



HUNTINGTON & FRANKLIN, P.C.

A PROFESSIONAL CORPORATION OF ATTORNEYS AT LAW

1600 MARKET STREET • SUITE 2500 • PHILADELPHIA, PA 19103
PHONE: 215.523.7900 • FAX: 215.523.7911

RECEIVED
2014 JUL 23 AM 8:50
FEC MAIL CENTER

July 9, 2014

Federal Election Commission
999 E. Street, N.W.
Washington, DC 20463

**RE: Statement of Organization
FEC Form 3X Second Quarter Report
Center City West PAC
ID# C00532937**

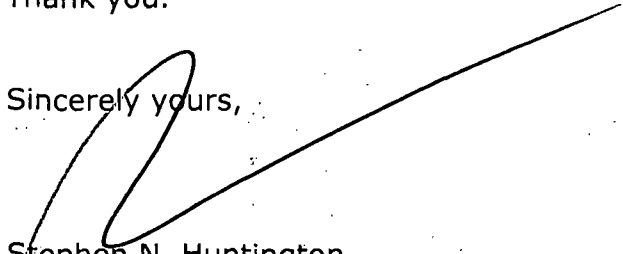
To Whom It May Concern:

Enclosed is an original of a Form 3X for the 2nd quarter 2014 report and an extra copy of the first page.

Please file the original, date stamp the extra first page and return in the enclosed envelope provided.

Thank you.

Sincerely yours,



Stephen N. Huntington
Enclosures

1600 MARKET STREET

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2014 JUL 23 AM 8:50

Office Use Only CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

Center City West PAC

ADDRESS (number and street) 1600 Market St

Check if different than previously reported. (ACC)

Suite 2500

Phila

Pa

19103

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00532937

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report-(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on _____ in the State of _____

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

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on _____ in the State of _____

5. Covering Period 07/01/2014 through 06/30/2014

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

Type or Print Name of Treasurer Stephen N. Hunkeler

Signature of Treasurer *Stephen N. Hunkeler*

Date 07/09/2014

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

Office Use Only							
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FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Center City West PAC

Report Covering the Period: From:

09 01 2014

To:

06 30 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <i>2014</i>		<i>40529</i>
(b) Cash on Hand at Beginning of Reporting Period	<i>4406.29</i>	
(c) Total Receipts (from Line 19)	<i>1872.00</i>	<i>5,897.00</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<i>6,278.29</i>	<i>6,302.29</i>
7. Total Disbursements (from Line 31)	<i>5800</i>	<i>8200</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<i>6,220.29</i>	<i>6,220.29</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<i>0</i>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<i>0</i>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Center City West PAC

Report Covering the Period: From:

04 01 2014

To:

06 30 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A)

1872.00

5,897.00

(ii) Unitemized

(iii) TOTAL (add

Lines 11(a)(i) and (ii)

1872.00

(b) Political Party Committees

0

(c) Other Political Committees

0

(such as PACs)

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

1872.00

5,897.00

12. Transfers From Affiliated/Other

Party Committees

0

13. All Loans Received

0

14. Loan Repayments Received

0

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5)

0

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees

0

17. Other Federal Receipts

(Dividends, Interest, etc.)

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0

(b) Levin Funds (from Schedule H5)

0

(c) Total Transfers (add 18(a) and 18(b))

0

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

1872.00

5,897.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

1872.00

5,897.00

13041274812

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	0	0
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements	5800	8200
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5800	8200
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0	0

140M 11/11/11 10:01M

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	187200	589700
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	179600	589700
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0	0

1
4
0
3
1
2
7
4
8
1
4

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

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

FOR LINE NUMBER: (check only one)		PAGE 1 OF 8	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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)
Center City West PAC

A. Full Name (Last, First, Middle Initial)
Card Saline

Mailing Address
1901 Walnut St

City *Phila Pa* State *Pa* Zip Code *19103*

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date ▼
50.00

Date of Receipt
04 07 2014

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Teresa Gillen

Mailing Address
2213 Naudain St

City *Phila* State *Pa* Zip Code *19146-1609*

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date ▼
50.00

Date of Receipt
04 07 2014

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Judith Finkel

Mailing Address
1919 Chestnut St Apt 2601

City *Phila* State *Pa* Zip Code *19103*

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date ▼

Date of Receipt
04 07 2014

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶ *150.00*

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 8

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Center City West PAC

Full Name (Last, First, Middle Initial)

A. Murray Dublin
 Mailing Address 4217 Osage Ave
 City Phila State Pa Zip Code 19104
 FEC ID number of contributing federal political committee. C
 Name of Employer _____ Occupation _____
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 2500

Date of Receipt

09 07 2014

Amount of Each Receipt this Period

2500

Full Name (Last, First, Middle Initial)

B. Judith Cranfield
 Mailing Address 200 S Broad St
 City Phila Pa State Pa Zip Code 19102
 FEC ID number of contributing federal political committee. C
 Name of Employer _____ Occupation _____
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 10000

Date of Receipt

09 07 2014

Amount of Each Receipt this Period

10000

Full Name (Last, First, Middle Initial)

C. Barbara Aronson
 Mailing Address 1766 Rittenhouse Sq St Unit 3100
 City Phila State Pa Zip Code 19103
 FEC ID number of contributing federal political committee. C
 Name of Employer _____ Occupation _____
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 10000

Date of Receipt

09 07 2014

Amount of Each Receipt this Period

10000

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

22500

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 3 OF 7	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Center City West PAC

A. Full Name (Last, First, Middle Initial)
Carol Hauptfischer

Mailing Address
2401 Pennsylvania Ave Apt 2013-29

City *Phila.* State *Pa* Zip Code *19130*

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

Name of Employer _____ Occupation _____

Receipt For:
Primary General Other (specify)

Aggregate Year-to-Date *25.00*

Date of Receipt
04 07 2014

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
Marcia Kueg

Mailing Address
226 W Rittenhouse Sq Apt 2310

City *Phila.* State *Pa* Zip Code *19103*

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

Name of Employer _____ Occupation *Retired*

Receipt For:
Primary General Other (specify)

Aggregate Year-to-Date *50.00*

Date of Receipt
04 07 2014

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Petrick West

Mailing Address
2134 Spring St

City *Phila.* State *Pa* Zip Code *19103*

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

Name of Employer _____ Occupation _____

Receipt For:
Primary General Other (specify)

Aggregate Year-to-Date *100.00*

Date of Receipt
04 07 2014

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) *175.00*

TOTAL This Period (last page this line number only)

1430011-1001-1001-1001

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

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

FOR LINE NUMBER: PAGE 4 OF 8
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Center City West PAC

A. Full Name (Last, First, Middle Initial) Francine Pollock
Mailing Address 1901 JFK Blvd Apt 1804
City Phila. State Pa Zip Code 19103
FEC ID number of contributing federal political committee. C
Name of Employer _____ Occupation _____
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 2500

Date of Receipt 04 07 2014
Amount of Each Receipt this Period 2500

B. Full Name (Last, First, Middle Initial) Stanley Pollock
Mailing Address 1901 JFK Blvd Apt 1804
City Phila State Pa Zip Code 19103
FEC ID number of contributing federal political committee. C
Name of Employer _____ Occupation _____
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 2500

Date of Receipt 04 07 2014
Amount of Each Receipt this Period 2500

C. Full Name (Last, First, Middle Initial) Carol LaBelle
Mailing Address 2200 Ben Franklin Pkwy Apt 194
City Phila State Pa Zip Code 19130
FEC ID number of contributing federal political committee. C
Name of Employer _____ Occupation _____
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 2500

Date of Receipt 04 07 2014
Amount of Each Receipt this Period 2500

SUBTOTAL of Receipts This Page (optional) 7500
TOTAL This Period (last page this line number only)

ITEMIZED RECEIPTS

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

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

FOR LINE NUMBER: PAGE 5 OF 8

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (in Full)
Center City West PAC

Full Name (Last, First, Middle Initial)

A. Karen Schwartz

Mailing Address
1900 JFK BLVD APT 2321

City Phila State Pa Zip Code 19103-1578

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date 4000

Date of Receipt
04 14 2014

Amount of Each Receipt this Period
4000

Full Name (Last, First, Middle Initial)

B. J. Leonard Freed

Mailing Address
1830 Rittenhouse Sq. Unit 16C

City Phila State Pa Zip Code 19103

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date 10000

Date of Receipt
04 14 2014

Amount of Each Receipt this Period
10000

Full Name (Last, First, Middle Initial)

C. Stephen Springer

Mailing Address
2033 Walnut St

City Phila State Pa Zip Code 19103

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Attorney

Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date 7000

Date of Receipt
04 14 2014

Amount of Each Receipt this Period
7000

SUBTOTAL of Receipts This Page (optional) 84000
 TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)

PAGE **6** OF **8**

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Center City West PAC

A. Full Name (Last, First, Middle Initial)
Harris Sklar

Mailing Address
1900 Rittenhouse Sq Apt 12A

City **Phila.** State **Pa** Zip Code **19103**

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

Name of Employer _____ Occupation **Retired attorney**

Receipt For:
 Primary
 General
 Other (specify) _____

Aggregate Year-to-Date ▼ **150.00**

Date of Receipt
04 14 2014

Amount of Each Receipt this Period
150.00

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

Mailing Address
1901 JFK Blvd # 1702

City **Phila.** State **Pa** Zip Code **19103**

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary
 General
 Other (specify) _____

Aggregate Year-to-Date ▼ **25.00**

Date of Receipt
04 14 2014

Amount of Each Receipt this Period
25.00

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

Mailing Address
1830 Rittenhouse Sq # 8-C

City **Phila.** State **Pa** Zip Code **19103**

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary
 General
 Other (specify) _____

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
05 14 2014

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **2250.00**

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

FROM FINANCIAL STATEMENT

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

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

FOR LINE NUMBER: PAGE 7 OF 8

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)
Center City West PAC

A. Full Name (Last, First, Middle-Initial)
ES Caulk

Mailing Address
2322 Spruce St

City Phila State Pa Zip Code 19103

FEC ID number of contributing federal political committee. C

Name of Employer _____ Occupation Retired realtor

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date ▼
10000

Date of Receipt
05 14 2014

Amount of Each Receipt this Period
10000

B. Full Name (Last, First, Middle-Initial)
T.D Bank

Mailing Address
1500 JFK Blvd

City Phila State Pa Zip Code 19103

FEC ID number of contributing federal political committee. C

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date ▼

Date of Receipt
04 01 2014

Amount of Each Receipt this Period
8200

Return of charges

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) _____

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	<u>10000</u>
TOTAL This Period (last page this line number only).....▶	<u>187200</u>

FROM FIN ACCOUNT

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 8

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Center City West PAC

Full Name (Last, First, Middle Initial)

A. <i>T.D. Bank</i>		Date of Disbursement
Mailing Address <i>1500 SFK Blvd</i>		<i>06 01 2014</i>
City <i>Phila</i>	State <i>Pc</i>	Zip Code <i>19103</i>
Purpose of Disbursement <i>Bank Fees</i>	Candidate Name	Amount of Each Disbursement this Period <i>5000</i>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: _____	District: _____	

B. <i>T.D. Bank</i>		Date of Disbursement
Mailing Address <i>1500 SFK Blvd</i>		<i>06 01 2014</i>
City <i>Phila</i>	State <i>Pc</i>	Zip Code <i>19103</i>
Purpose of Disbursement <i>Bank Fees</i>	Candidate Name	Amount of Each Disbursement this Period <i>800</i>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: _____	District: _____	

C.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶

5800

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

5800

1400004 1 1001 1 1001 1

062S0008958505



\$1.19
US POSTAGE
FIRST-CLASS
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