

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE

ADDRESS (number and street)

15 ALLIANCE STREET

Check if different  
than previously  
reported. (ACC)

NEW PHILADELPHIA

PA

17959

2. FEC IDENTIFICATION NUMBER ▼

C

C00548453

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

PA

17

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2014

through

M M / D D / Y Y Y Y

03 / 31 / 2014

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

Type or Print Name of Treasurer Mr. Robert B Beauvais

Signature of Treasurer

Mr. Robert B Beauvais

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 15 / 2014

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 10

Write or Type Committee Name

DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	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))....	6250.00	10050.00
(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)) .....	6250.00	10050.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	7304.37	10290.13
(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)) .....	7304.37	10290.13
8. Cash on Hand at Close of Reporting Period (from Line 27).....	919.06	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	500.00	

## 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)

PAGE 3 / 10

Write or Type Committee Name

**DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE**

Report Covering the Period: From: 

M	M
01	01

 / 

D	D
01	01

 / 

Y	Y	Y	Y
2	0	1	4

 To: 

M	M
03	31

 / 

D	D
01	01

 / 

Y	Y	Y	Y
2	0	1	4

<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).....	3050.00	5750.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	3050.00	5750.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) The Candidate .....	3200.00	4300.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6250.00	10050.00
<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>	0.00	0.00
<b>16. TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	6250.00	10050.00

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 10

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7304.37	10290.13
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 .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	7304.37	10290.13

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1973.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6250.00
25. SUBTOTAL (add Line 23 and Line 24).....	8223.43
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7304.37
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	919.06

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 10

(check only one)

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

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)

**DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**Thomas Boran**

Mailing Address Schuylkill Manor Rd

City

Pottsville

State

PA

Zip Code

17901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IPA

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2014

Transaction ID : SA11AI.4160

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Charles Hoover**

Mailing Address 12 th street

City

Lehighton

State

PA

Zip Code

18235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2014

Transaction ID : SA11AI.4158

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**Nalini Mehta**

Mailing Address 1 Norweigien Plaza

City

Pottsville

State

PA

Zip Code

17901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2014

Transaction ID : SA11AI.4156

Amount of Each Receipt this Period

250.00

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

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

800.00

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

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

FOR LINE NUMBER:

PAGE 6 OF 10

(check only one)

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

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NAME OF COMMITTEE (In Full)

DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE

Full Name (Last, First, Middle Initial)

Robert Miller

A.

Mailing Address 15 Alliance Street

City

New Philadelphia

State

PA

Zip Code

17959

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CCOMOccupation  
Transportation Director

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		10		2014

Transaction ID : SA11AI.4152

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Norman Schulman

B.

Mailing Address 190 Wells Street

City

Forty Fort

State

PA

Zip Code

18704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		08		2014

Transaction ID : SA11AI.4150

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Satish Singla

C.

Mailing Address 700 Schuylkill Manor Rd

City

Pottsville

State

PA

Zip Code

17901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		03		2014

Transaction ID : SA11AI.4154

Amount of Each Receipt this Period

1000.00

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

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

2250.00

3050.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 10

(check only one)

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

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NAME OF COMMITTEE (In Full)

**DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**DAVID JOHN III MD MOYLAN****A.**

Mailing Address 713 STALLION DRIVE

City

AUBURN

State

PA

Zip Code

17922

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

H4PA17125

Name of Employer

EPRO

Occupation

Physician

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2014

**Transaction ID : SA11D.4147**

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

**DAVID JOHN III MD MOYLAN****B.**

Mailing Address 713 STALLION DRIVE

City

AUBURN

State

PA

Zip Code

17922

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

H4PA17125

Name of Employer

EPRO

Occupation

Physician

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2014

**Transaction ID : SA11D.4148**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**DAVID JOHN III MD MOYLAN****C.**

Mailing Address 713 STALLION DRIVE

City

AUBURN

State

PA

Zip Code

17922

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

H4PA17125

Name of Employer

EPRO

Occupation

Physician

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

4300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2014

**Transaction ID : SA11D.4149**

Amount of Each Receipt this Period

2000.00

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

3200.00

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

3200.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 10

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

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NAME OF COMMITTEE (In Full)

**DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mr. Harry O'Myer**

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

Mailing Address Center Street

City	State	Zip Code
Pottsville	PA	17901

Amount of Each Disbursement this Period

566.00
--------

Purpose of Disbursement  
reimbursement for campaign supplies/ food for meetings

001

**Transaction ID : SB17.4174**Candidate Name  
DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEECategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: PA District: 17

Full Name (Last, First, Middle Initial)

**B. Sam Son Productions**

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		07		2014

Mailing Address 109 W Broad Street

City	State	Zip Code
Hazleton	PA	18207

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
political advertising

004

**Transaction ID : SB17.4162**Candidate Name  
DAVID JOHN III MD MOYLANCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: PA District: 17

Full Name (Last, First, Middle Initial)

**c. Sam Son Productions**

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2014

Mailing Address 109 W Broad Street

City	State	Zip Code
Hazleton	PA	18207

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
political Ad

004

**Transaction ID : SB17.4165**Candidate Name  
DAVID JOHN III MD MOYLANCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: PA District: 17

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

4566.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 10

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

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NAME OF COMMITTEE (In Full)

**DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Sam Son Productions**

Mailing Address 109 W Broad Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		08		2014

City	State	Zip Code
Hazleton	PA	18207

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Political Ads

004

Transaction ID : SB17.4171

Candidate Name

**DAVID JOHN III MD MOYLAN**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: PA

District: 17

Full Name (Last, First, Middle Initial)

**B. Verizon**

Mailing Address Penn st

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		07		2014

City	State	Zip Code
Reading	PA	19604

Amount of Each Disbursement this Period

267.18
--------

Purpose of Disbursement  
Office Phone

001

Transaction ID : SB17.4164

Candidate Name

**DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: PA

District: 17

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

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

2267.18

6833.18

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 10 OF 10

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**DOC MOYLAN GOES TO WASHINGTON ELECTION COMMITTEE**

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

**Anthracte Radiotherapeutics**

Nature of Debt (Purpose):

Rent/ equip owed

Mailing Address 15 Alliance Street

City State

Zip Code

New Philadelphia

PA

17959

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4130

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

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

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

500.00

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

500.00

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

0.00

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

500.00