

Mailing Address 1433 Revelation Drive

City Meadow Brook State PA Zip Code 19046

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

Name of Employer Muller, Inc. Occupation Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

**Transaction ID : SA11AI.11009**

Amount of Each Receipt this Period  
 750.00

Memo Item Contribution

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

Mailing Address 2120 Pine Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer Wildbit LLC Occupation Founder

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

**Transaction ID : SA11AI.11021**

Amount of Each Receipt this Period  
 250.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Paul Navarro**

Mailing Address 151 Reno Avenue

City New Cumberland State PA Zip Code 17070

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

Name of Employer Navarro & Wright Consulting Eng Occupation CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

**Transaction ID : SA11AI.11084**

Amount of Each Receipt this Period  
 1000.00

Memo Item Contribution

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 84
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Pasquale Nestico</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2016	
Mailing Address 1801-13 W. Oregon Ave, 1st floor		<b>Transaction ID : SA11AI.10928</b>	
City Philadelphia	State PA	Amount of Each Receipt this Period _____ 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item Contribution	
Name of Employer Cardiology Consultants-PA, Inc	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>Thomas Nowakowski</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2016	
Mailing Address 7 Chestnut Lane		<b>Transaction ID : SA11AI.10977</b>	
City New Hope	State PA	Amount of Each Receipt this Period _____ 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item Contribution	
Name of Employer United Color Manufacturing	Occupation Owner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 4100.00		

Full Name (Last, First, Middle Initial) <b>Thomas Nowakowski</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2016	
Mailing Address 7 Chestnut Lane		<b>Transaction ID : SA11AI.10978</b>	
City New Hope	State PA	Amount of Each Receipt this Period _____ 1300.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item Contribution	
Name of Employer United Color Manufacturing	Occupation Owner		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1900.00
<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 29 OF 84
	<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)  
**BOB BRADY FOR CONGRESS**

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

Mailing Address 7 Chestnut Lane

City State Zip Code  
New Hope PA 18938

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

Name of Employer Occupation  
United Color Manufacturing Owner

Receipt For: 2018  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

**Transaction ID : SA11AI.10979**

Amount of Each Receipt this Period  
600.00

Memo Item Contribution

**B.** Full Name (Last, First, Middle Initial)  
**John O'Toole**

Mailing Address 101 Dale Court

City State Zip Code  
Manchester NJ 08759

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

Name of Employer Occupation  
Philadelphia Energy Solutions Director of HR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

**Transaction ID : SA11AI.10915**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Karen Palmieri**

Mailing Address 401 Willow Lane

City State Zip Code  
Southampton NJ 08088

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

Name of Employer Occupation  
Lynmar Builders Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 11 / 2016

**Transaction ID : SA11AI.11067**

Amount of Each Receipt this Period  
2700.00

Memo Item Contribution

**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 30 OF 84
	<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)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. John Paone**

Mailing Address 8610 Thomas Mill Drive

City Philadelphia	State PA	Zip Code 19128
----------------------	-------------	-------------------

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

Name of Employer Thomas Mill Associates	Occupation Owner
--	---------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11AI.10958**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

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

Mailing Address 261 S. 4th Street

City Philadelphia	State PA	Zip Code 19106
----------------------	-------------	-------------------

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

Name of Employer N/A	Occupation Homemaker
-------------------------	-------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

**Transaction ID : SA11AI.11069**

Amount of Each Receipt this Period  
2700.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Clement Pappas**

Mailing Address 711 Spruce Street

City Philadelphia	State PA	Zip Code 19106
----------------------	-------------	-------------------

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

Name of Employer Orchard Solutions	Occupation CEO
---------------------------------------	-------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016

**Transaction ID : SA11AI.11125**

Amount of Each Receipt this Period  
2700.00

Memo Item Contribution

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

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

6400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 84
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Dean Pappas</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 11 / 2016	
Mailing Address 220 W. Washington Sq Apt 700		<b>Transaction ID : SA11AI.11082</b>	
City Philadelphia	State PA	Zip Code 19106	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution	
Name of Employer Stockton University	Occupation President		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. John Parsons</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2016	
Mailing Address 1057 Almshouse Road		<b>Transaction ID : SA11AI.10930</b>	
City Ivyland	State PA	Zip Code 18974	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution	
Name of Employer BSI Construction LLC	Occupation President		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 900.00		

Full Name (Last, First, Middle Initial) <b>C. Philadelphia Preservation Group LP</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2016	
Mailing Address 160 North Pointe Blvd Suite 200		<b>Transaction ID : SA11AI.10968</b>	
City Lancaster	State PA	Zip Code 17601	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution	
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<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 32 OF 84
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Peter Pirog</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2016	
Mailing Address 110 French Creek Rd		<b>Transaction ID : SA11AI.11039</b>	
City Pottstown	State PA	Amount of Each Receipt this Period _____ 225.00	
Zip Code 19465		<input type="checkbox"/> Memo Item Contribution	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 225.00	
Name of Employer Monroe Energy LLC	Occupation VP & General Manager	<input type="checkbox"/> Memo Item Contribution	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 225.00		

Full Name (Last, First, Middle Initial) <b>B. Michael Reed</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 28 / 2016	
Mailing Address 3 Winterberry Pl		<b>Transaction ID : SA11AI.10947</b>	
City Clayton	State NJ	Amount of Each Receipt this Period _____ 1000.00	
Zip Code 08312		<input type="checkbox"/> Memo Item Contribution	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 1000.00	
Name of Employer Self	Occupation Businessman	<input type="checkbox"/> Memo Item Contribution	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Sean M Reilly</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2016	
Mailing Address 826 Kerper Street		<b>Transaction ID : SA11AI.11088</b>	
City Philadelphia	State PA	Amount of Each Receipt this Period _____ 1000.00	
Zip Code 19111		<input type="checkbox"/> Memo Item Contribution	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 1000.00	
Name of Employer Roscommon International	Occupation Consultant	<input type="checkbox"/> Memo Item Contribution	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 2225.00
<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: PAGE 33 OF 84  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

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

Mailing Address 921 Mount Pleasant Road

City State Zip Code  
Bryn Mawr PA 19010

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

Name of Employer Occupation  
Philadelphia Energy Solutions VP & CFO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11AI.10949**

Amount of Each Receipt this Period  
 1000.00

Memo Item Contribution

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

Mailing Address 1097 Westbrook Road

City State Zip Code  
Bridgewater NJ 08807

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

Name of Employer Occupation  
Philadelphia Energy Solutions CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

**Transaction ID : SA11AI.11077**

Amount of Each Receipt this Period  
 100.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Philip Rinaldi**

Mailing Address 1097 Westbrook Road

City State Zip Code  
Bridgewater NJ 08807

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

Name of Employer Occupation  
Philadelphia Energy Solutions CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

**Transaction ID : SA11AI.11078**

Amount of Each Receipt this Period  
 2600.00

Memo Item Contribution

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 84
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Annette Rizzo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 11 / 2016
Mailing Address 723 Bradford		<b>Transaction ID : SA11AI.11086</b>
City Philadelphia	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer JAMS	Occupation Arbitrator	<input type="checkbox"/> Memo Item Contribution
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Alan Rubin</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 11 / 2016
Mailing Address 224 Locust Street		<b>Transaction ID : SA11AI.11027</b>
City Philadelphia	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Businessman	<input type="checkbox"/> Memo Item Contribution
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Christopher Ruggiero</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 11 / 2016
Mailing Address 1045 Morgan Ave		<b>Transaction ID : SA11AI.11033</b>
City Drexel Hill	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Monroe Energy LLC	Occupation VP & General Counsel	<input type="checkbox"/> Memo Item Contribution
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1475.00
<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: PAGE 35 OF 84  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Lisa Runyon-Silvis**

Mailing Address 517 Wisteria Way

City Mullica Hill State NJ Zip Code 08062

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

Name of Employer Sunoco Occupation Senior Counsel

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11AI.10869**

Amount of Each Receipt this Period  
 250.00

Memo Item Contribution

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

Mailing Address 679 Sproul Road

City Bryn Marw State PA Zip Code 19010

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

Name of Employer Lendore Engineers and Contract Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11AI.10960**

Amount of Each Receipt this Period  
 1000.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Craig J Sabatino**

Mailing Address 3020 Market Street

City Philadelphia State PA Zip Code 19104

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

Name of Employer Intech Construction Occupation Principal

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11AI.10954**

Amount of Each Receipt this Period  
 1000.00

Memo Item Contribution

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 84
	<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)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Saul Ewing LLP**

Mailing Address 1500 Market Street  
38th Floor

City Philadelphia State PA Zip Code 19102-2186

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

**Transaction ID : SA11AI.11099**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Roma L. Scarduzio**

Mailing Address 9007 Jennifer Terrace

City Philadelphia State PA Zip Code 19115

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

Name of Employer Occupation  
Self Contractor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

**Transaction ID : SA11AI.11016**

Amount of Each Receipt this Period  
300.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Thomas Scargle**

Mailing Address 322 Manor Drive

City Kennett Square State PA Zip Code 19348

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

Name of Employer Occupation  
Philadelphia Energy Solutions EVP & CCO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11AI.10865**

Amount of Each Receipt this Period  
250.00

Memo Item Contribution

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 84
	<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)  
**BOB BRADY FOR CONGRESS**

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

Mailing Address 9 Woodsvew Drive

City State Zip Code  
Garnet Valley PA 19060

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

Name of Employer Occupation  
Monroe Energy LLC Maintenance Leader

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

**Transaction ID : SA11AI.11234**

Amount of Each Receipt this Period  
225.00

Memo Item Contribution

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

Mailing Address 311 Admirals Way

City State Zip Code  
Philadelphia PA 19146

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

Name of Employer Occupation  
Philadelphia Energy Solutions Director of Optimization

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

**Transaction ID : SA11AI.10863**

Amount of Each Receipt this Period  
250.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Marnie Simon**

Mailing Address 2136 Wallace Street

City State Zip Code  
Philadelphia PA 19130

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

Name of Employer Occupation  
Ciardi Ciardi & Astin Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 11 / 2016

**Transaction ID : SA11AI.11023**

Amount of Each Receipt this Period  
250.00

Memo Item Contribution

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

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

725.00

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

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

FOR LINE NUMBER: PAGE 38 OF 84  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

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

Mailing Address 1100 Easton Road

City Willow Grove State PA Zip Code 19090

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

Name of Employer Scantek, Inc. Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 28 / 2016**

**Transaction ID : SA11AI.10935**

Amount of Each Receipt this Period  
**500.00**

Memo Item Contribution

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

Mailing Address 124 Camelot Court

City Newtown Square State PA Zip Code 19073

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

Name of Employer Monroe Energy LLC Occupation VP

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 28 / 2016**

**Transaction ID : SA11AI.10873**

Amount of Each Receipt this Period  
**225.00**

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Smith Sandone**

Mailing Address PO Box 74  
5 1/2 Bartram Ave

City Glenolden State PA Zip Code 19036

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 11 / 2016**

**Transaction ID : SA11AI.11032**

Amount of Each Receipt this Period  
**250.00**

Memo Item Contribution

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

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

**975.00**

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

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

FOR LINE NUMBER: PAGE 39 OF 84  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

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

Mailing Address 510 Pine Street

City Philadelphia State PA Zip Code 19106

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

Name of Employer Spadea, Lanard & Lignana Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 11 / 2016**

**Transaction ID : SA11AI.11025**

Amount of Each Receipt this Period  
**250.00**

Memo Item Contribution

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

Mailing Address 520 Northwick Lane

City Villanova State PA Zip Code 19085

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

Name of Employer Main Line Health Occupation Doctor

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 28 / 2016**

**Transaction ID : SA11AI.10861**

Amount of Each Receipt this Period  
**250.00**

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Robert C. Stewart Sr.**

Mailing Address 116 Capps Ct

City Wilmington State SC Zip Code 28409

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

Name of Employer NA Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 28 / 2016**

**Transaction ID : SA11AI.10976**

Amount of Each Receipt this Period  
**2000.00**

Memo Item Contribution

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

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

**2500.00**

**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 40 OF 84
	<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)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Stradley Ronon Stevens & Young, LLP**

Mailing Address 2600 One Commerce Square

City Philadelphia State PA Zip Code 19103-7098

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

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **7200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 28 / 2016**

**Transaction ID : SA11AI.10967**

Amount of Each Receipt this Period  
**1000.00**

Memo Item Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Ms Janet Summers**

Mailing Address 9019 Cargill Lane

City Philadelphia State PA Zip Code 19115

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

Name of Employer Occupation  
N/A Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 15 / 2016**

**Transaction ID : SA11AI.10856**

Amount of Each Receipt this Period  
**2000.00**

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Stanley Taraila**

Mailing Address 6953 Greenhill Road

City Philadelphia State PA Zip Code 19151

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

Name of Employer Occupation  
Renaissance Properties Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 28 / 2016**

**Transaction ID : SA11AI.10860**

Amount of Each Receipt this Period  
**250.00**

Memo Item Contribution

**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 41 OF 84
	<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)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Nithianathan K Thaver**

Mailing Address 142 Abrahams Ln

City State Zip Code  
Wayne PA 19087

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

Name of Employer Occupation  
Philadelphia Energy Solutions VP and GM

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

**Transaction ID : SA11AI.10917**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

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

Mailing Address 15 Curley Mill Road

City State Zip Code  
Chalfont PA 18914

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

Name of Employer Occupation  
STA Painting Inc. President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

**Transaction ID : SA11AI.11103**

Amount of Each Receipt this Period  
2500.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**H. James Tiedeken**

Mailing Address 602 Airport Blvd

City State Zip Code  
Doylestown PA 18502

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

Name of Employer Occupation  
T-III Enterprisers, Inc. Member

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

**Transaction ID : SA11AI.11105**

Amount of Each Receipt this Period  
2500.00

Memo Item Contribution

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

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

5500.00

**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 42 OF 84
	<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)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. John J Turchi Jr.**

Mailing Address 1700 Walnut Street  
2nd Floor

City Philadelphia State PA Zip Code 19103

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

Name of Employer Turchi Properties Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

**Transaction ID : SA11AI.11101**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

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

Mailing Address 140 E. Richmond St.

City Philadelphia State PA Zip Code 19125

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

Name of Employer Antiques & Coins Unlimited Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11AI.10955**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Jeffrey K Warmann**

Mailing Address 2774 Oakwood Drive

City Celina State TX Zip Code 75009

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

Name of Employer Monroe Energy Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11AI.10939**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

**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 43 OF 84
	<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)  
**BOB BRADY FOR CONGRESS**

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

Mailing Address 1301 Union Avenue

City State Zip Code  
Pennsauken NJ 08110-2457

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

Name of Employer Occupation  
Dependable Distribution Servic Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

**Transaction ID : SA11AI.10926**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

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

Mailing Address 1701 Locust St

City State Zip Code  
Philadelphia PA 19103

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

Name of Employer Occupation  
The Prime Rib Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 11 / 2016

**Transaction ID : SA11AI.11089**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**James J. White**

Mailing Address 556 S. Waterloo Rd.

City State Zip Code  
Devon PA 19333

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

Name of Employer Occupation  
J. J. White Inc. President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

**Transaction ID : SA11AI.10975**

Amount of Each Receipt this Period  
2700.00

Memo Item Contribution

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

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

4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 84
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jospheh Zebrowitz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 16 / 2016	
Mailing Address 510 N. Latches Lane		<b>Transaction ID : SA11AI.11110</b>	
City Merion Sta	State PA	Amount of Each Receipt this Period _____ 1000.00	
Zip Code 19066		<input type="checkbox"/> Memo Item Contribution	
FEC ID number of contributing federal political committee. C		Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Employer N/A	Occupation Retired	Election Cycle-to-Date _____ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Anthony D Zingarelli</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 11 / 2016	
Mailing Address 114 Haller Road		<b>Transaction ID : SA11AI.11071</b>	
City Ridley Park	State PA	Amount of Each Receipt this Period _____ 2200.00	
Zip Code 19078		<input type="checkbox"/> Memo Item Contribution	
FEC ID number of contributing federal political committee. C		Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Employer ZAC Capital Partners, LLC	Occupation COO	Election Cycle-to-Date _____ 2200.00	

Full Name (Last, First, Middle Initial) <b>C. Anthony D Zingarelli</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 11 / 2016	
Mailing Address 114 Haller Road		<b>Transaction ID : SA11AI.11072</b>	
City Ridley Park	State PA	Amount of Each Receipt this Period _____ 500.00	
Zip Code 19078		<input type="checkbox"/> Memo Item Contribution	
FEC ID number of contributing federal political committee. C		Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Employer ZAC Capital Partners, LLC	Occupation COO	Election Cycle-to-Date _____ 2700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 3700.00
<b>TOTAL</b> This Period (last page this line number only).....	_____ 108125.00

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

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

FOR LINE NUMBER: PAGE 45 OF 84  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

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

Mailing Address 1015 15TH ST. NW  
SUITE 802

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

**Transaction ID : SA11C.10965**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

**B.** Full Name (Last, First, Middle Initial)  
**BOEING COMPANY POLITICAL ACTION COMMITTEE, THE**

Mailing Address 1200 Wilson Blvd

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2016

**Transaction ID : SA11C.11115**

Amount of Each Receipt this Period  
4000.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**CEMENT MASONS AND PLASTERERS LOCAL 592 PAC**

Mailing Address 2843 SNYDER AVENUE

City PHILADELPHIA State PA Zip Code 19145

FEC ID number of contributing federal political committee. **C C00319905**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 11 / 2016

**Transaction ID : SA11C.11065**

Amount of Each Receipt this Period  
5000.00

Memo Item Contribution

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

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

10000.00

**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 46 OF 84			
	<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)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**COMMUNICATION WORKERS OF AMERICA LOCAL 13000 PAC**

Mailing Address 2124 RACE STREET

City PHILADELPHIA State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00109595

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016

**Transaction ID : SA11C.11117**

Amount of Each Receipt this Period  
 5000.00

Memo Item Contribution

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

Mailing Address 30 South 17th Street  
One Liberty Place

City Philadelphia State PA Zip Code 19103

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

**Transaction ID : SA11C.11096**

Amount of Each Receipt this Period  
 1000.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL UNION OF OPERATING ENGINEERS**

Mailing Address 1125 17TH STREET NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C70002118

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

**Transaction ID : SA11C.11064**

Amount of Each Receipt this Period  
 5000.00

Memo Item Contribution

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

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

11000.00

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

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

FOR LINE NUMBER: PAGE 47 OF 84  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES POLITICAL ACTION TOGETHER POLITICAL COMM

A. Mailing Address 1750 New York Avenue, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2016

Transaction ID : SA11C.11102

Amount of Each Receipt this Period  
 5000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

B. Mailing Address 430 North Michigan Avenue

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016

Transaction ID : SA11C.11120

Amount of Each Receipt this Period  
 3000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)  
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

C. Mailing Address TWO TOWER BRIDGE  
ONE FAYETTE ST., STE 475

City CONSHOHOCKEN State PA Zip Code 19428

FEC ID number of contributing federal political committee. **C** C00370569

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

Transaction ID : SA11C.11081

Amount of Each Receipt this Period  
 2500.00

Memo Item Contribution

**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: PAGE 48 OF 84  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**THE US CAMPAIGN FUND**

Mailing Address 499 S. CAPITOL STREET, SW  
SUITE 422

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C C00575662**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016

**Transaction ID : SA11C.11129**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

**B.** Full Name (Last, First, Middle Initial)  
**UNITED FOOD AND COMMERCIAL WORKERS LOCAL 1776 PAC**

Mailing Address 3031A WALTON ROAD

City State Zip Code  
PLYMOUTH MEETING PA 19462

FEC ID number of contributing federal political committee. **C C00607804**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2016

**Transaction ID : SA11C.11112**

Amount of Each Receipt this Period  
2500.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**UNITED STEELWORKERS POLITICAL ACTION FUND**

Mailing Address FIVE GATEWAY CENTER

City State Zip Code  
PITTSBURGH PA 15222

FEC ID number of contributing federal political committee. **C C00003590**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

**Transaction ID : SA11C.11008**

Amount of Each Receipt this Period  
5000.00

Memo Item Contribution

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

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

8500.00



**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 49 OF 84
	<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)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**VERIZON COMMUNICATION INC. GOOD GOVT CLUB**

Mailing Address 1300 I St NW  
Ste 400 West

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2016

**Transaction ID : SA11C.11119**

Amount of Each Receipt this Period  
 3000.00

Memo Item Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Amount of Each Receipt this Period

Memo Item

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

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

3000.00

43000.00

**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 50 OF 84
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>PNC Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 31 / 2016	
Mailing Address PO Box 535230		<b>Transaction ID : SA15.10838</b>	
City Pittsburgh	State PA	Zip Code 15253	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.84	
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.27		
		<input type="checkbox"/> Memo Item MM Interest	

Full Name (Last, First, Middle Initial) <b>PNC Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 29 / 2016	
Mailing Address PO Box 535230		<b>Transaction ID : SA15.10839</b>	
City Pittsburgh	State PA	Zip Code 15253	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.25	
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 423.52		
		<input type="checkbox"/> Memo Item MM Interest	

Full Name (Last, First, Middle Initial) <b>PNC Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2016	
Mailing Address PO Box 535230		<b>Transaction ID : SA15.10981</b>	
City Pittsburgh	State PA	Zip Code 15253	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.84	
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 448.36		
		<input type="checkbox"/> Memo Item MM Interest	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	72.93
<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 51 OF 84	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Respect for Life**

Mailing Address 6928 Lawton Street

City Philadelphia State PA Zip Code 19126

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 05 / 2016

**Transaction ID : SA15.11145**

Amount of Each Receipt this Period  
2500.00

Memo Item  
Void Check #1786 on Year End Report

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

**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

Memo Item

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

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

2500.00

2572.93

**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 84	
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 3.95
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Online Contribution Fee	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) <b>B. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 156.03
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Online Contribution Fee	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) <b>c. Ally Financial</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2016
Mailing Address PO Box 380902		Amount of Each Disbursement this Period 1148.29
City Bloomington	State MN	
Zip Code 55438-0902	Purpose of Disbursement Auto Lease	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1308.29
<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 84			
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Anthony's</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 4990 State Road		Amount of Each Disbursement this Period 180.96 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.11223</b>
City Drexel Hill	State PA	
Zip Code 19026		
Purpose of Disbursement Meeting		
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 01	

Full Name (Last, First, Middle Initial) <b>B. AOL Service</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 770 Broadway		Amount of Each Disbursement this Period 15.99 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.11170</b>
City New York	State NY	
Zip Code 10003		
Purpose of Disbursement Internet Services		
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 01	

Full Name (Last, First, Middle Initial) <b>c. AOL Service</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016
Mailing Address 770 Broadway		Amount of Each Disbursement this Period 15.99 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.11185</b>
City New York	State NY	
Zip Code 10003		
Purpose of Disbursement Internet Service		
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	212.94
<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 54 OF 84			
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AOL Service</b>		Date of Disbursement MM / DD / YYYY 03 / 03 / 2016
Mailing Address 770 Broadway		Amount of Each Disbursement this Period 15.99
City New York	State NY	
Zip Code 10003	Purpose of Disbursement Internet Service	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : <b>SB17.11205</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 01	

Full Name (Last, First, Middle Initial) <b>B. AOL Service</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2016
Mailing Address 770 Broadway		Amount of Each Disbursement this Period 15.99
City New York	State NY	
Zip Code 10003	Purpose of Disbursement Internet Service	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : <b>SB17.11225</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 01	

Full Name (Last, First, Middle Initial) <b>c. Ms Linda August</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 2401 Pennsylvania Avenue 6B23		Amount of Each Disbursement this Period 4000.00
City Philadelphia	State PA	
Zip Code 19130	Purpose of Disbursement Fundraising Consulting - February 2016	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : <b>SB17.10847</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4031.98
<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 84	
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ms Linda August</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016
Mailing Address 2401 Pennsylvania Avenue 6B23		Amount of Each Disbursement this Period 457.91 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.11140</b>
City Philadelphia State PA Zip Code 19130	Purpose of Disbursement Postage Reimbursement	
Candidate Name <b>BOB BRADY FOR CONGRESS</b> Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>B. Ms Linda August</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2016
Mailing Address 2401 Pennsylvania Avenue 6B23		Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.11194</b>
City Philadelphia State PA Zip Code 19130	Purpose of Disbursement Fund Raising Consulting March 2016	
Candidate Name <b>BOB BRADY FOR CONGRESS</b> Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>c. Ms Linda August</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016
Mailing Address 2401 Pennsylvania Avenue 6B23		Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.10982</b>
City Philadelphia State PA Zip Code 19130	Purpose of Disbursement Fundraising Consulting April 2016	
Candidate Name <b>BOB BRADY FOR CONGRESS</b> Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8457.91
<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 56 OF 84	
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address PO Box 15220		Amount of Each Disbursement this Period 1143.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.11141</b>
City Wilmington	State DE	
Zip Code 19886	Purpose of Disbursement Auto Loan	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2016
Mailing Address PO Box 15220		Amount of Each Disbursement this Period 1143.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.11149</b>
City Wilmington	State DE	
Zip Code 19886	Purpose of Disbursement Auto Loan	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) <b>c. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016
Mailing Address PO Box 15220		Amount of Each Disbursement this Period 1143.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.11226</b>
City Wilmington	State DE	
Zip Code 19886	Purpose of Disbursement Auto Loan	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1143.00
<b>TOTAL</b> This Period (last page this line number only).....	3429.00



**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 57 OF 84	
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. First National Bank VISA</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2016
Mailing Address PO Box 2557		Amount of Each Disbursement this Period 37.73
City Omaha	State NE Zip Code 68103	
Purpose of Disbursement VISA payment		<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : <b>SB17.10844</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. First National Bank VISA</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2016
Mailing Address PO Box 2557		Amount of Each Disbursement this Period 75.00
City Omaha	State NE Zip Code 68103	
Purpose of Disbursement Visa Payment		<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : <b>SB17.11147</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. First National Bank VISA</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016
Mailing Address PO Box 2557		Amount of Each Disbursement this Period 239.62
City Omaha	State NE Zip Code 68103	
Purpose of Disbursement Visa Payment		<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : <b>SB17.11165</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	352.35
<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 58 OF 84	
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. First National Bank VISA</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016
Mailing Address PO Box 2557		Amount of Each Disbursement this Period 4.11
City Omaha	State NE	
Zip Code 68103	Purpose of Disbursement Visa Payment	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Category/ Type	<b>Transaction ID : SB17.11228</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>B. Mr. Jamie Fleet</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016
Mailing Address 122 East Middle Street		Amount of Each Disbursement this Period 3978.50
City Gettysburg	State PA	
Zip Code 17325	Purpose of Disbursement Consultant	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Category/ Type	<b>Transaction ID : SB17.10851</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>c. GM Financial Leasing</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2016
Mailing Address 75 Remittance Drive Suite 1738		Amount of Each Disbursement this Period 971.76
City Chicago	State IL	
Zip Code 60675-1738	Purpose of Disbursement Auto Lease	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Category/ Type	<b>Transaction ID : SB17.10848</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4954.37
<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 59 OF 84	
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. GM Financial Leasing</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2016
Mailing Address 75 Remittance Drive Suite 1738		Amount of Each Disbursement this Period 971.76 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.11150</b>
City Chicago State IL Zip Code 60675-1738	Purpose of Disbursement Auto Lease	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. GM Financial Leasing</b>		Date of Disbursement MM / DD / YYYY 03 / 17 / 2016
Mailing Address 75 Remittance Drive Suite 1738		Amount of Each Disbursement this Period 971.76 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.10985</b>
City Chicago State IL Zip Code 60675-1738	Purpose of Disbursement Auto Lease	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. House Gift Shop</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address Longworth House Office Bldg B218 Independence Ave & CS. Capitol St		Amount of Each Disbursement this Period 268.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.11207</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Gifts	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2211.52
<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 60 OF 84	
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. J &amp; K Secure</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2016
Mailing Address 2325 W. 2nd Street		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Memo Item
City Chester	State PA	
Zip Code 19013	Purpose of Disbursement Shredding Event	Transaction ID : <b>SB17.11153</b>
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>B. Steve Kaplan</b>		Date of Disbursement MM / DD / YYYY 01 / 27 / 2016
Mailing Address 711B South 5th Street		Amount of Each Disbursement this Period 226.79 <input type="checkbox"/> Memo Item
City Philadelphia	State PA	
Zip Code 19147	Purpose of Disbursement Photocopies	Transaction ID : <b>SB17.11139</b>
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>c. Steve Kaplan</b>		Date of Disbursement MM / DD / YYYY 03 / 16 / 2016
Mailing Address 711B South 5th Street		Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Memo Item
City Philadelphia	State PA	
Zip Code 19147	Purpose of Disbursement Reimbursement for State Filing Fee	Transaction ID : <b>SB17.10986</b>
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	976.79
<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 61 OF 84			
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kimco Realty Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2016
Mailing Address 170 West Ridgely Road Suite 210		Amount of Each Disbursement this Period 4800.00
City Lutherville Timoni	State MD	
Zip Code 21093	Purpose of Disbursement Office Rent	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Category/Type	<b>Transaction ID : SB17.10849</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>B. Marcum LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016
Mailing Address 1600 Market Street 32nd Floor		Amount of Each Disbursement this Period 3160.50
City Philadelphia	State PA	
Zip Code 19103	Purpose of Disbursement Accounting Services	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Category/Type	<b>Transaction ID : SB17.10987</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>c. Marlyn Service Garage</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 6560 Haverford Avenue		Amount of Each Disbursement this Period 162.00
City Philadelphia	State PA	
Zip Code 19151	Purpose of Disbursement Auto Repairs	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Category/Type	<b>Transaction ID : SB17.11179</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8122.50
<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 62 OF 84	
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 50.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Membership Fees	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Category/Type	Transaction ID : <b>SB17.11203</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 01	

Full Name (Last, First, Middle Initial) <b>B. New Jersey EZ Pass</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016
Mailing Address PO Box 52003		Amount of Each Disbursement this Period 300.00
City Newark	State NJ	
Zip Code 07101-8203	Purpose of Disbursement Tolls	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Category/Type	Transaction ID : <b>SB17.11190</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 01	

Full Name (Last, First, Middle Initial) <b>c. New Jersey EZ Pass</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2016
Mailing Address PO Box 52003		Amount of Each Disbursement this Period 300.00
City Newark	State NJ	
Zip Code 07101-8203	Purpose of Disbursement Tolls	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Category/Type	Transaction ID : <b>SB17.11002</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	650.00
<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 63 OF 84			
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. OnStar</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2016
Mailing Address PO Box 1027		Amount of Each Disbursement this Period 113.21
City Warren	State MI	
Purpose of Disbursement Subscription		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.11166</b>
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Penns Landing Caterers</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2016
Mailing Address 1301 South Columbus Blvd.		Amount of Each Disbursement this Period 1134.00
City Philadelphia	State PA	
Purpose of Disbursement Breakfast meeting		<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.10991</b>
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 01	

Full Name (Last, First, Middle Initial) <b>C. PNC Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 87.00
City Pittsburgh	State PA	
Purpose of Disbursement Service Fees		<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.11204</b>
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1221.00
<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 64 OF 84	
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sabr Enterprises</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2016
Mailing Address 7300 City Ave, Suite 30		Amount of Each Disbursement this Period 500.00
City Philadelphia	State PA Zip Code 19151	
Purpose of Disbursement Printing	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : <b>SB17.11160</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>B. State Farm Insurance Co.</b>		Date of Disbursement MM / DD / YYYY 01 / 20 / 2016
Mailing Address One State Farm Drive		Amount of Each Disbursement this Period 927.49
City Concordville	State PA Zip Code 19339	
Purpose of Disbursement Auto Insurance	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : <b>SB17.11133</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>c. Strassheim Graphic Design &amp; Press Corp.</b>		Date of Disbursement MM / DD / YYYY 03 / 21 / 2016
Mailing Address 333 N. 15th Street		Amount of Each Disbursement this Period 2920.55
City Philadelphia	State PA Zip Code 19102	
Purpose of Disbursement Sign Printing	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : <b>SB17.10996</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4348.04
<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 65 OF 84	
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Strassheim Graphic Design &amp; Press Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 333 N. 15th Street		Amount of Each Disbursement this Period 2080.80
City Philadelphia	State PA Zip Code 19102	
Purpose of Disbursement Lawn Signs		<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : <b>SB17.11230</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Sunoco Service Station1</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2016
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 24.75
City Aberdeen	State MD Zip Code 21001	
Purpose of Disbursement Fuel		<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : <b>SB17.11173</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Sunoco Service Station1</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2016
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 31.53
City Aberdeen	State MD Zip Code 21001	
Purpose of Disbursement Fuel		<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : <b>SB17.11174</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2137.08
<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 66 OF 84			
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sunoco Service Station1</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 41.71
City Aberdeen	State MD	
Zip Code 21001	Purpose of Disbursement Fuel	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.11178</b>
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.11178</b>
State: PA	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Sunoco Service Station1</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 42.14
City Aberdeen	State MD	
Zip Code 21001	Purpose of Disbursement Fuel	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.11183</b>
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.11183</b>
State: PA	District: 01	

Full Name (Last, First, Middle Initial) <b>c. Sunoco Service Station1</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 29.97
City Aberdeen	State MD	
Zip Code 21001	Purpose of Disbursement Fuel	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.11186</b>
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.11186</b>
State: PA	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	113.82
<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 67 OF 84			
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sunoco Service Station1</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2016
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 31.05
City Aberdeen	State MD Zip Code 21001	
Purpose of Disbursement Fuel	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		<b>Transaction ID : SB17.11187</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>B. Sunoco Service Station1</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2016
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 32.83
City Aberdeen	State MD Zip Code 21001	
Purpose of Disbursement Fuel	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		<b>Transaction ID : SB17.11189</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>c. Sunoco Service Station1</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 53.87
City Aberdeen	State MD Zip Code 21001	
Purpose of Disbursement Fuel	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		<b>Transaction ID : SB17.11191</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	117.75
<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 68 OF 84			
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sunoco Service Station1</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2016
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 32.43
City Aberdeen	State MD Zip Code 21001	
Purpose of Disbursement Fuel	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		<b>Transaction ID : SB17.11192</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>B. Sunoco Service Station1</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2016
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 34.82
City Aberdeen	State MD Zip Code 21001	
Purpose of Disbursement Fuel	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		<b>Transaction ID : SB17.11193</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>c. Sunoco Service Station1</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2016
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 18.78
City Aberdeen	State MD Zip Code 21001	
Purpose of Disbursement Fuel	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		<b>Transaction ID : SB17.11197</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	86.03
<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 69 OF 84	
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sunoco Service Station1</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2016
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 30.20 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.11198</b>
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Sunoco Service Station1</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2016
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 26.90 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.11199</b>
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Sunoco Service Station1</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2016
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 29.73 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.11200</b>
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	86.83
<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 70 OF 84			
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sunoco Service Station1</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 42.81 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.11201</b>
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>B. Sunoco Service Station1</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 29.31 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.11202</b>
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>c. Sunoco Service Station1</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 33.70 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.11206</b>
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	105.82
<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 71 OF 84			
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sunoco Service Station1</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 39.07
City Aberdeen	State MD Zip Code 21001	
Purpose of Disbursement Fuel	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		<b>Transaction ID : SB17.11000</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>B. Sunoco Service Station1</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 38.40
City Aberdeen	State MD Zip Code 21001	
Purpose of Disbursement Fuel	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		<b>Transaction ID : SB17.11001</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>c. Sunoco Service Station1</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 48.83
City Aberdeen	State MD Zip Code 21001	
Purpose of Disbursement Fuel	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		<b>Transaction ID : SB17.11003</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	126.30
<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 72 OF 84			
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sunoco Service Station1</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 36.99
City Aberdeen	State MD Zip Code 21001	
Purpose of Disbursement Fuel	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : <b>SB17.11006</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>B. Sunoco Service Station1</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2016
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 34.37
City Aberdeen	State MD Zip Code 21001	
Purpose of Disbursement Fuel	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : <b>SB17.11007</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>c. The Neighborhood Leader</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016
Mailing Address 2227 North Broad Street		Amount of Each Disbursement this Period 500.00
City Philadelphia	State PA Zip Code 19132	
Purpose of Disbursement Advertisement	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : <b>SB17.11233</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	571.36
<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 73 OF 84			
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. The Prime Rib</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016
Mailing Address 1701 Locust Street		Amount of Each Disbursement this Period 186.88
City Philadelphia	State PA	
Zip Code 19103	Purpose of Disbursement Meeting	Category/Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House	
State: PA	<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
District: 01	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) <b>B. The Prime Rib</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address 1701 Locust Street		Amount of Each Disbursement this Period 5643.14
City Philadelphia	State PA	
Zip Code 19103	Purpose of Disbursement Fundraising Reception	Category/Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House	
State: PA	<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
District: 01	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) <b>c. The Public Record</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2016
Mailing Address 1323 S Broad Street		Amount of Each Disbursement this Period 400.00
City Philadelphia	State PA	
Zip Code 19147	Purpose of Disbursement Advertising	Category/Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House	
State: PA	<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
District: 01	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6043.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 84			
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. The Public Record</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016
Mailing Address 1323 S Broad Street		Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Memo Item
City Philadelphia	State PA Zip Code 19147	
Purpose of Disbursement Advertisement		Transaction ID : <b>SB17.11135</b>
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>B. The Public Record</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2016
Mailing Address 1323 S Broad Street		Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Memo Item
City Philadelphia	State PA Zip Code 19147	
Purpose of Disbursement Advertisement		Transaction ID : <b>SB17.11163</b>
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>c. The Public Record</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 1323 S Broad Street		Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Memo Item
City Philadelphia	State PA Zip Code 19147	
Purpose of Disbursement Advertisement		Transaction ID : <b>SB17.11232</b>
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: PA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1200.00
<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 75 OF 84			
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Union League of Philadelphia</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 140 South Broad Street		Amount of Each Disbursement this Period 1225.72 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.11231</b>
City Philadelphia	State PA Zip Code 19102	
Purpose of Disbursement Event		Category/Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2016
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 159.47 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.10846</b>
City Lehigh Valley	State PA Zip Code 18002	
Purpose of Disbursement Cellular Telephone		Category/Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>c. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2016
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 159.25 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.11148</b>
City Lehigh Valley	State PA Zip Code 18002	
Purpose of Disbursement Celleluar Telephone		Category/Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1544.44
<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 76 OF 84			
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 150.55
City Lehigh Valley	State PA	
Purpose of Disbursement Cellular Telephone		Memo Item <input type="checkbox"/>
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : <b>SB17.11164</b>
State: PA District: 01	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 154.90
City Lehigh Valley	State PA	
Purpose of Disbursement Cellular Telephone		Memo Item <input type="checkbox"/>
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : <b>SB17.11227</b>
State: PA District: 01	Category/Type	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	305.45
<b>TOTAL</b> This Period (last page this line number only).....	52714.69

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 84
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. 5th Ward Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address 123 S. Broad Street Suite 2140		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.11144</b>
City Philadelphia State PA Zip Code 19104	Purpose of Disbursement Dinner Donation	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Delaware County Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016
Mailing Address PO Box 473		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.10988</b>
City Media State PA Zip Code 19063	Purpose of Disbursement Donation GOTV	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Democratic Campaign Committee General Account</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 430 S. Capitol Street SE		Amount of Each Disbursement this Period 200000.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.10997</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement DCCC Contribution	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	205500.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Field]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 OF 84	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Flame Magazine Phila IAFF Local #22</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016
Mailing Address 415-427 N 5th Street Floor 1		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.11138</b>
City Philadelphia State PA Zip Code 19123	Purpose of Disbursement Advertisement	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. FOB Team McNesby</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2016
Mailing Address 8526 Bidler Road		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.11214</b>
City Philadelphia State PA Zip Code 19111	Purpose of Disbursement Donation	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Friends of Lynwood Savage</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016
Mailing Address 414 N. 66th Street		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.10852</b>
City Philadelphia State PA Zip Code 19151	Purpose of Disbursement Contribution	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5750.00
<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 79 OF 84
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mike Chitwood for Sheriff</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2016
Mailing Address PO Box 290344		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.10992</b>
City Port Orange	State FL	
Zip Code 32129	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) <b>B. PNC Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.10840</b>
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement MM Service Charge	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) <b>c. PNC Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 60.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.11171</b>
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement Service Charge	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1070.00
<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 80 OF 84
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PNC Bank</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.10841</b>
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement MM Service Charge	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) <b>B. PNC Bank</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 60.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.11220</b>
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement Service Charges	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) <b>c. PNC Bank</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.10842</b>
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement MM Service Charge	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	80.00
<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 81 OF 84
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PNC Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 87.00
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement Service Fees	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Category/ Type	<b>Transaction ID : SB21.11239</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>B. PNC Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 84.00
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement Service Charge	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Category/ Type	<b>Transaction ID : SB21.11222</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>c. PNC Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 10.00
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement MM Service Charge	<input type="checkbox"/> Memo Item
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Category/ Type	<b>Transaction ID : SB21.11229</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	181.00
<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 82 OF 84			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Politz Hebrew Academy</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016
Mailing Address 9225 Old Bustleton Avenue		Amount of Each Disbursement this Period 360.00 <input type="checkbox"/> Memo Item
City Philadelphia	State PA	
Zip Code 19115	Purpose of Disbursement Ad / Donation	Transaction ID : <b>SB21.11161</b>
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: PA	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Respect for Life</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016
Mailing Address 6928 Lawton Street		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City Philadelphia	State PA	
Zip Code 19126	Purpose of Disbursement Donation	Transaction ID : <b>SB21.11146</b>
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: PA	District: 01	

Full Name (Last, First, Middle Initial) <b>c. Stewards Benefit Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016
Mailing Address 2980 Southampton Road		Amount of Each Disbursement this Period 275.00 <input type="checkbox"/> Memo Item
City Philadelphia	State PA	
Zip Code 19154	Purpose of Disbursement Donation / Ad Book	Transaction ID : <b>SB21.11137</b>
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: PA	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1635.00
<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 83 OF 84
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" 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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Teamsters Local 830 Scholarship Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016
Mailing Address 2980 Southampton Road		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Memo Item
City Philadelphia	State PA	
Zip Code 19154	Purpose of Disbursement Ad Book / Donation	Transaction ID : <b>SB21.11156</b>
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 01	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period  <input type="checkbox"/> Memo Item
City	State	
Zip Code	Purpose of Disbursement	Transaction ID : <b>SB21.11156</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period  <input type="checkbox"/> Memo Item
City	State	
Zip Code	Purpose of Disbursement	Transaction ID : <b>SB21.11156</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	214516.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**BOB BRADY FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Democratic Campaign Committee of Philadelphia**

Mailing Address 1421 Walnut Street

City State Zip Code  
Philadelphia PA 19102

Nature of Debt (Purpose):  
Loan

Outstanding Balance Beginning This Period **5000.00** **Transaction ID : SD9.4599**

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **5000.00**

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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) .....	<b>5000.00</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<b>5000.00</b>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<b>0.00</b>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<b>5000.00</b>