



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Mike Kelly For Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	239588.53	902844.58
(b) Total Contribution Refunds (from Line 20(d)) .....	150.00	150.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	239438.53	902694.58
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	165241.78	539216.70
(b) Total Offsets to Operating Expenditures (from Line 14).....	16503.72	18225.63
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	148738.06	520991.07
8. Cash on Hand at Close of Reporting Period (from Line 27).....	615723.66	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	277995.00	

**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

**Mike Kelly 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).....	43750.00	346667.86
(ii) Unitemized .....	5515.00	16084.95
(iii) TOTAL of contributions from individuals .....	49265.00	362752.81
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	190323.53	540091.77
(d) The Candidate .....	.00	.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	239588.53	902844.58
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	323.34	32886.85
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	.00	.00
(b) All Other Loans.....	.00	.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	.00	.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	16503.72	18225.63
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	1.31	62.47
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	256416.90	954019.53

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	165241.78	539216.70
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	.00	50000.00
(b) Of All Other Loans .....	.00	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	.00	50000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	150.00	150.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	150.00	150.00
21. OTHER DISBURSEMENTS .....	1632.65	11572.65
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	167024.43	600939.35

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	526331.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	256416.90
25. SUBTOTAL (add Line 23 and Line 24).....	782748.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	167024.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	615723.66

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 133
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Hunton & Williams**

Mailing Address 2200 Pennsylvania Ave NW

City Washington State DC Zip Code 20006

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

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  
 12 / 12 / 2015

**Transaction ID : SA11Ai-CN2990**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**McGill Power Bell & Assoc LLP**

Mailing Address 623 State Street

City Meadville State PA Zip Code 16335

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11Ai-CN2869**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dean R Fair**

Mailing Address 10775 Cutter Rd

City Meadville State PA Zip Code 16335

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

Name of Employer Occupation  
 McGill Power Bell & Associates CPA

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11Ai-CN2870**

Amount of Each Receipt this Period  
500.00

Partnership-McGill Power Bell & Assoc

**[MEMO ITEM]**  
\$500.00 MEMO Partnership Attributed

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 133
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William E Adams Iii**

Mailing Address 1256 Buffalo Bill Cody Memorial Hw  
Memorial Hwy

City Portersville State PA Zip Code 16051

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

Name of Employer Adams Manufacturing Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1050.00

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

**Transaction ID : SA11Ai-CN3045**

Amount of Each Receipt this Period  
550.00

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

Mailing Address 523 Fairview Road

City Pittsburgh State PA Zip Code 15238

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

Name of Employer Allegheny Health System Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11Ai-CN2860**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Roy D Allen**

Mailing Address 399 Cornetti Rd

City Fenelton State PA Zip Code 16034

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

Name of Employer Self-employed Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2015

**Transaction ID : SA11Ai-CN2832**

Amount of Each Receipt this Period  
1200.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 133
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Roy D Allen**

Mailing Address 399 Cornetti Rd

City Fenelton State PA Zip Code 16034

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

Name of Employer Self-employed Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2015

**Transaction ID : SA11Ai-CN2833**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address 54 Saam Road

City Milford State NJ Zip Code 08848

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

Name of Employer Western NY & PA Railroad Occupation President & COO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2015

**Transaction ID : SA11Ai-CN2938**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Frederick Y Bennitt**

Mailing Address 3051 Edelweiss Ct

City Mars State PA Zip Code 16046

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 **750.00**

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

**Transaction ID : SA11Ai-CN2839**

Amount of Each Receipt this Period  
**500.00**

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

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

**1050.00**

**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 133
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Eugene Blabey**

Mailing Address PO Box 92

City State Zip Code  
Forestburgh NY 12701

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

Name of Employer Occupation  
Livonia Avon & Lakeville Railroad President & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2015

**Transaction ID : SA11Ai-CN2932**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 3017 East Ridge Drive

City State Zip Code  
Gibsonia PA 15044

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

Name of Employer Occupation  
Tiversa CIO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015

**Transaction ID : SA11Ai-CN2921**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 9273 Lerwick Dr

City State Zip Code  
Dublin OH 43017-9492

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

Name of Employer Occupation  
Clark Lytle & Geduldig Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : SA11Ai-CN3001**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 133
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William S Dearment**

Mailing Address 438 Chestnut St

City State Zip Code  
Meadville PA 16335

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

Name of Employer Occupation  
Channellock Inc CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11Ai-CN2868**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1266 Lake Rd

City State Zip Code  
Conneaut OH 44030

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

Name of Employer Occupation  
Amer. Turned Prod. President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : SA11Ai-CN3037**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Amr Elrifai**

Mailing Address 490 East North Avenue Suite 520

City State Zip Code  
Pittsburgh PA 15212

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

Name of Employer Occupation  
Allegheny Health System Physician

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 / 16 / 2015

**Transaction ID : SA11Ai-CN2861**

Amount of Each Receipt this Period  
1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 133
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jeanne F Endicott**

Mailing Address 20 Quarry Hill Rd

City Greenville State PA Zip Code 16125

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

Name of Employer Nittany Coatings Inc. 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 / 06 / 2015

**Transaction ID : SA11Ai-CN2888**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 12 Outlook Dr

City Darien State CT Zip Code 06820

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

Name of Employer Genesee & Wyoming Occupation General Counsel & Secretary

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 / 11 / 2015

**Transaction ID : SA11Ai-CN3000**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Timothy Gallagher**

Mailing Address 21 Heather Ln

City Darien State CT Zip Code 06820

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

Name of Employer Genesee & Wyoming Occupation Railroad 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  
 12 / 11 / 2015

**Transaction ID : SA11Ai-CN3002**

Amount of Each Receipt this Period  
 500.00

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

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

1300.00

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

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

FOR LINE NUMBER: PAGE 11 OF 133  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

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

Mailing Address 1355 Yahres Rd

City Sharon State PA Zip Code 16146

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

Name of Employer Joy Cone Co. Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11Ai-CN2871**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 101 Timothy Ln

City Butler State PA Zip Code 16001-1183

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

Name of Employer Future POS Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 05 / 2015

**Transaction ID : SA11Ai-CN2573**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dale Hawk**

Mailing Address 147 Water Oak Drive

City Ponte Vedra Beach State FL Zip Code 32082

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  
 11 / 09 / 2015

**Transaction ID : SA11Ai-CN2930**

Amount of Each Receipt this Period  
 300.00

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

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

1300.00

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

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

FOR LINE NUMBER: PAGE 12 OF 133  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

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

Mailing Address 392 Greenley Rd

City State Zip Code  
New Canaan CT 06840

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

Name of Employer Occupation  
Genesee & Wyoming Inc 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  
 12 / 11 / 2015

**Transaction ID : SA11Ai-CN3006**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 300 Lakewood Dr

City State Zip Code  
Butler PA 16001

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

Name of Employer Occupation  
RETIRED Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 29 / 2015

**Transaction ID : SA11Ai-CN2917**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Margaret C Hutchinson**

Mailing Address 225 Country Club Rd

City State Zip Code  
Butler PA 16002

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 06 / 2015

**Transaction ID : SA11Ai-CN2873**

Amount of Each Receipt this Period  
 500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 133
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Victoria Jackson**

Mailing Address 5725 Rex Norroy Dr

City Gibsonia	State PA	Zip Code 15044
------------------	-------------	-------------------

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  
4600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : SA11Ai-CN3036**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Patti Ann L Kanterman**

Mailing Address 171 E Airport Rd

City Butler	State PA	Zip Code 16002
----------------	-------------	-------------------

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

Name of Employer Associated Ceramics	Occupation Comptroller
---	---------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2015

**Transaction ID : SA11Ai-CN2883**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Miles K Karson Jr**

Mailing Address 2616 Old Hickory Ct

City Hermitage	State PA	Zip Code 16148
-------------------	-------------	-------------------

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

Name of Employer Attorney	Occupation Attorney
------------------------------	------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2015

**Transaction ID : SA11Ai-CN2884**

Amount of Each Receipt this Period  
300.00

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

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 133
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**C Bruce Kern li**

Mailing Address 1091 Dutch Rd

City State Zip Code  
Fairview PA 16415

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

Name of Employer Occupation  
C.A. Curtze Co. Business Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : SA11Ai-CN2722**

Amount of Each Receipt this Period  
 \_\_\_\_\_ .00

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

Mailing Address 7009 Arbor Ln

City State Zip Code  
Mclean VA 22101

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

Name of Employer Occupation  
Sidley Austin LLP Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11Ai-CN2981**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**C.** Full Name (Last, First, Middle Initial)  
**D Scott Kroh**

Mailing Address 809 Weldon St

City State Zip Code  
Latrobe PA 15650

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

Name of Employer Occupation  
Robindale Energy CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2015

**Transaction ID : SA11Ai-CN2695**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 900.00

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

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

1400.00

\_\_\_\_\_

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

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

FOR LINE NUMBER: PAGE 15 OF 133  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**D Scott Kroh**

Mailing Address 809 Weldon St

City State Zip Code  
Latrobe PA 15650

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

Name of Employer Occupation  
Robindale Energy CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4100.00

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

**Transaction ID : SA11Ai-CN3046**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 14303 Dickson Rd

City State Zip Code  
Meadville PA 16335

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

Name of Employer Occupation  
Kuhn Tool & Die Co Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11Ai-CN2843**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Maureen E Lally Green**

Mailing Address 207 Greenbriar Dr

City State Zip Code  
Cranberry Township PA 16066

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 17 2015

**Transaction ID : SA11Ai-CN2923**

Amount of Each Receipt this Period  
100.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 133
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Raymond Lassinger**

Mailing Address 144 Mansion Ln

City State Zip Code  
Butler PA 16002

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

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

**Transaction ID : SA11Ai-CN2840**

Amount of Each Receipt this Period  
750.00

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

Mailing Address 80 Mission Hill Dr

City State Zip Code  
Brockport NY 14420

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

Name of Employer Occupation  
Genesee & Wyoming Inc Chief Accounting Officer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SA11Ai-CN3010**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Raymond Martel**

Mailing Address 1912 Paine Road

City State Zip Code  
Dalton NY 14836

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

Name of Employer Occupation  
Western NY & PA Railroad CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SA11Ai-CN2939**

Amount of Each Receipt this Period  
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 133
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

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

Mailing Address 4025 Westbury Rdg

City Erie	State PA	Zip Code 16506
--------------	-------------	-------------------

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

Name of Employer PSB Industries	Occupation Pres/Owner
------------------------------------	--------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : SA11Ai-CN3033**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address PO Box 296

City Portersville	State PA	Zip Code 16051
----------------------	-------------	-------------------

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

Name of Employer McClymonds Trucking	Occupation Owner
---	---------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2015

**Transaction ID : SA11Ai-CN2828**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Kishor Mehta**

Mailing Address 2103 Chablis Court

City Gibsonia	State PA	Zip Code 15044
------------------	-------------	-------------------

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11Ai-CN2857**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 18 OF 133  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

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

Mailing Address 5147 Wilton Walk Dr

City Jacksonville State FL Zip Code 32224

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

Name of Employer Genesee & Wyoming Inc Occupation Railroad Sales

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 / 11 / 2015

**Transaction ID : SA11Ai-CN3004**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 180 N 2nd St

City Conneaut Lake State PA Zip Code 16316

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2015

**Transaction ID : SA11Ai-CN2834**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Joseph A Murawski**

Mailing Address 772 Enterprise Rd

City Grove City State PA Zip Code 16127

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

Name of Employer Joden Jewelers Occupation Owner

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 / 23 / 2015

**Transaction ID : SA11Ai-CN3034**

Amount of Each Receipt this Period  
 500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 133
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Edward R Natali**

Mailing Address 749 Bullcreek Rd

City State Zip Code  
Butler PA 16002

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

Name of Employer Occupation  
Primetals Technologies LLC Project Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

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

**Transaction ID : SA11Ai-CN2837**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 2944 Bridgehampton Ct

City State Zip Code  
Falls Church VA 22042

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

Name of Employer Occupation  
Capitol Counsel LLC Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2015

**Transaction ID : SA11Ai-CN2974**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard S Parnell**

Mailing Address 308 Sapling Ct

City State Zip Code  
Cranberry Township PA 16066

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

Name of Employer Occupation  
Lead From The Front Inc. Founder & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11Ai-CN2841**

Amount of Each Receipt this Period  
500.00

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

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

1400.00

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

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

FOR LINE NUMBER: PAGE 20 OF 133  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John W. Paul**

Mailing Address 30 Isabella Street Suite 300

City Pittsburgh State PA Zip Code 15212

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

Name of Employer Allegheny Health Network Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

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

**Transaction ID : SA11Ai-CN2983**

Amount of Each Receipt this Period  
**2700.00**

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

Mailing Address 12008 Seneca Rd

City Conneaut Lake State PA Zip Code 16316

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

Name of Employer Peters Heat Treating Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

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

**Transaction ID : SA11Ai-CN2849**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Robert M Power Jr**

Mailing Address 346 Edgewood Dr

City Meadville State PA Zip Code 16335

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

Name of Employer McGill Power Bell & Assoc. Occupation CPA

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  
 12 / 23 / 2015

**Transaction ID : SA11Ai-CN3040**

Amount of Each Receipt this Period  
**2300.00**

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

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

**5500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 133
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lillian S Rath**

Mailing Address 570 Three Degree Rd

City State Zip Code  
Butler PA 16002

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SA11Ai-CN2912**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 200 Clark Street

City State Zip Code  
Paducah KY 42003

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

Name of Employer Occupation  
Paducah & Louisville RR Railroad Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 09 / 2015

**Transaction ID : SA11Ai-CN2928**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Ginny Steese Richardson**

Mailing Address 1540 S Center St Ext

City State Zip Code  
Grove City PA 16127

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

Name of Employer Occupation  
Mercer County Treasurer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SA11Ai-CN2886**

Amount of Each Receipt this Period  
300.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 133
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Donald K Richwine**

Mailing Address 447 Arlington Rd W Rd

City Erie State PA Zip Code 16509

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

Name of Employer Precision Profiles Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : SA11Ai-CN3035**

Amount of Each Receipt this Period  
 2000.00

2450.00

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

Mailing Address 136 Lake Manor Dr

City Butler State PA Zip Code 16002

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

Name of Employer Rishor Simone Occupation Paralegal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 29 / 2015

**Transaction ID : SA11Ai-CN2911**

Amount of Each Receipt this Period  
 200.00

400.00

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

Mailing Address 826 Country Club Dr

City Pittsburgh State PA Zip Code 15228

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

Name of Employer Owner Occupation Rohrich Auto Group

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 17 / 2015

**Transaction ID : SA11Ai-CN2922**

Amount of Each Receipt this Period  
 500.00

1500.00

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

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

2700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 133
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John W Rose**

Mailing Address 511 Anderwood Dr

City State Zip Code  
Hermitage PA 16148

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

Name of Employer Occupation  
Self-employed Investment Professional

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  
 12 / 23 / 2015

**Transaction ID : SA11Ai-CN3032**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 520 Elizabeth Ln

City State Zip Code  
Erie PA 16505

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

Name of Employer Occupation  
Passport Realty Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11Ai-CN2845**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 18373 S Mosiertown Rd

City State Zip Code  
Saegertown PA 16433

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

Name of Employer Occupation  
Channellock Inc. Secretary/Treasurer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

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

**Transaction ID : SA11Ai-CN2848**

Amount of Each Receipt this Period  
300.00

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 133
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Timothy M Schell**

Mailing Address 319 Nicklaus Ct

City State Zip Code  
Grove City PA 16127

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

Name of Employer Occupation  
Self Physical Therapist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 06 / 2015

**Transaction ID : SA11Ai-CN2891**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 319 Nicklaus Ct

City State Zip Code  
Grove City PA 16127

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

Name of Employer Occupation  
Self Physical Therapist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : SA11Ai-CN2901**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Timothy M Schell**

Mailing Address 319 Nicklaus Ct

City State Zip Code  
Grove City PA 16127

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

Name of Employer Occupation  
Self Physical Therapist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 27 / 2015

**Transaction ID : SA11Ai-CN2979**

Amount of Each Receipt this Period  
100.00

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 133
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Timothy M Schell**

Mailing Address 319 Nicklaus Ct

City State Zip Code  
Grove City PA 16127

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

Name of Employer Occupation  
Self Physical Therapist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2015

**Transaction ID : SA11Ai-CN3047**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 79 Quaker Hollow Rd

City State Zip Code  
Sewickley PA 15143

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015

**Transaction ID : SA11Ai-CN2925**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Shingara Singh**

Mailing Address 3813 Wm. Penn Highway

City State Zip Code  
Monroeville PA 15146

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

Name of Employer Occupation  
India Garden Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11Ai-CN2975**

Amount of Each Receipt this Period  
500.00

In-kind contribution of food & beverages for fundraising event

In-Kind Received

**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: PAGE 26 OF 133  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Vijai Singh**

Mailing Address 103 Glen Brook Drive

City Pittsburgh State PA Zip Code 15215

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

Name of Employer Info Requested Occupation Info Requested

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11Ai-CN2859**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert L Smith Jr**

Mailing Address 469 Jackson Park Dr

City Meadville State PA Zip Code 16335

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

Name of Employer Info Requested Occupation Info Requested  
 Acutec Executive

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : SA11Ai-CN3039**

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address 132 Andrews Trce

City Butler State PA Zip Code 16001

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

Name of Employer Info Requested Occupation Info Requested  
 Homemaker Homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : SA11Ai-CN3038**

Amount of Each Receipt this Period  
 500.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 133
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Brian Tarquinio**

Mailing Address 121 South Highland Avenue

City Pittsburgh State PA Zip Code 15206

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

Name of Employer UBS Occupation Financial Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2015

**Transaction ID : SA11Ai-CN2976**

Amount of Each Receipt this Period  
 500.00

500.00

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

Mailing Address 116 Black Oak Drive

City Pittsburgh State PA Zip Code 15220

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  
 10 / 16 / 2015

**Transaction ID : SA11Ai-CN2856**

Amount of Each Receipt this Period  
 300.00

300.00

**C.** Full Name (Last, First, Middle Initial)  
**Wendy S Turner**

Mailing Address 329 Turner Ln  
PO Box 371

City Harrisville State PA Zip Code 16038

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

Name of Employer Turner Insurance Agency Occupation Insurance Broker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 06 / 2015

**Transaction ID : SA11Ai-CN2877**

Amount of Each Receipt this Period  
 500.00

500.00

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 133
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Jerry Vest</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address PO Box 38652 716 Fairview Road		Transaction ID : SA11Ai-CN2940
City Pittsburgh	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Genesee & Wyoming Inc.	Occupation VP Government & Industry Affairs	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Joseph P. Walton</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 06 / 2015
Mailing Address 2113 Salmon Way		Transaction ID : SA11Ai-CN2599
City The Villages	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

Full Name (Last, First, Middle Initial) <b>C. John Watkins</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 06 / 2015
Mailing Address 76 Vincent Cir		Transaction ID : SA11Ai-CN2565
City Ivylnd	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer JBM Technologies Inc	Occupation President	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 29 OF 133  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

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

Mailing Address 6831 Edgerton Avenue

City State Zip Code  
Pittsburgh PA 15208

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

Name of Employer Occupation  
UBS Financial Services Financial Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015

**Transaction ID : SA11Ai-CN2924**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 108 Blackthorn Dr

City State Zip Code  
Butler PA 16002

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2015

**Transaction ID : SA11Ai-CN2571**

Amount of Each Receipt this Period  
.00

**C.** Full Name (Last, First, Middle Initial)  
**Alan Zekelman**

Mailing Address PO Box 425

City State Zip Code  
Saratoga Springs NY 12866

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

Name of Employer Occupation  
AYCO Company LP Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2015

**Transaction ID : SA11Ai-CN2950**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

43750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Action Comm. for Rural Electrification PAC**

Mailing Address 4301 Wilson Blvd

City State Zip Code  
Arlington VA 22203-1860

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SA11C-CN2818**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address Palladian Corporate Center I  
220 Leigh Farm Rd

City State Zip Code  
Durham NC 27707

FEC ID number of contributing federal political committee. **C** C00077321

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  
11 / 10 / 2015

**Transaction ID : SA11C-CN2961**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Aircraft Owners & Pilots Assoc. PAC**

Mailing Address 421 Aviation Way

City State Zip Code  
Frederick MD 21701

FEC ID number of contributing federal political committee. **C** C00131185

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 / 06 / 2015

**Transaction ID : SA11C-CN2831**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 31 OF 133  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AK Steel Corporation PAC**

Mailing Address 9227 Centre Pointe Dr

City State Zip Code  
West Chester OH 45069

FEC ID number of contributing federal political committee. **C C00290973**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C-CN2998**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Altria Group Inc. PAC**

Mailing Address 101 Constitution Ave NW  
Suite 400W

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C C00089136**

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  
11 / 10 / 2015

**Transaction ID : SA11C-CN2968**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**American Academy Of Dermatology Association PAC**

Mailing Address 1445 New York Ave NW  
Ste 800

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 23 / 2015

**Transaction ID : SA11C-CN3027**

Amount of Each Receipt this Period  
2500.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American College of Radiology Association Pac**

Mailing Address 1891 Preston White Dr

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C C00343459**

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 / 06 / 2015

**Transaction ID : SA11C-CN2816**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**American Council Of Life Insurers PAC**

Mailing Address 101 Constitution Ave Nw Ste 700

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00147066**

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 / 06 / 2015

**Transaction ID : SA11C-CN2814**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**American Dental PAC**

Mailing Address 1111 14th St NW Ste 1100

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : SA11C-CN3016**

Amount of Each Receipt this Period  
 2000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Iron & Steel Institute PAC**

Mailing Address 25 Massachusetts Ave NW Suite 800

City	State	Zip Code
Washington	DC	20001

FEC ID number of contributing federal political committee. **C** C00295097

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  
 11 / 10 / 2015

**Transaction ID : SA11C-CN2969**

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Podiatric Medical Association (APMA-PAC)**

Mailing Address 9312 Old Georgetown Road

City	State	Zip Code
Bethesda	MD	20814

FEC ID number of contributing federal political committee. **C** C00008839

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  
 10 / 29 / 2015

**Transaction ID : SA11C-CN2913**

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**American Psychiatric Association PAC**

Mailing Address 1000 Wilson Blvd Suite 1825

City	State	Zip Code
Arlington	VA	22209

FEC ID number of contributing federal political committee. **C** C00373696

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  
 10 / 14 / 2015

**Transaction ID : SA11C-CN2864**

Amount of Each Receipt this Period

2500.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A. American Shortline & Regional RR Assoc. PAC**

Full Name (Last, First, Middle Initial)  
American Shortline & Regional RR Assoc. PAC

Mailing Address 50 NW F St  
Ste 7020

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00298190

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  
 11 / 09 / 2015

**Transaction ID : SA11C-CN2937**

Amount of Each Receipt this Period  
 2500.00

**B. American Society of Association Executives PAC**

Full Name (Last, First, Middle Initial)  
American Society of Association Executives PAC

Mailing Address 1575 I Street NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00041566

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C-CN2997**

Amount of Each Receipt this Period  
 1000.00

**C. AMGEN PAC**

Full Name (Last, First, Middle Initial)  
AMGEN PAC

Mailing Address 1 Amgen Center Dr

City Thousand Oaks State CA Zip Code 91320

FEC ID number of contributing federal political committee. **C** C00251876

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 / 29 / 2015

**Transaction ID : SA11C-CN2909**

Amount of Each Receipt this Period  
 1000.00

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

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

4500.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

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

Mailing Address 120 Monument Circle

City State Zip Code  
Indianapolis IN 46204

FEC ID number of contributing federal political committee. **C** C00197228

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  
11 / 05 / 2015

**Transaction ID : SA11C-CN2957**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ArcelorMittal USA Good Government Committee**

Mailing Address 1808 Eye Street NW  
5th Floor

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00104109

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  
12 / 12 / 2015

**Transaction ID : SA11C-CN2995**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**ARDA ROC PAC**

Mailing Address 1201 15th St NW Suite 400

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C90014036

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 10 / 2015

**Transaction ID : SA11C-CN2967**

Amount of Each Receipt this Period  
3000.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A. Bank Of America Federal PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1455 Pennsylvania Ave Suite 950  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C C00364778**  
 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  
 12 / 12 / 2015  
**Transaction ID : SA11C-CN2989**  
 Amount of Each Receipt this Period  
 3000.00

**B. BILL PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2470 Daniels Bridge Rd Suite 121  
 City Athens State GA Zip Code 30606  
 FEC ID number of contributing federal political committee. **C C00412288**  
 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 / 06 / 2015  
**Transaction ID : SA11C-CN2817**  
 Amount of Each Receipt this Period  
 1000.00

**C. Boeing Company PAC - BPAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 929 Long Bridge Drive  
 City Arlington State VA Zip Code 22202-4208  
 FEC ID number of contributing federal political committee. **C C00142711**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2015  
**Transaction ID : SA11C-CN2992**  
 Amount of Each Receipt this Period  
 1000.00

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Boston Scientific Corp PAC**

Mailing Address 1 Boston Scientific Pl

City Natick State MA Zip Code 01760

FEC ID number of contributing federal political committee. **C** C00357863

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 / 06 / 2015

**Transaction ID : SA11C-CN2829**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 201 Chicago Ave

City Minneapolis State MN Zip Code 55415

FEC ID number of contributing federal political committee. **C** C00435933

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  
 11 / 05 / 2015

**Transaction ID : SA11C-CN2944**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Bristol-Myers Squibb Co. Political Advocacy Fund**

Mailing Address 801 Pennsylvania Ave NW Suite 325

City Washington State DC Zip Code 37215

FEC ID number of contributing federal political committee. **C** C00035675

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  
 11 / 10 / 2015

**Transaction ID : SA11C-CN2964**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Buchanan Ingersoll Rooney Comm. for Effective Gov't**

Mailing Address 301 Grant Street 20th Floor

City Pittsburgh State PA Zip Code 15219-1410

FEC ID number of contributing federal political committee. **C** C00195388

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2015

**Transaction ID : SA11C-CN2952**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Chesapeake Energy Corporation Federal Pac**

Mailing Address PO Box 18576

City Oklahoma City State OK Zip Code 73154

FEC ID number of contributing federal political committee. **C** C00389288

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  
 11 / 05 / 2015

**Transaction ID : SA11C-CN2954**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Cigna PAC**

Mailing Address 1601 Chestnut Street T116b

City Philadelphia State PA Zip Code 19192

FEC ID number of contributing federal political committee. **C** C00085316

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  
 11 / 10 / 2015

**Transaction ID : SA11C-CN2970**

Amount of Each Receipt this Period  
 1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

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

Mailing Address 1101 Pennsylvania Avenue NW  
Suite 1000

City Washington State DC Zip Code 20004

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

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  
 12 / 23 / 2015

**Transaction ID : SA11C-CN3017**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1101 Pennsylvania Avenue NW  
Suite 1000

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : SA11C-CN3018**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Citizens Financial Group PAC**

Mailing Address One Citizens Plaza

City Providence State RI Zip Code 02903

FEC ID number of contributing federal political committee. **C C00307249**

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  
 11 / 09 / 2015

**Transaction ID : SA11C-CN2926**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Comcast Corporation & NBC PAC**

Mailing Address 1 Comcast Center 1701 Jfk Blvd

City Philadelphia State PA Zip Code 19130

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2015

**Transaction ID : SA11C-CN2918**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Committee On Pipe And Tube Imports PAC**

Mailing Address 900 7th St NW Suite 500

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00436485

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2015

**Transaction ID : SA11C-CN2949**

Amount of Each Receipt this Period  
 1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Corrections Corporation Of America PAC**

Mailing Address 10 Burton Hills Blvd.

City Nashville State TN Zip Code 37215

FEC ID number of contributing federal political committee. **C** C00366468

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  
 11 / 10 / 2015

**Transaction ID : SA11C-CN2965**

Amount of Each Receipt this Period  
 2000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CSL Behring Employees PAC**

Mailing Address 1020 1st Ave

City State Zip Code  
King of Prussia PA 19406

FEC ID number of contributing federal political committee. **C** C00422501

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  
 11 / 05 / 2015

**Transaction ID : SA11C-CN2947**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**CSL Behring Employees PAC**

Mailing Address 1020 1st Ave

City State Zip Code  
King of Prussia PA 19406

FEC ID number of contributing federal political committee. **C** C00422501

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2015

**Transaction ID : SA11C-CN2951**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**CULAC PAC**

Mailing Address 601 NW Pennsylvania Ave  
South Building Ste 600

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00007880

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-CN2863**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

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

Mailing Address PO Box 365

City Washington State DC Zip Code 20044

FEC ID number of contributing federal political committee. **C C00211318**

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 / 06 / 2015

**Transaction ID : SA11C-CN2813**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address PO Box 365

City Washington State DC Zip Code 20044

FEC ID number of contributing federal political committee. **C C00211318**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C-CN2987**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Duke Energy Corporation PAC**

Mailing Address 550 South Tryon Street

City Charlotte State NC Zip Code 28202

FEC ID number of contributing federal political committee. **C C00083535**

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 : SA11C-CN2865**

Amount of Each Receipt this Period  
 1000.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

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

Mailing Address PO Box 431

City Kingsport State TN Zip Code 37662

FEC ID number of contributing federal political committee. **C** C00113159

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  
 11 / 10 / 2015

**Transaction ID : SA11C-CN2962**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Eli Lilly & Company PAC**

Mailing Address Lilly Corporate Center

City Indianapolis State IN Zip Code 46285

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2015

**Transaction ID : SA11C-CN2960**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Emerson Electric Co. Responsible Govt Fund**

Mailing Address 8000 W Florissant Ave

City Saint Louis State MO Zip Code 63136

FEC ID number of contributing federal political committee. **C** C00080515

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : SA11C-CN3031**

Amount of Each Receipt this Period  
 5000.00

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

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

8500.00

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

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

FOR LINE NUMBER: PAGE 44 OF 133  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ernst & Young PAC**

Mailing Address 1101 New York Avenue NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C C00227744**

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  
11 / 05 / 2015

**Transaction ID : SA11C-CN2941**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Ernst & Young PAC**

Mailing Address 1101 New York Avenue NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C C00227744**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2015

**Transaction ID : SA11C-CN2956**

Amount of Each Receipt this Period  
3000.00

**C.** Full Name (Last, First, Middle Initial)  
**ESOP Association PAC**

Mailing Address 1726 M Street NW Suite 501

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C C00196089**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 23 / 2015

**Transaction ID : SA11C-CN3020**

Amount of Each Receipt this Period  
1000.00

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 45 OF 133  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

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

Mailing Address PO Box 805379

City Chicago State IL Zip Code 60680

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

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  
12 / 31 / 2015

**Transaction ID : SA11C-CN3042**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Express Scripts Inc PAC**

Mailing Address 1 Express Way

City St Louis State MO Zip Code 63121

FEC ID number of contributing federal political committee. **C** C00365072

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  
12 / 12 / 2015

**Transaction ID : SA11C-CN2991**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Express Scripts Inc PAC**

Mailing Address 1 Express Way

City St Louis State MO Zip Code 63121

FEC ID number of contributing federal political committee. **C** C00365072

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  
12 / 23 / 2015

**Transaction ID : SA11C-CN3029**

Amount of Each Receipt this Period  
1500.00

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 46 OF 133  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Express Scripts Inc PAC**

Mailing Address 1 Express Way

City St Louis      State MO      Zip Code 63121

FEC ID number of contributing federal political committee. **C** C00365072

Name of Employer      Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : SA11C-CN3030**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Federation Of American Hospitals PAC**

Mailing Address 750 9th St. NW Suite 600

City Washington      State DC      Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00002261

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  
 12 / 23 / 2015

**Transaction ID : SA11C-CN3019**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**FirstEnergy PAC**

Mailing Address 76 S Main St

City Akron      State OH      Zip Code 44308-1890

FEC ID number of contributing federal political committee. **C** C00140855

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 / 29 / 2015

**Transaction ID : SA11C-CN2915**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

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

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

\_\_\_\_\_ 4500.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Florida East Coast Railway LLC PAC**

Mailing Address 7411 Fullerton Street Suite 300

City	State	Zip Code
Jacksonville	FL	32256

FEC ID number of contributing federal political committee. **C** C00529966

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  
 11 / 09 / 2015

**Transaction ID : SA11C-CN2934**

Amount of Each Receipt this Period

275.00

**B.** Full Name (Last, First, Middle Initial)  
**Genesee & Wyoming Inc. PAC**

Mailing Address 3601 Concord Rd 2nd Floor

City	State	Zip Code
York	PA	17402

FEC ID number of contributing federal political committee. **C** C00289058

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  
 11 / 09 / 2015

**Transaction ID : SA11C-CN2936**

Amount of Each Receipt this Period

4000.00

**C.** Full Name (Last, First, Middle Initial)  
**Genesis Healthcare Inc. PAC**

Mailing Address 101 East State Street

City	State	Zip Code
Kennett Square	PA	19348

FEC ID number of contributing federal political committee. **C** C00292094

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  
 11 / 05 / 2015

**Transaction ID : SA11C-CN2955**

Amount of Each Receipt this Period

1500.00

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

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

5775.00

**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 48 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A. Highmark Health PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1800 Center St  
 City State Zip Code  
 Camp Hill PA 17089-0089  
 FEC ID number of contributing federal political committee. **C C00302844**  
 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-CN2862**  
 Amount of Each Receipt this Period  
**1000.00**

**B. Holland & Knight Committee for Effective Government**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 NW 17th St  
 Suite 1100  
 City State Zip Code  
 Washington DC 20006  
 FEC ID number of contributing federal political committee. **C C00171330**  
 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  
 12 / 11 / 2015  
**Transaction ID : SA11C-CN3008**  
 Amount of Each Receipt this Period  
**1000.00**

**C. Home Depot Inc. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1155 NW F St  
 Ste 400  
 City State Zip Code  
 Washington DC 20004  
 FEC ID number of contributing federal political committee. **C C00284885**  
 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  
 12 / 12 / 2015  
**Transaction ID : SA11C-CN2993**  
 Amount of Each Receipt this Period  
**2000.00**

**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 49 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

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

Mailing Address 101 Constitution Ave Nw  
Ste 500 W

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 10 / 2015

**Transaction ID : SA11C-CN2972**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**II VI Incorporated PAC**

Mailing Address 375 Saxonburg Blvd

City Saxonburg State PA Zip Code 16056

FEC ID number of contributing federal political committee. **C C00377960**

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  
 10 / 29 / 2015

**Transaction ID : SA11C-CN2902**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**Independent Insurance Agents & Brokers of America PAC**

Mailing Address 412 1st St SE  
Suite 300

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C00022343**

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  
 11 / 17 / 2015

**Transaction ID : SA11C-CN2919**

Amount of Each Receipt this Period  
1000.00

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 50 OF 133  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A. Johnson & Johnson PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Johnson & Johnson Plaza Wt 405  
 City State Zip Code  
 New Brunswick NJ 08933  
 FEC ID number of contributing federal political committee. **C C00010983**  
 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  
 11 / 10 / 2015  
**Transaction ID : SA11C-CN2971**  
 Amount of Each Receipt this Period  
 1000.00

**B. JP Morgan Chase & Co. Federal PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Pennsylvania Ave NW 7th floor  
 City State Zip Code  
 Washington DC 20004  
 FEC ID number of contributing federal political committee. **C C00104299**  
 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 / 06 / 2015  
**Transaction ID : SA11C-CN2815**  
 Amount of Each Receipt this Period  
 1000.00

**C. Kelley Drye & Warren LLP PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3050 K Steet NW  
 Suite 400  
 City State Zip Code  
 Washington DC 20007  
 FEC ID number of contributing federal political committee. **C C00301929**  
 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  
 11 / 05 / 2015  
**Transaction ID : SA11C-CN2948**  
 Amount of Each Receipt this Period  
 1000.00

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

3000.00

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

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

FOR LINE NUMBER: PAGE 51 OF 133  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kevin McCarthy For Congress**

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

FEC ID number of contributing federal political committee. **C** C00420935

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 / 29 / 2015

**Transaction ID : SA11C-CN2904**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Kevin McCarthy For Congress**

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

FEC ID number of contributing federal political committee. **C** C00420935

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 / 29 / 2015

**Transaction ID : SA11C-CN2905**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 600 NW 14th St Ste 800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00236489

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 / 06 / 2015

**Transaction ID : SA11C-CN2823**

Amount of Each Receipt this Period  
1000.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

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

Mailing Address **PO Box 18254**

City **Washington** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00280222**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C-CN3043**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**5000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Liberty Mutual Insurance Co PAC**

Mailing Address **175 Berkeley Street**

City **Boston** State **MA** Zip Code **02117**

FEC ID number of contributing federal political committee. **C C00171843**

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 / 06 / 2015**

**Transaction ID : SA11C-CN2819**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**2500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Lincoln National Corporation PAC**

Mailing Address **1300 South Clinton Street**

City **Fort Wayne** State **IN** Zip Code **46801**

FEC ID number of contributing federal political committee. **C C00110577**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C-CN3041**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**

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

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

\_\_\_\_\_

**8500.00**

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LPL Financial LLC PAC**

Mailing Address 75 State Street 24th Floor

City Boston State MA Zip Code 02109

FEC ID number of contributing federal political committee. **C** C00486217

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C-CN3044**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

FEC ID number of contributing federal political committee. **C** C00428052

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 / 29 / 2015

**Transaction ID : SA11C-CN2906**

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**Majority Committee PAC**

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

FEC ID number of contributing federal political committee. **C** C00428052

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 / 29 / 2015

**Transaction ID : SA11C-CN2907**

Amount of Each Receipt this Period  
 5000.00

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

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

11000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A. Making America Prosperous**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C C00445379**

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  
 11 / 17 / 2015

**Transaction ID : SA11C-CN3048**

Amount of Each Receipt this Period  
 48.53

In-Kind Received

**B. Merck Employees PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 601 Pennsylvania Avenue NW  
North Building

City Washington State DC Zip Code 20004

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

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  
 10 / 06 / 2015

**Transaction ID : SA11C-CN2821**

Amount of Each Receipt this Period  
 2500.00

**C. Microsoft Corporation PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 901 K St NW  
11th Floor

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00227546**

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  
 12 / 23 / 2015

**Transaction ID : SA11C-CN3023**

Amount of Each Receipt this Period  
 2000.00

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

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

4548.53

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

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

FOR LINE NUMBER: PAGE 55 OF 133  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A. Mortgage Bankers Association PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1919 M Street NW  
 5th Floor  
 City Washington State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C C00004812**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2015  
**Transaction ID : SA11C-CN2945**  
 Amount of Each Receipt this Period  
 1000.00

**B. National Air Traffic Controllers Assoc. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1325 Massachusetts Ave NW  
 City Wastington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C C00238725**  
 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  
 11 / 05 / 2015  
**Transaction ID : SA11C-CN2942**  
 Amount of Each Receipt this Period  
 1000.00

**C. National Air Traffic Controllers Assoc. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1325 Massachusetts Ave NW  
 City Wastington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C C00238725**  
 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  
 11 / 17 / 2015  
**Transaction ID : SA11C-CN2920**  
 Amount of Each Receipt this Period  
 1000.00

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

3000.00

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

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

FOR LINE NUMBER: PAGE 56 OF 133  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A. National Association Of Insurance And Financial Advisors PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2901 Telestar Ct  
 City Falls Church State VA Zip Code 22042  
 FEC ID number of contributing federal political committee. **C C00005249**  
 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  
 12 / 12 / 2015  
**Transaction ID : SA11C-CN2994**  
 Amount of Each Receipt this Period  
 1000.00

**B. National Association of Mutual Insurance Companies Pac**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3601 Vincennes Rd  
 City Indianapolis State IN Zip Code 46268  
 FEC ID number of contributing federal political committee. **C C00170258**  
 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 / 06 / 2015  
**Transaction ID : SA11C-CN2827**  
 Amount of Each Receipt this Period  
 1000.00

**C. National Association of Real Estate Investment Trusts Inc Pac**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1875 I Street NW Suite 600  
 City Washington State DC Zip Code 20006  
 FEC ID number of contributing federal political committee. **C C00303339**  
 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 / 06 / 2015  
**Transaction ID : SA11C-CN2830**  
 Amount of Each Receipt this Period  
 2500.00

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**National Beer Wholesalers Assoc. PAC**

Mailing Address 1101 King St  
Ste 600

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00144766

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  
10 / 06 / 2015

**Transaction ID : SA11C-CN2824**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**National Beer Wholesalers Assoc. PAC**

Mailing Address 1101 King St  
Ste 600

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00144766

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  
12 / 30 / 2015

**Transaction ID : SA11C-CN3050**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**National Confectioners Assoc. PAC**

Mailing Address 1101 30th St NW Suite 200

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00003855

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  
11 / 05 / 2015

**Transaction ID : SA11C-CN2946**

Amount of Each Receipt this Period  
1000.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**National Emergency Medicine PAC**

Mailing Address PO Box 619911

City State Zip Code  
Dallas TX 75261

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2015

**Transaction ID : SA11C-CN2963**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**National Tooling & Machining Assoc. PAC**

Mailing Address 1357 Rockside Rd

City State Zip Code  
Cleveland OH 44134

FEC ID number of contributing federal political committee. **C** C00043091

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 / 29 / 2015

**Transaction ID : SA11C-CN2903**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**New York Life Insurance PAC**

Mailing Address 51 Madison Avenue Room 1109

City State Zip Code  
New York NY 10010

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2015

**Transaction ID : SA11C-CN2812**

Amount of Each Receipt this Period  
2500.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

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

Mailing Address 2521 Brown Blvd

City State Zip Code  
Arlington TX 76006

FEC ID number of contributing federal political committee. **C** C00507699

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2015

**Transaction ID : SA11C-CN2959**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Novo Nordisk Inc PAC**

Mailing Address 1155 F Street NW  
Suite 1150

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00424838

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : SA11C-CN3049**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**NRA Political Victory Fund**

Mailing Address 11250 Waples Mill Rd

City State Zip Code  
Fairfax VA 22030

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

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

**Transaction ID : SA11C-CN2988**

Amount of Each Receipt this Period  
1000.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NSSGA RockPAC**

Mailing Address 1605 King St

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C C00089458**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

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

**Transaction ID : SA11C-CN2996**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Nuclear Energy Institute Federal PAC**

Mailing Address 1201 F Street NW  
11th Floor

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C C00239848**

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  
 12 / 23 / 2015

**Transaction ID : SA11C-CN3022**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Nucor Political Action Committee**

Mailing Address 1915 Rexford Rd

City State Zip Code  
Charlotte NC 28211

FEC ID number of contributing federal political committee. **C C00379628**

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  
 10 / 29 / 2015

**Transaction ID : SA11C-CN2908**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Occidental Petroleum Corp. PAC**

Mailing Address 1717 Pennsylvania Ave NW  
Suite 400

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00083857**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : SA11C-CN3026**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 20 F Street NW 4th floor

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00196246**

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  
 11 / 10 / 2015

**Transaction ID : SA11C-CN2958**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Pacific Life Insurance Co. PAC**

Mailing Address 700 Newport Center Dr

City Newport Beach State CA Zip Code 92660

FEC ID number of contributing federal political committee. **C C00068528**

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  
 11 / 10 / 2015

**Transaction ID : SA11C-CN2966**

Amount of Each Receipt this Period  
 1000.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 62 OF 133  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A. Full Name (Last, First, Middle Initial)**  
**Pharmaceutical Research & Manu Of America Better Govt Committee**

Mailing Address 950 F Street NW Suite 300

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00021972**

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 / 06 / 2015

**Transaction ID : SA11C-CN2820**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 600 13th Street NW Suite 1000

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00107235**

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  
 11 / 05 / 2015

**Transaction ID : SA11C-CN2953**

Amount of Each Receipt this Period  
 1000.00

**C. Full Name (Last, First, Middle Initial)**  
**PriceWaterhouseCoopers PAC**

Mailing Address 600 13th Street NW Suite 1000

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00107235**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C-CN2985**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A. Professional Aviation Safety Specialists PASS PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1150 17th Street NW Suite 702  
 City Washington State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C C00286807**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11C-CN2825**  
 Amount of Each Receipt this Period  
 1000.00

**B. Prudential Financial Inc. Federal PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 751 Broad Street  
 14th Floor  
 City Newark State NJ Zip Code 07102  
 FEC ID number of contributing federal political committee. **C C00127779**  
 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 : SA11C-CN2867**  
 Amount of Each Receipt this Period  
 1500.00

**C. PuroPAC Inc**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 New Jersey Ave  
 Suite 900  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C C00507053**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015  
**Transaction ID : SA11C-CN3025**  
 Amount of Each Receipt this Period  
 500.00

**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 64 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A. Realtors PAC**

Full Name (Last, First, Middle Initial)  
Realtors PAC

Mailing Address 430 N Michigan Ave

City Chicago State IL Zip Code 60611

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2015

**Transaction ID : SA11C-CN2910**

Amount of Each Receipt this Period  
 1000.00

2000.00

**B. Sheet Metal & Air Conditioning Contractors PAC**

Full Name (Last, First, Middle Initial)  
Sheet Metal & Air Conditioning Contractors PAC

Mailing Address PO Box 221230

City Chantilly State VA Zip Code 20153

FEC ID number of contributing federal political committee. **C** C00013961

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : SA11C-CN3021**

Amount of Each Receipt this Period  
 1000.00

1000.00

**C. SIFMA PAC**

Full Name (Last, First, Middle Initial)  
SIFMA PAC

Mailing Address 1101 New York Avenue NW  
Suite 800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00431312

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C-CN2986**

Amount of Each Receipt this Period  
 2500.00

3500.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A. Steel Manufacturers Association PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1150 Connecticut Ave NW Suite 715  
 City Washington State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C C00246173**  
 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  
 11 / 05 / 2015  
**Transaction ID : SA11C-CN2943**  
 Amount of Each Receipt this Period  
 500.00

**B. Thrivent Financial for Lutherans PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1892  
 City Appleton State WI Zip Code 54912  
 FEC ID number of contributing federal political committee. **C C00121319**  
 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 / 29 / 2015  
**Transaction ID : SA11C-CN2914**  
 Amount of Each Receipt this Period  
 2000.00

**C. U.S. Steel Corporation PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 Grant St  
 City Pittsburgh State PA Zip Code 15219-2800  
 FEC ID number of contributing federal political committee. **C C00030676**  
 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 : SA11C-CN2866**  
 Amount of Each Receipt this Period  
 2000.00

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**UBS Americas Inc. PAC**

Mailing Address 1501 NW K St  
Suite 110

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00012245**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3500.00

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

**Transaction ID : SA11C-CN2999**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 55 NE Glenlake Pkwy

City Atlanta State GA Zip Code 30328

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3540.75

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

**Transaction ID : SA11C-CN2982**

Amount of Each Receipt this Period  
790.75

In-kind contrib: food beverage room rental (4/15/15); notified 12/3/15

In-Kind Received

**C.** Full Name (Last, First, Middle Initial)  
**UPS PAC**

Mailing Address 55 NE Glenlake Pkwy

City Atlanta State GA Zip Code 30328

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

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  
 12 / 23 / 2015

**Transaction ID : SA11C-CN3028**

Amount of Each Receipt this Period  
1459.25

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

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

4750.00

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

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

FOR LINE NUMBER: PAGE 67 OF 133  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

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

Mailing Address 801 Pennsylvania Ave NW  
Suite 200

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00109546**

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  
10 / 06 / 2015

**Transaction ID : SA11C-CN2826**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Verizon Communications Inc./ Verizon Wireless Good Government Club**

Mailing Address 1300 1st NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 23 / 2015

**Transaction ID : SA11C-CN3024**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Voter Education**

Mailing Address 1201 N. Orange St Suite 700 #7427

City Wilmington State DE Zip Code 19801

FEC ID number of contributing federal political committee. **C C00574681**

Name of Employer Occupation

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  
12 / 23 / 2015

**Transaction ID : SA11C-CN3015**

Amount of Each Receipt this Period  
250.00

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

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

5250.00

**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 68 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Westinghouse Electric Company PAC**

Mailing Address 900 NW 19th Street  
Suite 350

City Washington State DC Zip Code 20006

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

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 / 06 / 2015

**Transaction ID : SA11C-CN2822**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Wine & Spirits Wholesalers of America PAC**

Mailing Address 805 15th St NW Suite 430

City Washington State DC Zip Code 20005

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

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  
 12 / 01 / 2015

**Transaction ID : SA11C-CN2984**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

6000.00

190323.53

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

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

FOR LINE NUMBER: PAGE 69 OF 133  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Victory for Pennsylvania Fund**

Mailing Address 824 S. Milledge Avenue Suite 101

City Athens State GA Zip Code 30605

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 323.34

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

**Transaction ID : SA12-T15**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 323.34

Transfer In Affiliated

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_

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

Amount of Each Receipt this Period  
 \_\_\_\_\_

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
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Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional).....

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

\_\_\_\_\_ 323.34

\_\_\_\_\_ 323.34

**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 70 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Salamander Resort &amp; Spa</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 02 / 2015	
Mailing Address 500 N. Pendleton Street		<b>Transaction ID : SA14-ER7</b>	
City Middleburg      State VA      Zip Code 20117	Amount of Each Receipt this Period _____ 5470.72		
FEC ID number of contributing federal political committee. <b>C</b>	Expenditure Refund		
Name of Employer _____ Occupation _____	Election Cycle-to-Date _____ 5470.72		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			

Full Name (Last, First, Middle Initial) <b>B. Salamander Resort &amp; Spa</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 02 / 2015	
Mailing Address 500 N. Pendleton Street		<b>Transaction ID : SA14-ER8</b>	
City Middleburg      State VA      Zip Code 20117	Amount of Each Receipt this Period _____ 6940.00		
FEC ID number of contributing federal political committee. <b>C</b>	Expenditure Refund		
Name of Employer _____ Occupation _____	Election Cycle-to-Date _____ 12410.72		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			

Full Name (Last, First, Middle Initial) <b>C. Salamander Resort &amp; Spa</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2015	
Mailing Address 500 N. Pendleton Street		<b>Transaction ID : SA14-ER3</b>	
City Middleburg      State VA      Zip Code 20117	Amount of Each Receipt this Period _____ 265.00		
FEC ID number of contributing federal political committee. <b>C</b>	Expenditure Refund		
Name of Employer _____ Occupation _____	Election Cycle-to-Date _____ 12675.72		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 12675.72
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Salamander Resort & Spa**

Mailing Address 500 N. Pendleton Street

City Middleburg State VA Zip Code 20117

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
12675.72

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : SA14-ER4**

Amount of Each Receipt this Period  
 \_\_\_\_\_ .00

Expenditure Refund

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

Mailing Address 1500 S. Capitol Street SE

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2015

**Transaction ID : SA14-ER5**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 3550.00

Expenditure Refund

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

Mailing Address Union Station

City Washington State DC Zip Code 20002

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
278.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : SA14-ER11**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 278.00

Expenditure Refund

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

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

\_\_\_\_\_ 3828.00

\_\_\_\_\_ 16503.72

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Ann Coleman</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 6758 St. Regis Blvd.		Amount of Each Disbursement this Period 2000.00
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Administrative consulting (October 2015)		<b>Transaction ID : SB17-EX679</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Administrative consulting (October 2015)
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Ann Coleman</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2015
Mailing Address 6758 St. Regis Blvd.		Amount of Each Disbursement this Period 8882.50
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Third quarter 2015 fundraising commission		<b>Transaction ID : SB17-EX673</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Third quarter 2015 fundraising commission
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>c. Ann Coleman</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015
Mailing Address 6758 St. Regis Blvd.		Amount of Each Disbursement this Period 2000.00
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Administrative consulting (November 2015)		<b>Transaction ID : SB17-EX801</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Administrative consulting (November 2015)
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12882.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Ann Coleman</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015
Mailing Address 6758 St. Regis Blvd.			Amount of Each Disbursement this Period 222.53
City Hudson	State OH	Zip Code 44236	Transaction ID : SB17-EX802
Purpose of Disbursement Mileage reimbursement		Category/ Type 002	
Candidate Name			Mileage reimbursement
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Ann Coleman</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 6758 St. Regis Blvd.			Amount of Each Disbursement this Period 2000.00
City Hudson	State OH	Zip Code 44236	Transaction ID : SB17-EX820
Purpose of Disbursement Administrative consulting (December 2015)		Category/ Type 001	
Candidate Name			Administrative consulting (December 2015)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Samantha Sandone</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 6779 St. Regis Blvd.			Amount of Each Disbursement this Period 45.21
City Hudson	State OH	Zip Code 44236	Transaction ID : SB17-EX828
Purpose of Disbursement December 2015 salary		Category/ Type 001	
Candidate Name			December 2015 salary
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2267.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 110 Whitestown Road		Amount of Each Disbursement this Period 19.60
City Lyndora	State PA Zip Code 16045	
Purpose of Disbursement Postage	Category/Type 001	<b>Transaction ID : SB17-EX792</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Postage
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 110 Whitestown Road		Amount of Each Disbursement this Period 136.00
City Lyndora	State PA Zip Code 16045	
Purpose of Disbursement Post office box rental for 2016 (12 months rental)	Category/Type 001	<b>Transaction ID : SB17-EX822</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Post office box rental for 2016 (12 months rental)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Shockey Mini Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 140 Shockey Lane		Amount of Each Disbursement this Period 40.00
City Butler	State PA Zip Code 16001	
Purpose of Disbursement Storage unit rental	Category/Type 001	<b>Transaction ID : SB17-EX657</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Storage unit rental
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	195.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Shockey Mini Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 140 Shockey Lane		Amount of Each Disbursement this Period 40.00
City Butler	State PA	
Zip Code 16001	Purpose of Disbursement Storage unit rental expense	Storage unit rental expense
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shockey Mini Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address 140 Shockey Lane		Amount of Each Disbursement this Period 40.00
City Butler	State PA	
Zip Code 16001	Purpose of Disbursement Storage unit rental expense	Storage unit rental expense
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Simple Toll Free</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 430 E. Pacific Coast Highway		Amount of Each Disbursement this Period 4.63
City Long Beach	State CA	
Zip Code 90806	Purpose of Disbursement Conference call expenses	Conference call expenses
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	84.63
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Simple Toll Free</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015
Mailing Address 430 E. Pacific Coast Highway			Amount of Each Disbursement this Period 7.50
City Long Beach	State CA	Zip Code 90806	Transaction ID : SB17-EX730
Purpose of Disbursement Conference call expenses		001 Category/ Type	
Candidate Name			Conference call expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Simple Toll Free</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address 430 E. Pacific Coast Highway			Amount of Each Disbursement this Period 6.17
City Long Beach	State CA	Zip Code 90806	Transaction ID : SB17-EX758
Purpose of Disbursement Conference call expense		001 Category/ Type	
Candidate Name			Conference call expense
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Simple Toll Free</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2015
Mailing Address 430 E. Pacific Coast Highway			Amount of Each Disbursement this Period 5.40
City Long Beach	State CA	Zip Code 90806	Transaction ID : SB17-EX841
Purpose of Disbursement Conference call expense		001 Category/ Type	
Candidate Name			Conference call expense
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	19.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Simple Toll Free</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address 430 E. Pacific Coast Highway		Amount of Each Disbursement this Period 8.97
City Long Beach	State CA	
Zip Code 90806	Purpose of Disbursement Conference call expense	<b>Transaction ID : SB17-EX898</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Conference call expense
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Waldorf Astoria</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 301 Park Avenue		Amount of Each Disbursement this Period 14297.61
City New York	State NY	
Zip Code 10022	Purpose of Disbursement Food & beverage/catering expenses	<b>Transaction ID : SB17-EX835</b>
Candidate Name	007 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Food & beverage/catering expenses
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Waldorf Astoria</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 301 Park Avenue		Amount of Each Disbursement this Period 3032.87
City New York	State NY	
Zip Code 10022	Purpose of Disbursement Hotel expenses	<b>Transaction ID : SB17-EX880</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Hotel expenses
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17339.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Acme Fresh Market</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2015
Mailing Address 116 West Streetsboro Street			Amount of Each Disbursement this Period 105.57
City Hudson	State OH	Zip Code 44236	Transaction ID : SB17-EX693
Purpose of Disbursement Wine soda water for October 14 event		Category/Type 007	
Candidate Name			Wine soda water for October 14 event
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Acme Fresh Market</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address 116 West Streetsboro Street			Amount of Each Disbursement this Period 156.80
City Hudson	State OH	Zip Code 44236	Transaction ID : SB17-EX742
Purpose of Disbursement Postage stamps for thank you notes		Category/Type 001	
Candidate Name			Postage stamps for thank you notes
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. Acme Fresh Market</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 116 West Streetsboro Street			Amount of Each Disbursement this Period 148.49
City Hudson	State OH	Zip Code 44236	Transaction ID : SB17-EX838
Purpose of Disbursement Postage expense		Category/Type 001	
Candidate Name			Postage expense
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	410.86
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. GetGo #3500</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address Route 8		Amount of Each Disbursement this Period 40.40
City Butler	State PA	
Zip Code 16001	Purpose of Disbursement Fuel expense	<b>Transaction ID : SB17-EX726</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Fuel expense
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GetGo #3500</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address Route 8		Amount of Each Disbursement this Period 34.01
City Butler	State PA	
Zip Code 16001	Purpose of Disbursement Fuel expense	<b>Transaction ID : SB17-EX751</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Fuel expense
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GetGo #3500</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2015
Mailing Address Route 8		Amount of Each Disbursement this Period 39.32
City Butler	State PA	
Zip Code 16001	Purpose of Disbursement Fuel expense	<b>Transaction ID : SB17-EX786</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Fuel expense
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	113.73
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 133			
	<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	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015
Mailing Address 300 First Street SE			Amount of Each Disbursement this Period 264.50
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Food & beverage expense		Candidate Name	Transaction ID : SB17-EX703
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Food & beverage expense	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015
Mailing Address 300 First Street SE			Amount of Each Disbursement this Period 316.47
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Food & beverage expenses		Candidate Name	Transaction ID : SB17-EX708
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Food & beverage expenses	
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2015
Mailing Address 300 First Street SE			Amount of Each Disbursement this Period 50.00
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Food & beverage expense		Candidate Name	Transaction ID : SB17-EX767
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Food & beverage expense	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	630.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 157.80
City Washington State DC Zip Code 20003	Purpose of Disbursement Food & beverage expense Candidate Name Category/Type 001	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17-EX769 Food & beverage expense

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 48.50
City Washington State DC Zip Code 20003	Purpose of Disbursement Food & beverage expense Candidate Name Category/Type 007	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17-EX890 Food & beverage expense

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 303.39
City Washington State DC Zip Code 20003	Purpose of Disbursement Food & beverage expense Candidate Name Category/Type 001	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17-EX894 Food & beverage expense

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	509.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. SCP Group</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 309 Penn Avenue		Amount of Each Disbursement this Period 15.93
City Sharon	State PA Zip Code 16146	
Purpose of Disbursement Shipping expense for letterhead	Category/Type 001	<b>Transaction ID : SB17-EX749</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Shipping expense for letterhead
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SCP Group</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 309 Penn Avenue		Amount of Each Disbursement this Period 57.07
City Sharon	State PA Zip Code 16146	
Purpose of Disbursement Creative design of save the date PDF flyer for Florida event	Category/Type 007	<b>Transaction ID : SB17-EX863</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Creative design of save the date PDF flyer for Florida event
State: District:		

Full Name (Last, First, Middle Initial) <b>c. SCP Group</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 309 Penn Avenue		Amount of Each Disbursement this Period 1031.01
City Sharon	State PA Zip Code 16146	
Purpose of Disbursement Printing and mailing of campaign Christmas cards	Category/Type 001	<b>Transaction ID : SB17-EX915</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Printing and mailing of campaign Christmas cards
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1104.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address PO Box 15124			Amount of Each Disbursement this Period 358.14
City Albany	State NY	Zip Code 12212	Transaction ID : SB17-EX684
Purpose of Disbursement Cellular phone expense		Category/Type 001	
Candidate Name			Cellular phone expense
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015
Mailing Address PO Box 15124			Amount of Each Disbursement this Period 363.09
City Albany	State NY	Zip Code 12212	Transaction ID : SB17-EX803
Purpose of Disbursement Cellular phone expense		Category/Type 001	
Candidate Name			Cellular phone expense
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address PO Box 15124			Amount of Each Disbursement this Period 722.39
City Albany	State NY	Zip Code 12212	Transaction ID : SB17-EX895
Purpose of Disbursement Cellular phone service: December & January		Category/Type 001	
Candidate Name			Cellular phone service: December & January
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1443.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address 9374 Route 14		Amount of Each Disbursement this Period 74.70
City Streetsboro	State PA	
Zip Code 44241	Purpose of Disbursement Printer cartridges: black & color	<b>Transaction ID : SB17-EX732</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Printer cartridges: black & color
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 9374 Route 14		Amount of Each Disbursement this Period 34.23
City Streetsboro	State PA	
Zip Code 44241	Purpose of Disbursement Office supplies: printer ink	<b>Transaction ID : SB17-EX770</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Office supplies: printer ink
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 9374 Route 14		Amount of Each Disbursement this Period 19.25
City Streetsboro	State PA	
Zip Code 44241	Purpose of Disbursement Office supplies: file folders pens	<b>Transaction ID : SB17-EX837</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Office supplies: file folders pens
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	128.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 9374 Route 14		Amount of Each Disbursement this Period 32.09
City Streetsboro	State PA	
Purpose of Disbursement Office supplies: cardstock Sharpies		Office supplies: cardstock Sharpies
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 9374 Route 14		Amount of Each Disbursement this Period 61.44
City Streetsboro	State PA	
Purpose of Disbursement Office supplies: printer ink		Office supplies: printer ink
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. LN Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 121 State Street		Amount of Each Disbursement this Period 2500.00
City Harrisburg	State PA	
Purpose of Disbursement Media consulting (October 2015)		Media consulting (October 2015)
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2593.53
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. LN Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address 121 State Street		Amount of Each Disbursement this Period 2500.00
City Harrisburg	State PA Zip Code 17101	
Purpose of Disbursement November 2015 media consulting	Category/Type 001	<b>Transaction ID : SB17-EX804</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	November 2015 media consulting
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carey Dunn Sirianni</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address PO Box 186		Amount of Each Disbursement this Period 1500.00
City Sewickley	State PA Zip Code 16143	
Purpose of Disbursement Fundraising consulting (October 2015))	Category/Type 001	<b>Transaction ID : SB17-EX678</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Fundraising consulting (October 2015))
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Carey Dunn Sirianni</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015
Mailing Address PO Box 186		Amount of Each Disbursement this Period 1500.00
City Sewickley	State PA Zip Code 16143	
Purpose of Disbursement Fundraising consulting (November 2015)	Category/Type 001	<b>Transaction ID : SB17-EX793</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Fundraising consulting (November 2015)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Carey Dunn Sirianni</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address PO Box 186			Amount of Each Disbursement this Period 60.67
City Sewickley	State PA	Zip Code 16143	<b>Transaction ID : SB17-EX811</b>
Purpose of Disbursement Postage reimbursement	Category/ Type 001		Postage reimbursement
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Carey Dunn Sirianni</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address PO Box 186			Amount of Each Disbursement this Period 1500.00
City Sewickley	State PA	Zip Code 16143	<b>Transaction ID : SB17-EX816</b>
Purpose of Disbursement Fundraising consulting (December 2015)	Category/ Type 001		Fundraising consulting (December 2015)
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>c. Amy Petraglia</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 8623 Lexington Place			Amount of Each Disbursement this Period 1500.00
City Wexford	State PA	Zip Code 15090	<b>Transaction ID : SB17-EX677</b>
Purpose of Disbursement Fundraising consulting (October 2015)	Category/ Type 001		Fundraising consulting (October 2015)
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3060.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 133		
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Amy Petraglia</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015
Mailing Address 8623 Lexington Place		Amount of Each Disbursement this Period 1500.00
City Wexford	State PA	Zip Code 15090
Purpose of Disbursement Fundraising consulting (November 2015)	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX795
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Fundraising consulting (November 2015)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amy Petraglia</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 8623 Lexington Place		Amount of Each Disbursement this Period 1500.00
City Wexford	State PA	Zip Code 15090
Purpose of Disbursement Fundraising consulting (December 2015)	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX817
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Fundraising consulting (December 2015)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Dr. Sous Custom Catering</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015
Mailing Address 108 North Main Street		Amount of Each Disbursement this Period 1856.00
City Butler	State PA	Zip Code 16001
Purpose of Disbursement Food & beverages for October 14 fundraising event	Category/Type 007	
Candidate Name		Transaction ID : SB17-EX672
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Food & beverages for October 14 fundraising event
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4856.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 133			
	<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	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Dr. Sous Custom Catering</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 108 North Main Street			Amount of Each Disbursement this Period 187.34
City Butler	State PA	Zip Code 16001	Transaction ID : SB17-EX761
Purpose of Disbursement Food & beverage expenses for fundraiser		007 Category/Type	
Candidate Name			Food & beverage expenses for fundraiser
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Arnett Carbis Toothman</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 2599 Wilmington Road			Amount of Each Disbursement this Period 195.00
City New Castle	State PA	Zip Code 16105	Transaction ID : SB17-EX823
Purpose of Disbursement Payroll services for the third quarter 2015		001 Category/Type	
Candidate Name			Payroll services for the third quarter 2015
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. A-Link Printing</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015
Mailing Address 3189 Washington Pike			Amount of Each Disbursement this Period 368.83
City Bridgeville	State PA	Zip Code 15017	Transaction ID : SB17-EX671
Purpose of Disbursement Golf signs for Laurel Valley golf outing		007 Category/Type	
Candidate Name			Golf signs for Laurel Valley golf outing
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	751.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 90 OF 133	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. A-Link Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address 3189 Washington Pike		Amount of Each Disbursement this Period 371.87
City Bridgeville	State PA	Zip Code 15017
Purpose of Disbursement Invitation printing and evite (Boback)	Category/ Type 007	
Candidate Name	Transaction ID : SB17-EX806	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Invitation printing and evite (Boback)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Harper Polling</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 121 State Street		Amount of Each Disbursement this Period 4021.00
City Harrisburg	State PA	Zip Code 17101
Purpose of Disbursement Polling expenses	Category/ Type 005	
Candidate Name	Transaction ID : SB17-EX824	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Polling expenses
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 65 South Main Street		Amount of Each Disbursement this Period 20.30
City Hudson	State OH	Zip Code 44236
Purpose of Disbursement Shipping expenses	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX647	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Shipping expenses
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4413.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 133			
	<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	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 65 South Main Street		Amount of Each Disbursement this Period 60.64
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Shipping expenses	Category/Type 001	<b>Transaction ID : SB17-EX658</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Shipping expenses
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2015
Mailing Address 65 South Main Street		Amount of Each Disbursement this Period 32.83
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Shipping fees	Category/Type 001	<b>Transaction ID : SB17-EX690</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Shipping fees
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015
Mailing Address 65 South Main Street		Amount of Each Disbursement this Period 34.79
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Shipping expenses	Category/Type 001	<b>Transaction ID : SB17-EX705</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Shipping expenses
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	128.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 133			
	<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	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. FedEx</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2015		
Mailing Address 65 South Main Street			Amount of Each Disbursement this Period 21.50		
City Hudson	State OH	Zip Code 44236	Transaction ID : SB17-EX737		
Purpose of Disbursement Shipping expenses		Category/ Type 001	Shipping expenses		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. FedEx</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015		
Mailing Address 65 South Main Street			Amount of Each Disbursement this Period 25.45		
City Hudson	State OH	Zip Code 44236	Transaction ID : SB17-EX738		
Purpose of Disbursement Shipping expenses		Category/ Type 001	Shipping expenses		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. FedEx</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015		
Mailing Address 65 South Main Street			Amount of Each Disbursement this Period 24.04		
City Hudson	State OH	Zip Code 44236	Transaction ID : SB17-EX789		
Purpose of Disbursement Shipping expense		Category/ Type 001	Shipping expense		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	70.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address 65 South Main Street		Amount of Each Disbursement this Period 39.75
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Shipping fees	Category/Type 001	<b>Transaction ID : SB17-EX901</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Shipping fees
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address 65 South Main Street		Amount of Each Disbursement this Period 22.00
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Shipping fees	Category/Type 001	<b>Transaction ID : SB17-EX912</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Shipping fees
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Eagle Printery</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address 107 Bonnie Drive PO Box 550		Amount of Each Disbursement this Period 725.15
City Butler	State PA Zip Code 16002	
Purpose of Disbursement Thank you cards and business cards	Category/Type 001	<b>Transaction ID : SB17-EX810</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Thank you cards and business cards
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	786.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Printing Concepts</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 4982 Pacific Avenue		Amount of Each Disbursement this Period 208.29
City Erie	State PA	Zip Code 16508
Purpose of Disbursement Postage for mailing of voter registration brochures	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX685	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Postage for mailing of voter registration brochures
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Printing Concepts</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 4982 Pacific Avenue		Amount of Each Disbursement this Period 965.00
City Erie	State PA	Zip Code 16508
Purpose of Disbursement Printing of voter registration materials	Category/Type 006	
Candidate Name	Transaction ID : SB17-EX819	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Printing of voter registration materials
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Clarion County Republican Party</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 465 Jefferson Road		Amount of Each Disbursement this Period 100.00
City Knoxville	State PA	Zip Code 16232
Purpose of Disbursement Ad in Clarion County GOP Fall Dinner Program Book	Category/Type 004	
Candidate Name	Transaction ID : SB17-EX675	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Ad in Clarion County GOP Fall Dinner Program Book
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1273.29
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. George J. Kelly Jr.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015		
Mailing Address 233 West Pearl Street			Amount of Each Disbursement this Period 6300.00		
City Butler	State PA	Zip Code 16001	Transaction ID : SB17-EX807		
Purpose of Disbursement Reimburse for 2 baseball game packages bought for future fundraisers		Category/ Type 007	Reimburse for 2 baseball game packages bought for future fundraisers		
Candidate Name George J. Kelly Jr.					
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: 03				

Full Name (Last, First, Middle Initial) <b>B. Bradley Moore</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015		
Mailing Address 11597 Route 97 N			Amount of Each Disbursement this Period 500.00		
City Waterford	State PA	Zip Code 16441	Transaction ID : SB17-EX682		
Purpose of Disbursement General campaign consulting (October 2015)		Category/ Type 001	General campaign consulting (October 2015)		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Bradley Moore</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015		
Mailing Address 11597 Route 97 N			Amount of Each Disbursement this Period 500.00		
City Waterford	State PA	Zip Code 16441	Transaction ID : SB17-EX794		
Purpose of Disbursement General campaign consulting (November 2015)		Category/ Type 001	General campaign consulting (November 2015)		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Bradley Moore</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 11597 Route 97 N			Amount of Each Disbursement this Period 500.00
City Waterford	State PA	Zip Code 16441	Transaction ID : SB17-EX814
Purpose of Disbursement General campaign consulting (December 2015)		001 Category/ Type	
Candidate Name			General campaign consulting (December 2015)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Matthew Stroia</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 3394 Mercer Road			Amount of Each Disbursement this Period 500.00
City New Castle	State PA	Zip Code 16105	Transaction ID : SB17-EX681
Purpose of Disbursement General campaign consulting (October 2015)		001 Category/ Type	
Candidate Name			General campaign consulting (October 2015)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Matthew Stroia</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015
Mailing Address 3394 Mercer Road			Amount of Each Disbursement this Period 500.00
City New Castle	State PA	Zip Code 16105	Transaction ID : SB17-EX796
Purpose of Disbursement General campaign consulting (November 2015)		001 Category/ Type	
Candidate Name			General campaign consulting (November 2015)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Matthew Stroia</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015	
Mailing Address 3394 Mercer Road			Amount of Each Disbursement this Period 500.00	
City New Castle	State PA	Zip Code 16105	Transaction ID : <b>SB17-EX815</b>	
Purpose of Disbursement General campaign consulting (December 2015)		Category/ Type 001	General campaign consulting (December 2015)	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Matthew Stroia</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015	
Mailing Address 3394 Mercer Road			Amount of Each Disbursement this Period 109.70	
City New Castle	State PA	Zip Code 16105	Transaction ID : <b>SB17-EX821</b>	
Purpose of Disbursement Reimbursement for taxi and travel expenses		Category/ Type 002	Reimbursement for taxi and travel expenses	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. PNC Bank - Merchant Account</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015	
Mailing Address 37 Main Street			Amount of Each Disbursement this Period 32.45	
City Hudson	State OH	Zip Code 44236	Transaction ID : <b>SB17-EX644</b>	
Purpose of Disbursement Bank Service Charge		Category/ Type 001	Bank Service Charge	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	642.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. PNC Bank - Merchant Account</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 37 Main Street		Amount of Each Disbursement this Period 18.03
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Bank Service Charge	Category/Type 001	<b>Transaction ID : SB17-EX645</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Bank Service Charge
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PNC Bank - Merchant Account</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 37 Main Street		Amount of Each Disbursement this Period 44.28
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Bank Service Charge	Category/Type 001	<b>Transaction ID : SB17-EX643</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Bank Service Charge
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PNC Bank - Merchant Account</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 37 Main Street		Amount of Each Disbursement this Period 153.57
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Bank Service Charge	Category/Type 001	<b>Transaction ID : SB17-EX747</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Bank Service Charge
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	215.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 99 OF 133	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. PNC Bank - Merchant Account</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 37 Main Street		Amount of Each Disbursement this Period 43.53
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Bank Service Charge	Category/Type 001	<b>Transaction ID : SB17-EX830</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Bank Service Charge	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. H2 Capital Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 325 7th Street NW Suite 400		Amount of Each Disbursement this Period 2500.00
City Washington	State DC Zip Code 20004	
Purpose of Disbursement Fundraising consulting (October 2015)	Category/Type 001	<b>Transaction ID : SB17-EX680</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Fundraising consulting (October 2015)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. H2 Capital Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015
Mailing Address 325 7th Street NW Suite 400		Amount of Each Disbursement this Period 10000.00
City Washington	State DC Zip Code 20004	
Purpose of Disbursement Fundraising consulting - bonus	Category/Type 003	<b>Transaction ID : SB17-EX798</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Fundraising consulting - bonus	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12543.53
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 133			
	<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	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. H2 Capital Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015
Mailing Address 325 7th Street NW Suite 400			Amount of Each Disbursement this Period 2500.00
City Washington	State DC	Zip Code 20004	Transaction ID : SB17-EX799
Purpose of Disbursement Fundraising consulting (November 2015)		001 Category/ Type	
Candidate Name			Fundraising consulting (November 2015)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. H2 Capital Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address 325 7th Street NW Suite 400			Amount of Each Disbursement this Period 268.41
City Washington	State DC	Zip Code 20004	Transaction ID : SB17-EX805
Purpose of Disbursement Shipping expenses		001 Category/ Type	
Candidate Name			Shipping expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. H2 Capital Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address 325 7th Street NW Suite 400			Amount of Each Disbursement this Period 80.82
City Washington	State DC	Zip Code 20004	Transaction ID : SB17-EX813
Purpose of Disbursement Reimbursement for shipping expenses		001 Category/ Type	
Candidate Name			Reimbursement for shipping expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2849.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. H2 Capital Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 325 7th Street NW Suite 400			Amount of Each Disbursement this Period 2500.00
City Washington	State DC	Zip Code 20004	Transaction ID : SB17-EX818
Purpose of Disbursement Fundraising consulting (December 2015)		001 Category/ Type	
Candidate Name			Fundraising consulting (December 2015)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. US House Gift Shop</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address US House Of Representatives			Amount of Each Disbursement this Period 804.00
City Washington	State DC	Zip Code 20003	Transaction ID : SB17-EX834
Purpose of Disbursement House Christmas ornaments and coins for volunteer thank you gifts		001 Category/ Type	
Candidate Name			House Christmas ornaments and coins for volunteer thank you gifts
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. PA Unemployment Compensation Tax</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address 651 Boas Street			Amount of Each Disbursement this Period 10.76
City Harrisburg	State PA	Zip Code 17101	Transaction ID : SB17-EX739
Purpose of Disbursement PA unemployment compensation tax		001 Category/ Type	
Candidate Name			PA unemployment compensation tax
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3314.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 133	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. PNC Bank - Online/Website Account</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 37 Main Street		Amount of Each Disbursement this Period 2.27
City Hudson	State OH	Zip Code 44236
Purpose of Disbursement Bank Service Charge	Category/Type 001	Transaction ID : SB17-EX746
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	Bank Service Charge

Full Name (Last, First, Middle Initial) <b>B. Kwik Fill</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address 300 East Main Street		Amount of Each Disbursement this Period 30.75
City Evans City	State PA	Zip Code 16033
Purpose of Disbursement Fuel expense	Category/Type 002	Transaction ID : SB17-EX897
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	Fuel expense

Full Name (Last, First, Middle Initial) <b>c. Verizon Center</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 601 F Street NW		Amount of Each Disbursement this Period 504.77
City Washington	State DC	Zip Code 20004
Purpose of Disbursement Food & beverage expenses at fundraising event	Category/Type 007	Transaction ID : SB17-EX735
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	Food & beverage expenses at fundraising event

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	537.77
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Center</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 601 F Street NW			Amount of Each Disbursement this Period 867.07
City Washington	State DC	Zip Code 20004	Transaction ID : SB17-EX736
Purpose of Disbursement Food & beverage expenses at fundraising event		007 Category/Type	
Candidate Name			Food & beverage expenses at fundraising event
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Joann's</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 5381 Darrow Road			Amount of Each Disbursement this Period 42.65
City Hudson	State OH	Zip Code 44236	Transaction ID : SB17-EX839
Purpose of Disbursement Decorations for 12/12 campaign event		007 Category/Type	
Candidate Name			Decorations for 12/12 campaign event
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Joann's</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 5381 Darrow Road			Amount of Each Disbursement this Period 13.87
City Hudson	State OH	Zip Code 44236	Transaction ID : SB17-EX840
Purpose of Disbursement Storage box for campaign event decorations		007 Category/Type	
Candidate Name			Storage box for campaign event decorations
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	923.59
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Sheetz-Butler</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 249 Pittsburgh Road		Amount of Each Disbursement this Period 39.77
City Butler	State PA	
Purpose of Disbursement Fuel expense	Zip Code 16001	Fuel expense
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sheetz-Butler</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015
Mailing Address 249 Pittsburgh Road		Amount of Each Disbursement this Period 39.33
City Butler	State PA	
Purpose of Disbursement Fuel expense	Zip Code 16001	Fuel expense
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sheetz-Butler</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address 249 Pittsburgh Road		Amount of Each Disbursement this Period 19.89
City Butler	State PA	
Purpose of Disbursement Ice for October 14 event	Zip Code 16001	Ice for October 14 event
Candidate Name	Category/ Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	98.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Sheetz-Butler</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 249 Pittsburgh Road			Amount of Each Disbursement this Period 27.52
City Butler	State PA	Zip Code 16001	
Purpose of Disbursement Fuel expense		Category/ Type 002	<b>Transaction ID : SB17-EX764</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Fuel expense
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Sheetz-Butler</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2015
Mailing Address 249 Pittsburgh Road			Amount of Each Disbursement this Period 40.07
City Butler	State PA	Zip Code 16001	
Purpose of Disbursement Fuel expense		Category/ Type 002	<b>Transaction ID : SB17-EX768</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Fuel expense
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Sheetz-Butler</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 249 Pittsburgh Road			Amount of Each Disbursement this Period 36.95
City Butler	State PA	Zip Code 16001	
Purpose of Disbursement Fuel expense		Category/ Type 002	<b>Transaction ID : SB17-EX849</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Fuel expense
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	104.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 133	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Sheetz-Butler</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address 249 Pittsburgh Road		Amount of Each Disbursement this Period 34.51
City Butler	State PA	
Zip Code 16001	Purpose of Disbursement Fuel expense	Transaction ID : SB17-EX905
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Fuel expense
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sheraton Erie Bayfront Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015
Mailing Address 55 West Bay Road		Amount of Each Disbursement this Period 8.75
City Erie	State PA	
Zip Code 16507	Purpose of Disbursement Food & beverage expense	Transaction ID : SB17-EX720
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Food & beverage expense
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Delta Air</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 1030 Delta Boulevard		Amount of Each Disbursement this Period 25.00
City Atlanta	State GA	
Zip Code 30354	Purpose of Disbursement Airline baggage fees	Transaction ID : SB17-EX876
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Airline baggage fees
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	68.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Wireless Zone</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 5 Atterbury Boulevard			Amount of Each Disbursement this Period 32.01
City Hudson	State OH	Zip Code 44236	Transaction ID : SB17-EX831
Purpose of Disbursement Office supplies: phone charger		001 Category/ Type	
Candidate Name			Office supplies: phone charger
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Crowne Plaza Harrisburg</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015
Mailing Address 23 S. 2nd Street			Amount of Each Disbursement this Period 149.84
City Harrisburg	State PA	Zip Code 17101	Transaction ID : SB17-EX707
Purpose of Disbursement Hotel expense		002 Category/ Type	
Candidate Name			Hotel expense
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Crowne Plaza Harrisburg</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address 23 S. 2nd Street			Amount of Each Disbursement this Period 24.00
City Harrisburg	State PA	Zip Code 17101	Transaction ID : SB17-EX779
Purpose of Disbursement Parking expense		002 Category/ Type	
Candidate Name			Parking expense
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	205.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Crowne Plaza Harrisburg</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address 23 S. 2nd Street			Amount of Each Disbursement this Period 165.39
City Harrisburg	State PA	Zip Code 17101	
Purpose of Disbursement Hotel expense		Category/ Type 002	<b>Transaction ID : SB17-EX780</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Hotel expense
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Beltway Catering/Bon Vivant Catering</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 1251 Pine Hill Road			Amount of Each Disbursement this Period 1592.80
City McLean	State VA	Zip Code 22101	
Purpose of Disbursement Food & beverages for campaign event on 9.28		Category/ Type 007	<b>Transaction ID : SB17-EX686</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Food & beverages for campaign event on 9.28
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. King &amp; Prince Beach &amp; Golf Resort</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 201 Arnold Road			Amount of Each Disbursement this Period 8513.02
City St. Simons Island	State GA	Zip Code 31522	
Purpose of Disbursement Food beverages hotel expenses		Category/ Type 007	<b>Transaction ID : SB17-EX646</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Food beverages hotel expenses
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10271.21
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 133			
	<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	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. US Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 345 South Main Street		Amount of Each Disbursement this Period 5.58
City Butler	State PA	
Zip Code 16001	Purpose of Disbursement Postage expense	<b>Transaction ID : SB17-EX649</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Postage expense
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015
Mailing Address 345 South Main Street		Amount of Each Disbursement this Period 19.60
City Butler	State PA	
Zip Code 16001	Purpose of Disbursement Postage expense	<b>Transaction ID : SB17-EX709</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Postage expense
State: District:		

Full Name (Last, First, Middle Initial) <b>C. US Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address 345 South Main Street		Amount of Each Disbursement this Period 19.99
City Butler	State PA	
Zip Code 16001	Purpose of Disbursement Postage/shipping expense	<b>Transaction ID : SB17-EX725</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Postage/shipping expense
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	45.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. US Postal Service</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015
Mailing Address 345 South Main Street			Amount of Each Disbursement this Period 603.89 <b>Transaction ID : SB17-EX731</b>
City Butler	State PA	Zip Code 16001	
Purpose of Disbursement Postage expense		Category/ Type 001	Postage expense
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. US Postal Service</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2015
Mailing Address 345 South Main Street			Amount of Each Disbursement this Period 5.95 <b>Transaction ID : SB17-EX845</b>
City Butler	State PA	Zip Code 16001	
Purpose of Disbursement Postage expense		Category/ Type 001	Postage expense
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Rental Corral</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 167 E. Budd Street			Amount of Each Disbursement this Period 593.60 <b>Transaction ID : SB17-EX652</b>
City Sharon	State PA	Zip Code 16146	
Purpose of Disbursement Tables chairs and tent rental for fundraising event		Category/ Type 007	Tables chairs and tent rental for fundraising event
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	603.89
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 133	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial)  
**A. Rental Corral**

Mailing Address 167 E. Budd Street

City Sharon State PA Zip Code 16146

Purpose of Disbursement Labor for putting up tables and chairs for October 5 event

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement 10 / 06 / 2015

Amount of Each Disbursement this Period 47.70

Transaction ID : SB17-EX662

Labor for putting up tables and chairs for October 5 event

Category/Type 007

Full Name (Last, First, Middle Initial)  
**B. Salamander Resort & Spa**

Mailing Address 500 N. Pendleton Street

City Middleburg State VA Zip Code 20117

Purpose of Disbursement Banquet & hotel expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement 10 / 05 / 2015

Amount of Each Disbursement this Period 6940.00

Transaction ID : SB17-EX743

Banquet & hotel expenses

Category/Type 007

Full Name (Last, First, Middle Initial)  
**c. Salamander Resort & Spa**

Mailing Address 500 N. Pendleton Street

City Middleburg State VA Zip Code 20117

Purpose of Disbursement Banquet & hotel expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement 10 / 14 / 2015

Amount of Each Disbursement this Period 5470.72

Transaction ID : SB17-EX744

Banquet & hotel expenses

Category/Type 007

**SUBTOTAL** of Disbursements This Page (optional)..... 12458.42

**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 112 OF 133	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Salamander Resort &amp; Spa</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 500 N. Pendleton Street		Amount of Each Disbursement this Period 265.00
City Middleburg	State VA Zip Code 20117	
Purpose of Disbursement Return of funds refunded to committee in error	Category/Type 001	<b>Transaction ID : SB17-EX917</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Return of funds refunded to committee in error
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Liaison Capitol Hill</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 415 New Jersey Avenue NW		Amount of Each Disbursement this Period 800.00
City Washington	State DC Zip Code 20001	
Purpose of Disbursement Food & beverages and room rental expenses	Category/Type 007	<b>Transaction ID : SB17-EX664</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Food & beverages and room rental expenses
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Alticor/Amway</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015
Mailing Address 419 New Jersey Ave SE		Amount of Each Disbursement this Period 400.00
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Room rental (6.23.15 and 9.28.15) for campaign events	Category/Type 007	<b>Transaction ID : SB17-EX668</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Room rental (6.23.15 and 9.28.15) for campaign events
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1465.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 133	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Tandy Harrison</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2015
Mailing Address 325 7th Street NW Suite 400		Amount of Each Disbursement this Period 2446.42
City Washington	State DC Zip Code 20004	
Purpose of Disbursement Reimbursement for food & beverage expense at event at Casa Luca	Category/Type 007	<b>Transaction ID : SB17-EX674</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Reimbursement for food & beverage expense at event at Casa Luca
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Committee To Elect Scott Boyd</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 409 Boyd Road		Amount of Each Disbursement this Period 500.00
City Stoneboro	State PA Zip Code 16153	
Purpose of Disbursement Political contribution	Category/Type 001	<b>Transaction ID : SB17-EX683</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Political contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Western PA All Service Academies Ball</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 144 Vaughn Street		Amount of Each Disbursement this Period 500.00
City Johnston	State PA Zip Code 15906	
Purpose of Disbursement Academies Ball sponsor: program ad & 2 tickets	Category/Type 001	<b>Transaction ID : SB17-EX688</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Academies Ball sponsor: program ad & 2 tickets
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3446.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 114 OF 133	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. DiLorenzo's</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 07 / 2015</b>
Mailing Address <b>30 East Shenango Street</b>		Amount of Each Disbursement this Period <b>1353.65</b>
City <b>Sharpsville</b>	State <b>PA</b>	Zip Code <b>16150</b>
Purpose of Disbursement <b>Catering for 10/5 fundraising event</b>	Category/Type <b>007</b>	
Candidate Name		<b>Transaction ID : SB17-EX718</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Catering for 10/5 fundraising event</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Johnny's on the Half Shell</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2015</b>
Mailing Address <b>400 North Capitol St NW</b>		Amount of Each Disbursement this Period <b>2125.18</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>
Purpose of Disbursement <b>Food &amp; beverage expense for fundraising event</b>	Category/Type <b>007</b>	
Candidate Name		<b>Transaction ID : SB17-EX727</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Food &amp; beverage expense for fundraising event</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Heinz Field/Aramark Catering</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2015</b>
Mailing Address <b>100 Art Rooney Ave</b>		Amount of Each Disbursement this Period <b>3313.47</b>
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15212</b>
Purpose of Disbursement <b>Catering for fundraising event</b>	Category/Type <b>007</b>	
Candidate Name		<b>Transaction ID : SB17-EX723</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Catering for fundraising event</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>6792.30</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Heinz Field/Aramark Catering</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2015
Mailing Address 100 Art Rooney Ave		Amount of Each Disbursement this Period 39.38
City Pittsburgh State PA Zip Code 15212	Purpose of Disbursement Catering expenses at fundraising event at football game	<b>Transaction ID : SB17-EX724</b>
Candidate Name	Category/Type 001	Catering expenses at fundraising event at football game
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Taylor Gourmet</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 1750 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 244.49
City Washington State DC Zip Code 20006	Purpose of Disbursement Food & beverage expense	<b>Transaction ID : SB17-EX733</b>
Candidate Name	Category/Type 007	Food & beverage expense
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Washington Nationals</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 1500 S. Capitol Street SE		Amount of Each Disbursement this Period 3500.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Tickets for playoff baseball game fundraising event	<b>Transaction ID : SB17-EX745</b>
Candidate Name	Category/Type 007	Tickets for playoff baseball game fundraising event
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3783.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Grand Valley Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 439 New Jersey Ave SE			Amount of Each Disbursement this Period 650.00
City Washington	State DC	Zip Code 20003	Transaction ID : SB17-EX750
Purpose of Disbursement Room rental		Category/ Type 007	
Candidate Name			Room rental
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Affordable Sedan Services</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 3000 M Street NW			Amount of Each Disbursement this Period 120.00
City Washington	State DC	Zip Code 20007	Transaction ID : SB17-EX762
Purpose of Disbursement Rental car expense		Category/ Type 002	
Candidate Name			Rental car expense
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Mangia Qui</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address 272 North Street			Amount of Each Disbursement this Period 275.24
City Harrisburg	State PA	Zip Code 17101	Transaction ID : SB17-EX776
Purpose of Disbursement Food & Beverage expense		Category/ Type 001	
Candidate Name			Food & Beverage expense
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1045.24
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 OF 133	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Enterprise Rent A Car</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 5759 Peach Street		Amount of Each Disbursement this Period 85.72
City Erie	State PA Zip Code 16509	
Purpose of Disbursement Rental car expense	Category/Type 002	<b>Transaction ID : SB17-EX852</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Rental car expense
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent A Car</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address 1100 4th Street SW		Amount of Each Disbursement this Period 112.00
City Washington	State DC Zip Code 20024	
Purpose of Disbursement Rental car expense	Category/Type 001	<b>Transaction ID : SB17-EX906</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Rental car expense
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Iroquois Club</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 10733 Konneyaut Trail		Amount of Each Disbursement this Period 1631.97
City Conneaut Lake	State PA Zip Code 16316	
Purpose of Disbursement Food & beverages for 10/13 fundraising event	Category/Type 007	<b>Transaction ID : SB17-EX809</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Food & beverages for 10/13 fundraising event
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1829.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 118 OF 133	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Laurel Valley Golf Club</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address 175 Palmer Drive		Amount of Each Disbursement this Period 11261.71
City Ligonier	State PA Zip Code 15658	
Purpose of Disbursement Food beverage and expenses associated with golf outing on 9/22	Category/Type 007	<b>Transaction ID : SB17-EX812</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Food beverage and expenses associated with golf outing on 9/22	

Full Name (Last, First, Middle Initial) <b>B. Roger Richards</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2015
Mailing Address 1928 S. Shore Drive		Amount of Each Disbursement this Period 1358.93
City Erie	State PA Zip Code 16505	
Purpose of Disbursement Refund of 3Q in-kind contribution attributed to General 2016 elect	Category/Type 010	<b>Transaction ID : SB17-EX826</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Refund of 3Q in-kind contribution attributed to General 2016 elect	

Full Name (Last, First, Middle Initial) <b>c. Nedra Richards</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2015
Mailing Address 1928 S. Shore Drive		Amount of Each Disbursement this Period 1358.93
City Erie	State PA Zip Code 16505	
Purpose of Disbursement Refund of 3Q in-kind contribution attributed to General 2016 elect	Category/Type 010	<b>Transaction ID : SB17-EX825</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Refund of 3Q in-kind contribution attributed to General 2016 elect	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13979.57
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Keeping America Rolling PAC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address PO Box 185			Amount of Each Disbursement this Period 2500.00
City Harrisburg	State PA	Zip Code 17101	Transaction ID : SB17-EX827
Purpose of Disbursement Transfer of SIFMA-PAC contrib to correct acct; deposited in wrong acct		Category/ Type 010	
Candidate Name			Transfer of SIFMA-PAC contrib to correct acct; deposited in wrong acct
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address Union Station			Amount of Each Disbursement this Period 556.00
City Washington	State DC	Zip Code 20002	Transaction ID : SB17-EX832
Purpose of Disbursement Train tickets from Washington DC to NYC		Category/ Type 002	
Candidate Name			Train tickets from Washington DC to NYC
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. Landini Brothers Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2015
Mailing Address 115 King Street			Amount of Each Disbursement this Period 3297.23
City Alexandria	State VA	Zip Code 22314	Transaction ID : SB17-EX844
Purpose of Disbursement Food & beverage expense/catering expense		Category/ Type 007	
Candidate Name			Food & beverage expense/catering expense
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6353.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 120 OF 133	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Sonoma Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 223 Pennsylvania Ave SE		Amount of Each Disbursement this Period 536.80
City Washington State DC Zip Code 20003	Purpose of Disbursement Food & beverage expenses 007	
Candidate Name		Transaction ID : SB17-EX914
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Food & beverage expenses	

Full Name (Last, First, Middle Initial) <b>B. Capitol Grille</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 155 East 42nd Street		Amount of Each Disbursement this Period 483.93
City New York State NY Zip Code 10017	Purpose of Disbursement Food & beverage expense 007	
Candidate Name		Transaction ID : SB17-EX858
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Food & beverage expense	

Full Name (Last, First, Middle Initial) <b>c. Doubletree Metropolitan</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 569 Lexington Avenue		Amount of Each Disbursement this Period 1614.05
City New York State NY Zip Code 10022	Purpose of Disbursement Hotel expenses 002	
Candidate Name		Transaction ID : SB17-EX877
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Hotel expenses	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2634.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 121 OF 133	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Doubletree Metropolitan</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 569 Lexington Avenue		Amount of Each Disbursement this Period 1489.05 <b>Transaction ID : SB17-EX878</b>
City New York	State NY	
Zip Code 10022	Purpose of Disbursement Hotel expenses m	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Hotel expenses m

Full Name (Last, First, Middle Initial) <b>B. Doubletree Metropolitan</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 569 Lexington Avenue		Amount of Each Disbursement this Period 864.18 <b>Transaction ID : SB17-EX879</b>
City New York	State NY	
Zip Code 10022	Purpose of Disbursement Hotel expenses b	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Hotel expenses b

Full Name (Last, First, Middle Initial) <b>c. Peacock Alley</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 301 Park Avenue		Amount of Each Disbursement this Period 211.62 <b>Transaction ID : SB17-EX872</b>
City New York	State NY	
Zip Code 10022	Purpose of Disbursement Food & beverage expense	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Food & beverage expense

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2564.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 122 OF 133	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Maloney &amp; Porcelli</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 37 East 50th Street		Amount of Each Disbursement this Period 300.96
City New York	State NY	
Zip Code 10022	Purpose of Disbursement Food & beverage expense	<b>Transaction ID : SB17-EX873</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Food & beverage expense
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capricorn Limousine</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 43-24 37th Street		Amount of Each Disbursement this Period 450.70
City Long Island	State NY	
Zip Code 11101	Purpose of Disbursement Car service	<b>Transaction ID : SB17-EX884</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Car service
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capricorn Limousine</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 43-24 37th Street		Amount of Each Disbursement this Period 901.41
City Long Island	State NY	
Zip Code 11101	Purpose of Disbursement Car service: multiple pick-ups and drop-offs	<b>Transaction ID : SB17-EX886</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Car service: multiple pick-ups and drop-offs
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1653.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 123 OF 133	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Sarasota Yacht Club</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 1100 John Ringling Blvd.		Amount of Each Disbursement this Period 515.00
City Sarasota State FL Zip Code 34236	Purpose of Disbursement Deposit for room rental for 3/10 fundraising event	<b>Transaction ID : SB17-EX893</b>
Candidate Name	Category/Type 007	Deposit for room rental for 3/10 fundraising event
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Making America Prosperous</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2015
Mailing Address PO Box 2485		Amount of Each Disbursement this Period 48.53
City Springfield State VA Zip Code 22152	Purpose of Disbursement IN-KIND RECEIVED	<b>Transaction ID : SB17-CN3048</b>
Candidate Name Making America Prosperous	Category/Type	In-Kind Received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. UPS PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 55 NE Glenlake Pkwy		Amount of Each Disbursement this Period 790.75
City Atlanta State GA Zip Code 30328	Purpose of Disbursement IN-KIND RECEIVED	<b>Transaction ID : SB17-CN2982</b>
Candidate Name UPS PAC	Category/Type	In-Kind Received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1354.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Shingara Singh</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 04 / 2015</b>
Mailing Address <b>3813 Wm. Penn Highway</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>Monroeville</b>	State <b>PA</b>	Zip Code <b>15146</b>
Purpose of Disbursement <b>IN-KIND RECEIVED</b>	Category/Type	
Candidate Name	Transaction ID : <b>SB17-CN2975</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2016</b>	In-Kind Received
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
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: _____		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>161649.59</b>

**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 125 OF 133	
	<input type="checkbox"/> 17 <input checked="" 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

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Northwestern PA Chapter Of The NTMA</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 19 / 2015</b>
Mailing Address PO Box 203		Amount of Each Disbursement this Period <b>150.00</b>
City Meadville State PA Zip Code 16335	Purpose of Disbursement Contribution Ref to Corporation	<b>Transaction ID : SB20a-CR1</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Refund of corporate contribution

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>150.00</b>

**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 126 OF 133	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Butler County Republican Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2015</b>
Mailing Address <b>PO Box 2121</b>		Amount of Each Disbursement this Period <b>200.00</b>
City <b>Butler</b> State <b>PA</b> Zip Code <b>16003</b>	Purpose of Disbursement <b>Tickets for dinner</b>	<b>Transaction ID : SB21-EX669</b>
Candidate Name	Category/Type <b>011</b>	Tickets for dinner
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Armstrong County Republican Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2015</b>
Mailing Address <b>311 Franklin Avenue</b>		Amount of Each Disbursement this Period <b>250.00</b>
City <b>Kittanning</b> State <b>PA</b> Zip Code <b>16201</b>	Purpose of Disbursement <b>Contribution for fall campaign expenses</b>	<b>Transaction ID : SB21-EX670</b>
Candidate Name	Category/Type <b>012</b>	Contribution for fall campaign expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Starbucks</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2015</b>
Mailing Address <b>89 South Main Street</b>		Amount of Each Disbursement this Period <b>25.00</b>
City <b>Hudson</b> State <b>OH</b> Zip Code <b>44236</b>	Purpose of Disbursement <b>Gift card for contribution to Chinese Auction at Mercer Co. GOP Steak Fry</b>	<b>Transaction ID : SB21-EX648</b>
Candidate Name	Category/Type <b>012</b>	Gift card for contribution to Chinese Auction at Mercer Co. GOP Steak Fry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>475.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 127 OF 133	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Committee To Elect Jamie Mead</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 2415 W. Grandview Blvd.		Amount of Each Disbursement this Period 250.00
City Erie	State PA Zip Code 16506	
Purpose of Disbursement Political contribution	Candidate Name	Transaction ID : SB21-EX676
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 012	Political contribution

Full Name (Last, First, Middle Initial) <b>B. Committee To Elect Matt McConnell</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 775 N. Keel Ridge Road		Amount of Each Disbursement this Period 500.00
City Hermitage	State PA Zip Code 16148	
Purpose of Disbursement Political contribution	Candidate Name	Transaction ID : SB21-EX713
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 012	Political contribution

Full Name (Last, First, Middle Initial) <b>c. Gracylane</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015
Mailing Address 103 First Street		Amount of Each Disbursement this Period 57.65
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Chinese auction gift donation for Crawford County GOP fall dinner; scarf I	Candidate Name	Transaction ID : SB21-EX704
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 012	Chinese auction gift donation for Crawford County GOP fall dinner; scarf I

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	807.65
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 133			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Apollo Area Lions Club</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015
Mailing Address PO Box 371		Amount of Each Disbursement this Period 100.00
City North Apollo	State PA	Zip Code 15673
Purpose of Disbursement Contribution for Veterans' Day Event	Category/Type 012	
Candidate Name	Transaction ID : SB21-EX797	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Contribution for Veterans' Day Event
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Friends To Re-Elect Joe Kujawa</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015
Mailing Address 5431 Henderson Road		Amount of Each Disbursement this Period 250.00
City Erie	State PA	Zip Code 16509
Purpose of Disbursement Political contribution	Category/Type 012	
Candidate Name	Transaction ID : SB21-EX800	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Political contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	1632.65

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

Transaction ID : **SC10-LN1**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**George J Jr J. Kelly Jr.**

**[PERSONAL FUNDS]**

Election: 2010

Primary  
 General  
 Other (specify) ▼

Mailing Address  
239 W Pearl Street

City State ZIP Code  
Butler PA 16001

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
36500.00	.00	36500.00

**TERMS**

Date Incurred: M 09 / D 30 / Y 2010  
 Date Due: M 12 / D 31 / Y 2050  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	36500.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

Transaction ID : **SC10-LN2**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**George J Jr J. Kelly Jr.**

**[PERSONAL FUNDS]**

Election: 2010

Primary  
 General  
 Other (specify) ▼

Mailing Address  
239 W Pearl Street

City State ZIP Code  
Butler PA 16001

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
75000.00 .00 75000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 06 / D 30 / Y 2010 M 12 / D 31 / Y 2050 0.00 % (apr)  Yes  No

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 75000.00

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

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

Transaction ID : **SC10-LN3**

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

**[PERSONAL FUNDS]**

Election: 2010

**George J Jr J. Kelly Jr.**

Primary

General

Other (specify) ▼

Mailing Address  
239 W Pearl Street

City State ZIP Code  
Butler PA 16001

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
25000.00 .00 25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 05 /

D 12 /

Y 2010 Y

M 12 /

D 31 /

Y 2050 Y

0.00 % (apr)

Yes  No

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 25000.00

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

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

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

Transaction ID : **SC10-LN4**

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

**[PERSONAL FUNDS]**

Election: 2010

**George J Jr J. Kelly Jr.**

Primary

General

Other (specify) ▼

Mailing Address  
239 W Pearl Street

City State ZIP Code  
Butler PA 16001

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	.00	100000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 05 /

D 07 /

Y 2010 Y

M 12 /

D 31 /

Y 2050 Y

0.00 % (apr)

Yes  No

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 100000.00

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

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

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

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

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full) **Transaction ID : SC10-LN5**  
**Mike Kelly For Congress**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>George J Jr J. Kelly Jr.</b>	<b>[PERSONAL FUNDS]</b>	Election: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 239 W Pearl Street		

City	State	ZIP Code
Butler	PA	16001

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
43495.00	2000.00	41495.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 31 / Y 2010	M 12 / D 31 / Y 2050	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	41495.00
<b>TOTALS</b> This Period (last page in this line only).....	277995.00

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