

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

BOB BRADY FOR CONGRESS

ADDRESS (number and street) 12518 Chilton Road

Check if different than previously reported. (ACC) Philadelphia PA 19154

2. **FEC IDENTIFICATION NUMBER** ▼

C C00333740

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

PA 01

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 MM / DD / YYYY in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY
10 / 01 / 2015 through 12 / 31 / 2015

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 Louis J Farinella

Signature of Treasurer Louis J Farinella

[Electronically Filed]

Date

01 / 28 / 2016

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								
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SUMMARY PAGE
of Receipts and Disbursements

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))....	28750.00	284500.00
(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)).....	28750.00	284500.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	39876.87	188617.56
(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)).....	39876.87	188617.56
8. Cash on Hand at Close of Reporting Period (from Line 27).....	599508.71	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	5000.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

BOB BRADY FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17050.00	143000.00
(ii) Unitemized.....	200.00	1000.00
(iii) TOTAL of contributions from individuals ▶	17250.00	144000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	11500.00	140500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	28750.00	284500.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	77.10	3486.97
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	28827.10	287986.97

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	39876.87	188617.56
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	10743.00	78847.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	50619.87	267464.56

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	621301.48
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	28827.10
25. SUBTOTAL (add Line 23 and Line 24).....	650128.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	50619.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	599508.71

**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 38
(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)
Craig Adams

Mailing Address 207 Burkdale Dr

City State Zip Code
Blue Bell PA 19422

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

Name of Employer Occupation
PECO / Exelon CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : SA11AI.10824

Amount of Each Receipt this Period
 Contribution 1000.00

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

Mailing Address 509 Vine Street Suite LL200

City State Zip Code
Philadelphia PA 19106

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

Name of Employer Occupation
Bittenbender Construction LP Managing Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : SA11AI.10807

Amount of Each Receipt this Period
 Contribution 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Donald R Caldwell

Mailing Address 531 N. Rose Lane

City State Zip Code
Haverford PA 19041

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

Name of Employer Occupation
Cross Atlantic Capital Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : SA11AI.10804

Amount of Each Receipt this Period
 Contribution 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 38
	<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. Thomas A Caramanico

Mailing Address 848 Buck Lane

City Haverford State PA Zip Code 19041

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

Name of Employer McCormick Taylor & Associates 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
 10 / 14 / 2015

Transaction ID : SA11AI.10811

Amount of Each Receipt this Period
 Contribution 1000.00

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

Mailing Address 12 Cove Road

City Moorestown State NJ Zip Code 08057

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : SA11AI.10809

Amount of Each Receipt this Period
 Contribution 1000.00

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

Mailing Address 148 E. Street Road

City Feasterville State PA Zip Code 19053

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2015

Transaction ID : SA11AI.10835

Amount of Each Receipt this Period
 Contribution 100.00

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

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

2100.00

**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 38
(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 Crutchfield

Mailing Address 2 Hudson Way

City State Zip Code
Garnet Valley PA 19060

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

Name of Employer Occupation
Greater Phila Chamber of Comme SVP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.10829

Amount of Each Receipt this Period
250.00
Contribution

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

Mailing Address 580 Wigard Avenue

City State Zip Code
Philadelphia PA 19128

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

Name of Employer Occupation
Northmarq Advisors LLC Principal

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
10 / 14 / 2015

Transaction ID : SA11AI.10800

Amount of Each Receipt this Period
2000.00
Contribution

C. Full Name (Last, First, Middle Initial)
Dilworth Paxson, LLP

Mailing Address 1500 Market Street
Ste 3500E

City State Zip Code
Philadelphia PA 19102-2101

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

Name of Employer Occupation

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
10 / 14 / 2015

Transaction ID : SA11AI.10821

Amount of Each Receipt this Period
700.00
Contribution

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

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

2950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 38
	<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)
Dilworth Paxson, LLP

Mailing Address 1500 Market Street
Ste 3500E

City Philadelphia State PA Zip Code 19102-2101

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : SA11AI.10822

Amount of Each Receipt this Period
 Contribution 300.00

Amount of Each Receipt this Period
 Contribution 3000.00

B. Full Name (Last, First, Middle Initial)
Mr. Joseph Frick

Mailing Address 2005 Market Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer Occupation
Diversified Search Inc. Managing Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : SA11AI.10810

Amount of Each Receipt this Period
 Contribution 1000.00

Amount of Each Receipt this Period
 Contribution 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Daniel J Hilferty

Mailing Address 220 Cedarbrook Road

City Ardmore State PA Zip Code 19003

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

Name of Employer Occupation
AmeriHealth Mercy Family of Co President & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : SA11AI.10801

Amount of Each Receipt this Period
 Contribution 2700.00

Amount of Each Receipt this Period
 Contribution 5200.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 38
	<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 Magid

Mailing Address 210 W. Washington Square
The Ayer Apt 5E

City Philadelphia State PA Zip Code 19106-3514

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

Name of Employer Larry Magid Entertainment Grou 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
 10 / 14 / 2015

Transaction ID : SA11AI.10806

Amount of Each Receipt this Period
 1000.00
 Contribution

B. 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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : SA11AI.10818

Amount of Each Receipt this Period
 200.00
 Contribution

C. 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: 2018
 Primary General
 Other (specify)

Election Cycle-to-Date
5800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : SA11AI.10819

Amount of Each Receipt this Period
 400.00
 Contribution

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 38
	<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 **6200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : SA11AI.10820

Amount of Each Receipt this Period
 Contribution **400.00**

B. Full Name (Last, First, Middle Initial)
Gerard H Sweeney

Mailing Address 2 Craig Lane

City Haverford State PA Zip Code 19041

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

Name of Employer Occupation
 Brandywine Realty Trust 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
 10 / 14 / 2015

Transaction ID : SA11AI.10803

Amount of Each Receipt this Period
 Contribution **1000.00**

C. Full Name (Last, First, Middle Initial)
Mr. Joseph Weiss

Mailing Address One S. Broad Street
 19th Floor

City Philadelphia State PA Zip Code 19107

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

Name of Employer Occupation
 Electronic Ink 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
 10 / 14 / 2015

Transaction ID : SA11AI.10812

Amount of Each Receipt this Period
 Contribution **1000.00**

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

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

2400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 38
	<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) A. Mr. Joseph S Zuritsky		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2015	
Mailing Address 1706 Rittenhouse Square Unit #1801		Transaction ID : SA11Al.10805	
City Philadelphia	State PA	Zip Code 19103	Amount of Each Receipt this Period Contribution 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Parkway Corp	Occupation Chairman & CEO		
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.		Date of Receipt M M M / D D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M M / D D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	17050.00

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

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

FOR LINE NUMBER: PAGE 12 OF 38
(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
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 14 / 2015
Transaction ID : SA11C.10814

Amount of Each Receipt this Period
Contribution
1000.00

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

Mailing Address 762 West Lancaster Avenue
City Bryn Mawr State PA Zip Code 19010

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 14 / 2015
Transaction ID : SA11C.10816

Amount of Each Receipt this Period
Contribution
1000.00

C. Full Name (Last, First, Middle Initial)
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION

Mailing Address 8400 Westpark Drive
City McLean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C C00040998**

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
10 / 14 / 2015
Transaction ID : SA11C.10823

Amount of Each Receipt this Period
Contribution
5000.00

SUBTOTAL of Receipts This Page (optional)..... 7000.00
TOTAL 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 13 OF 38
(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)
Independence Blue Cross PAC

Mailing Address 1901 Market Street

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00450056

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
 10 / 14 / 2015

Transaction ID : SA11C.10817

Amount of Each Receipt this Period
 1000.00
 Contribution

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION AFL-CIO COMMITTEE ON POLITICAL EDUCATION ILA-COPE

Mailing Address 17 Battery Place

City New York State NY Zip Code 10004

FEC ID number of contributing federal political committee. **C** C00158576

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
 12 / 03 / 2015

Transaction ID : SA11C.10833

Amount of Each Receipt this Period
 2500.00
 Contribution

C. Full Name (Last, First, Middle Initial)
PREIT-RUBIN INC POLITICAL ACTION COMMITTEE

Mailing Address 200 SOUTH BROAD ST 3RD FLOOR

City PHILADELPHIA State PA Zip Code 19102

FEC ID number of contributing federal political committee. **C** C00457606

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
 10 / 14 / 2015

Transaction ID : SA11C.10813

Amount of Each Receipt this Period
 1000.00
 Contribution

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

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

4500.00

11500.00

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

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

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

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PNC Bank

Mailing Address PO Box 535230

City State Zip Code
Pittsburgh PA 15253

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
326.41

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 31 2015

Transaction ID : SA15.10691

Amount of Each Receipt this Period
 24.91

MM Interest

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

Mailing Address PO Box 535230

City State Zip Code
Pittsburgh PA 15253

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 30 2015

Transaction ID : SA15.10692

Amount of Each Receipt this Period
 24.11

MM Interest

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

Mailing Address PO Box 535230

City State Zip Code
Pittsburgh PA 15253

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
375.43

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA15.10693

Amount of Each Receipt this Period
 24.91

MM Interest

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

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

73.93

73.93

**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 15 OF 38			
	<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) A. Ally Financial		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015
Mailing Address PO Box 380902		Amount of Each Disbursement this Period 1148.29 Transaction ID : SB17.10707
City Bloomington	State MN	
Zip Code 55438-0902	Purpose of Disbursement Auto Lease	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	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. Ally Financial		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address PO Box 380902		Amount of Each Disbursement this Period 1148.29 Transaction ID : SB17.10716
City Bloomington	State MN	
Zip Code 55438-0902	Purpose of Disbursement Auto Lease	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	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) c. Anthony's		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 4990 State Road		Amount of Each Disbursement this Period 623.97 Transaction ID : SB17.10788
City Drexel Hill	State PA	
Zip Code 19026	Purpose of Disbursement Meeting	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	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	

SUBTOTAL of Disbursements This Page (optional).....	2920.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 38			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 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) A. Ms Linda August		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address 2401 Pennsylvania Avenue 6B23		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.10696
City Philadelphia State PA Zip Code 19130	Purpose of Disbursement Fund Raising Consulting November 2015	
Candidate Name BOB BRADY FOR CONGRESS		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. Ms Linda August		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2015
Mailing Address 2401 Pennsylvania Avenue 6B23		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.10712
City Philadelphia State PA Zip Code 19130	Purpose of Disbursement Fundraising consulting December 2015	
Candidate Name BOB BRADY FOR CONGRESS		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) c. Ms Linda August		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 2401 Pennsylvania Avenue 6B23		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.10727
City Philadelphia State PA Zip Code 19130	Purpose of Disbursement Fundraising Consulting January 2016	
Candidate Name BOB BRADY FOR CONGRESS		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		

SUBTOTAL of Disbursements This Page (optional).....	12000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 38			
	<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) A. Capital Grille		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address 1338 Chestnut Street		Amount of Each Disbursement this Period 9900.00 Transaction ID : SB17.10783
City Philadelphia	State PA Zip Code 19107	
Purpose of Disbursement Christmas Gifts		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
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. Capitol Host MDR		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address Rm B-339B Rayburn House Office Bldg		Amount of Each Disbursement this Period 80.45 Transaction ID : SB17.10784
City Washington	State DC Zip Code 20515	
Purpose of Disbursement Meals		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
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) c. First National Bank VISA		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address PO Box 2557		Amount of Each Disbursement this Period 163.50 Transaction ID : SB17.10694
City Omaha	State NE Zip Code 68103	
Purpose of Disbursement VISA Payment		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
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		

SUBTOTAL of Disbursements This Page (optional).....	10143.95
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 38	
	<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) A. First National Bank VISA		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address PO Box 2557		Amount of Each Disbursement this Period 136.73 Transaction ID : SB17.10710
City Omaha	State NE	
Zip Code 68103	Purpose of Disbursement VISA Payment	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	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. First National Bank VISA		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address PO Box 2557		Amount of Each Disbursement this Period 37.73 Transaction ID : SB17.10719
City Omaha	State NE	
Zip Code 68103	Purpose of Disbursement VISA Payment	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	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) c. GM Financial Leasing		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address 75 Remittance Drive Suite 1738		Amount of Each Disbursement this Period 971.76 Transaction ID : SB17.10697
City Chicago	State IL	
Zip Code 60675-1738	Purpose of Disbursement Auto Lease	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	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	

SUBTOTAL of Disbursements This Page (optional).....	1146.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 38			
	<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) A. GM Financial Leasing		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address 75 Remittance Drive Suite 1738		Amount of Each Disbursement this Period 971.76 Transaction ID : SB17.10715
City Chicago State IL Zip Code 60675-1738	Purpose of Disbursement Auto Lease	
Candidate Name BOB BRADY FOR CONGRESS		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. GM Financial Leasing		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 75 Remittance Drive Suite 1738		Amount of Each Disbursement this Period 971.76 Transaction ID : SB17.10728
City Chicago State IL Zip Code 60675-1738	Purpose of Disbursement Auto Lease	
Candidate Name BOB BRADY FOR CONGRESS		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) c. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2015
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.10708
City Washington State DC Zip Code 20003	Purpose of Disbursement Membership Dues	
Candidate Name BOB BRADY FOR CONGRESS		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)	

SUBTOTAL of Disbursements This Page (optional).....	1993.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 38		
	<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) A. New Jersey EZ Pass		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2015
Mailing Address PO Box 52003		Amount of Each Disbursement this Period 255.00 Transaction ID : SB17.10745
City Newark State NJ Zip Code 07101-8203	Purpose of Disbursement Tolls	
Candidate Name BOB BRADY FOR CONGRESS		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. New Jersey EZ Pass		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address PO Box 52003		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.10767
City Newark State NJ Zip Code 07101-8203	Purpose of Disbursement Tolls	
Candidate Name BOB BRADY FOR CONGRESS		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) c. New Jersey EZ Pass		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address PO Box 52003		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.10793
City Newark State NJ Zip Code 07101-8203	Purpose of Disbursement Tolls	
Candidate Name BOB BRADY FOR CONGRESS		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		

SUBTOTAL of Disbursements This Page (optional).....	855.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 38			
	<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) A. OnStar		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2015
Mailing Address PO Box 1027		Amount of Each Disbursement this Period 75.46
City Warren	State MI Zip Code 48090-1027	
Purpose of Disbursement Subscription		Transaction ID : SB17.10799
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	[MEMO ITEM]
<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. PTM Sports		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015
Mailing Address 2502 W. Township Line Road		Amount of Each Disbursement this Period 3930.25
City Havertown	State PA Zip Code 19083-5212	
Purpose of Disbursement Campaign hats & shirts		Transaction ID : SB17.10705
Candidate Name BOB BRADY FOR CONGRESS		
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) c. Sirius XM Satellite Radio		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015
Mailing Address PO Box 9001399		Amount of Each Disbursement this Period 49.88
City Louisville	State KY Zip Code 40290-1399	
Purpose of Disbursement Satellite Radio		Transaction ID : SB17.10706
Candidate Name BOB BRADY FOR CONGRESS		
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		

SUBTOTAL of Disbursements This Page (optional).....	3980.13
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 38			
	<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) A. Smart Devine		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015
Mailing Address 1600 Market Street 32nd Floor		Amount of Each Disbursement this Period 2401.00 Transaction ID : SB17.10703
City Philadelphia	State PA Zip Code 19103	
Purpose of Disbursement Accounting Services	Category/Type	
Candidate Name BOB BRADY FOR CONGRESS		
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. Smart Devine		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 1600 Market Street 32nd Floor		Amount of Each Disbursement this Period 416.50 Transaction ID : SB17.10718
City Philadelphia	State PA Zip Code 19103	
Purpose of Disbursement Accounting Services	Category/Type	
Candidate Name BOB BRADY FOR CONGRESS		
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) c. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 56.24 Transaction ID : SB17.10735
City Aberdeen	State MD Zip Code 21001	
Purpose of Disbursement Fuel	Category/Type	
Candidate Name BOB BRADY FOR CONGRESS		
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		

SUBTOTAL of Disbursements This Page (optional).....	2873.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 38			
	<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) A. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 24.35 Transaction ID : SB17.10741
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		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. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 34.12 Transaction ID : SB17.10742
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		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) c. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 39.21 Transaction ID : SB17.10743
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		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		

SUBTOTAL of Disbursements This Page (optional).....	97.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 38			
	<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) A. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 36.22
City Aberdeen	State MD Zip Code 21001	
Purpose of Disbursement Fuel	Category/Type	Transaction ID : SB17.10744
Candidate Name BOB BRADY FOR CONGRESS		
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. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 44.34
City Aberdeen	State MD Zip Code 21001	
Purpose of Disbursement Fuel	Category/Type	Transaction ID : SB17.10751
Candidate Name BOB BRADY FOR CONGRESS		
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) c. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 56.40
City Aberdeen	State MD Zip Code 21001	
Purpose of Disbursement Fuel	Category/Type	Transaction ID : SB17.10755
Candidate Name BOB BRADY FOR CONGRESS		
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		

SUBTOTAL of Disbursements This Page (optional).....	136.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 38			
	<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) A. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 39.62 Transaction ID : SB17.10756
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		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. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 38.43 Transaction ID : SB17.10757
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		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) c. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 60.16 Transaction ID : SB17.10759
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		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		

SUBTOTAL of Disbursements This Page (optional).....	138.21
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 38			
	<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) A. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 37.45 Transaction ID : SB17.10761
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		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. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 50.25 Transaction ID : SB17.10764
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		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) c. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 38.39 Transaction ID : SB17.10771
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		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		

SUBTOTAL of Disbursements This Page (optional).....	126.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 38			
	<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) A. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 36.39 Transaction ID : SB17.10772
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		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. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 35.29 Transaction ID : SB17.10773
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		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) c. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 35.94 Transaction ID : SB17.10774
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		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		

SUBTOTAL of Disbursements This Page (optional).....	107.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 38	
	<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) A. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 54.95 Transaction ID : SB17.10775
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		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. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 36.19 Transaction ID : SB17.10777
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		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) c. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 36.47 Transaction ID : SB17.10782
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		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		

SUBTOTAL of Disbursements This Page (optional).....	127.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 38	
	<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) A. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 58.18 Transaction ID : SB17.10785
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		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. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 35.16 Transaction ID : SB17.10786
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		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) c. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 37.72 Transaction ID : SB17.10834
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		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		

SUBTOTAL of Disbursements This Page (optional).....	131.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 38			
	<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) A. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 33.53
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		Transaction ID : SB17.10787
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. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 51.44
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		Transaction ID : SB17.10789
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) c. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 31.92
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		Transaction ID : SB17.10790
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	

SUBTOTAL of Disbursements This Page (optional).....	116.89
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 38			
	<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) A. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 31.33 Transaction ID : SB17.10791
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		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. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 32.49 Transaction ID : SB17.10792
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		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) c. The Public Record		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015
Mailing Address 1323 S Broad Street		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.10702
City Philadelphia State PA Zip Code 19147	Purpose of Disbursement Advertisement	
Candidate Name BOB BRADY FOR CONGRESS		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		

SUBTOTAL of Disbursements This Page (optional).....	463.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 38			
	<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) A. The Public Record		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address 1323 S Broad Street		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.10711
City Philadelphia	State PA Zip Code 19147	
Purpose of Disbursement Advertisement		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
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. Thomas Chevrolet		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015
Mailing Address 1263 West Baltimore Avenue		Amount of Each Disbursement this Period 989.27 Transaction ID : SB17.10695
City Media	State PA Zip Code 19063	
Purpose of Disbursement Reimburse Auto Lease Payment		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
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) c. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 23.78 Transaction ID : SB17.10752
City Lehigh Valley	State PA Zip Code 18002	
Purpose of Disbursement Celleluar Telephone Equipment		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
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		

SUBTOTAL of Disbursements This Page (optional).....	1413.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 38			
	<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) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 315.93 Transaction ID : SB17.10709
City Lehigh Valley	State PA	
Zip Code 18002	Purpose of Disbursement Cellular Telephone	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	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. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 159.14 Transaction ID : SB17.10717
City Lehigh Valley	State PA	
Zip Code 18002	Purpose of Disbursement Cellular Telephone	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	315.93
TOTAL This Period (last page this line number only).....	39088.03

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 38
	<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) A. DCHS Museum		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015
Mailing Address 408 Ave of the States		Amount of Each Disbursement this Period 330.00 Transaction ID : SB21.10698
City Chester	State PA	
Zip Code 19013	Purpose of Disbursement Donation	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	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. Deeley for Philadelphia		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015
Mailing Address 7730 Richard Street		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB21.10700
City Philadelphia	State PA	
Zip Code 19152	Purpose of Disbursement Contribution	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	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) c. Local 401 Supplemental Welfare Fund		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address 11600 Norcom Road		Amount of Each Disbursement this Period 300.00 Transaction ID : SB21.10713
City Philadelphia	State PA	
Zip Code 19154	Purpose of Disbursement Donation	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	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	

SUBTOTAL of Disbursements This Page (optional).....	5630.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 38
	<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) A. PNC Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 10.00 Transaction ID : SB21.10688
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement MM Service Charge	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	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. PNC Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 60.00 Transaction ID : SB21.10738
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement Service Charge	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	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) c. PNC Bank		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 10.00 Transaction ID : SB21.10689
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement MM Service Charge	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	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	

SUBTOTAL of Disbursements This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 38			
	<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) A. PNC Bank		Date of Disbursement
Mailing Address PO Box 535230		M M / D D / Y Y Y Y 11 / 02 / 2015
City Pittsburgh	State PA	Zip Code 15253
Purpose of Disbursement Service Charge		Amount of Each Disbursement this Period 60.00
Candidate Name BOB BRADY FOR CONGRESS		Transaction ID : SB21.10758
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)	Category/ Type
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. PNC Bank		Date of Disbursement
Mailing Address PO Box 535230		M M / D D / Y Y Y Y 12 / 01 / 2015
City Pittsburgh	State PA	Zip Code 15253
Purpose of Disbursement MM Service Charge		Amount of Each Disbursement this Period 10.00
Candidate Name BOB BRADY FOR CONGRESS		Transaction ID : SB21.10690
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)	Category/ Type
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. PNC Bank		Date of Disbursement
Mailing Address PO Box 535230		M M / D D / Y Y Y Y 12 / 01 / 2015
City Pittsburgh	State PA	Zip Code 15253
Purpose of Disbursement Service Charges		Amount of Each Disbursement this Period 63.00
Candidate Name BOB BRADY FOR CONGRESS		Transaction ID : SB21.10776
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)	Category/ Type
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	133.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 38			
	<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) A. Respect for Life		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 6928 Lawton Street		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB21.10731
City Philadelphia	State PA Zip Code 19126	
Purpose of Disbursement Donation	Category/Type	
Candidate Name BOB BRADY FOR CONGRESS		
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. VAN HOLLEN FOR SENATE		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 10605 CONCORD ST SUITE 202		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.10729
City KENSINGTON	State MD Zip Code 20895	
Purpose of Disbursement Contribution	Category/Type	
Candidate Name BOB BRADY FOR CONGRESS		
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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	10343.00

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 **Transaction ID : SD9.4599**
 5000.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 0.00 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) SUBTOTALS This Period This Page (optional)	5000.00
2) TOTALS This Period (last page this line number only)	5000.00
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) ▶	5000.00