

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Citizens for Boyle

ADDRESS (number and street)

499 S. Capitol St. SW

Suite 422

Check if different than previously reported. (ACC)

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

C C00543363

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

PA

13

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

04

26

2016

in the State of

PA

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

01

01

2016

through

04

06

2016

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 Lindsay F. Angerholzer

Signature of Treasurer Lindsay F. Angerholzer

[Electronically Filed]

Date

04

14

2016

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Citizens for Boyle**

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

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 126775.00               | 731646.61                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 0.00                    | 1320.00                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | 126775.00               | 730326.61                          |
| <b>7. Net Operating Expenditures</b>  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 74905.39                | 312591.27                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 159.00                  | 689.64                             |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....  | 74746.39                | 311901.63                          |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | 496808.46               |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | 0.00                    |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | 0.00                    |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Citizens for Boyle**

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

| <b>I. RECEIPTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>  |                                       |  |
| (a) Individuals/Persons Other Than Political Committees  |                                       |  |
| (i) Itemized (use Schedule A).....   | 58550.00                              | 251364.50                                  |
| (ii) Unitemized.....   | 2775.00                               | 10851.66                                   |
| (iii) TOTAL of contributions from individuals ▶  | 61325.00                              | 262216.16                                  |
| (b) Political Party Committees.....  | 2700.00                               | 2708.67                                    |
| (c) Other Political Committees (such as PACs).....   | 62750.00                              | 465500.00                                  |
| (d) The Candidate.....   | 0.00                                  | 1221.78                                    |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 126775.00                             | 731646.61                                  |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>  | 0.00                                  | 0.00                                       |
| <b>13. LOANS:</b>  |                                       |  |
| (a) Made or Guaranteed by the Candidate.....   | 0.00                                  | 0.00                                       |
| (b) All Other Loans.....   | 0.00                                  | 0.00                                       |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....   | 0.00                                  | 0.00                                       |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>                                | 159.00                                | 689.64                                     |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>   | 1245.46                               | 2275.59                                    |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 128179.46                             | 734611.84                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 74905.39                      | 312591.27                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 40000.00                           |
| (b) Of All Other Loans .....   | 0.00                          | 5481.00                            |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 45481.00                           |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 320.00                             |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 1000.00                            |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 1320.00                            |
| 21. OTHER DISBURSEMENTS .....  | 246435.00                     | 291161.00                          |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 321340.39                     | 650553.27                          |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 689969.39 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 128179.46 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 818148.85 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 321340.39 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 496808.46 |

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 5 OF 80 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Citizens for Boyle**

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

Mailing Address 20 Lowell Lane

City State Zip Code  
Brookline MA 02445

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

Name of Employer Occupation  
Abrams Capital LLC Business Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2016

**Transaction ID : C10657073**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

Mailing Address 124 I U Willets Rd

City State Zip Code  
Old Westbury NY 11568-1521

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

Name of Employer Occupation  
NIC Holding Corp. Energy Trading Business

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2016

**Transaction ID : C10658523**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Mailing Address 442 E 20th Street  
Apt 2D

City State Zip Code  
New York NY 10009

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

Name of Employer Occupation  
Liazon Corporation Senior Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
MM / DD / YYYY  
01 / 20 / 2016

**Transaction ID : C10657087**

Amount of Each Receipt this Period  
1500.00

Memo Item

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

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

6700.00

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

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

FOR LINE NUMBER: PAGE 6 OF 80  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Citizens for Boyle**

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

Mailing Address 1472 Presidential Way

City Miami State FL Zip Code 33179

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

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2016

**Transaction ID : C10657101**

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

Memo Item

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

Mailing Address 205 Avondale Dr.

City North Wales State PA Zip Code 19454

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

Name of Employer Pond Lehocky Stern Giordano Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2016

**Transaction ID : C10662315**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

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

Mailing Address 160 Shelly Ln

City Philadelphia State PA Zip Code 19115-2709

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

Name of Employer Independence Visitor Center Corp. Occupation 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  
 04 / 04 / 2016

**Transaction ID : C10662384**

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

Memo Item

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

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

\_\_\_\_\_ 1250.00

\_\_\_\_\_

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

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

FOR LINE NUMBER: PAGE 7 OF 80  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Jonathan Davis**

Mailing Address 76 Fernwood Road

City Chestnut Hill State MA Zip Code 02467

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

Name of Employer The Davis Companies Occupation Business Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2016

**Transaction ID : C10657074**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 100 Essex Road

City Chestnut Hill State MA Zip Code 02467

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

Name of Employer Highfields Capital Occupation Investment Analyst

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2016

**Transaction ID : C10657067**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 2038 Washington Ave # 2052

City Philadelphia State PA Zip Code 19146-2832

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

Name of Employer VJF Enterprises Inc Occupation Principal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2016

**Transaction ID : C10662273**

Amount of Each Receipt this Period  
500.00

Memo Item

**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 8 OF 80  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Lawrence D. Greenberg**

Mailing Address 4 Nottingham Lane

City State Zip Code  
Weston MA 02493

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

Name of Employer Occupation  
Alydar Capital Business Manager

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2016

**Transaction ID : C10657075**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 101 Hedgerow Way

City State Zip Code  
Lansdale PA 19446-5071

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

Name of Employer Occupation  
N/A volunteer

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  
 03 / 19 / 2016

**Transaction ID : C10656739**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

Mailing Address 7030 Greene Street

City State Zip Code  
Philadelphia PA 19119

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

Name of Employer Occupation  
Pond Lehocky Stern Giordano Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2016

**Transaction ID : C10662409**

Amount of Each Receipt this Period  
 250.00

Memo Item

**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 9 OF 80 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Patricia Hennessy**

Mailing Address 89 Lynne Cir

City Paoli State PA Zip Code 19301-1026

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

Name of Employer Conrad O'Brien Occupation Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt **04 / 01 / 2016**

**Transaction ID : C10662297**

Amount of Each Receipt this Period **500.00**

Memo Item

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

Mailing Address 3417 Sunny View Drive

City Alexandria State VA Zip Code 22309

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

Name of Employer Ridge Policy Group Occupation Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **02 / 26 / 2016**

**Transaction ID : C10667076**

Amount of Each Receipt this Period **500.00**

Memo Item

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

Mailing Address 52 Solomon Pierce Rd

City Lexington State MA Zip Code 02420-2534

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

Name of Employer Advisor Perspectives Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 22 / 2016**

**Transaction ID : C10657064**

Amount of Each Receipt this Period **1000.00**

Memo Item

**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:<br>(check only one)   | PAGE 10 OF 80 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**David Hyman**

Mailing Address 413 W Mermaid Ln

City Philadelphia State PA Zip Code 19118-4203

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

Name of Employer Kleinbard LLC Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2016

**Transaction ID : C10657316**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 14 Highfields

City Wayland State MA Zip Code 01778

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

Name of Employer Highfields Capital Management Occupation Principal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2016

**Transaction ID : C10657078**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

Mailing Address 15 Lawrence Road

City Chestnut Hill State MA Zip Code 02467

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

Name of Employer None Occupation 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  
 02 / 26 / 2016

**Transaction ID : C10657079**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

4200.00

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

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

FOR LINE NUMBER: PAGE 11 OF 80  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Joshua Katzen**

Mailing Address 40 Nonantum St

City State Zip Code  
Newton MA 02458-2434

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

Name of Employer Occupation  
Self Real Estate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2016

**Transaction ID : C10657066**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 2432 Perot St

City State Zip Code  
Philadelphia PA 19130-2528

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

Name of Employer Occupation  
Yards Brewing Company Brewer

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  
 03 / 24 / 2016

**Transaction ID : C10662276**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

Mailing Address 229 Shawnee Rd

City State Zip Code  
Ardmore PA 19003-1724

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

Name of Employer Occupation  
Conrad O'Brien PC Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2016

**Transaction ID : C10662277**

Amount of Each Receipt this Period  
 100.00

Memo Item

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

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

1350.00

**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 80  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Beth S. Klarman**

Mailing Address **PO Box 171733**

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

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

Name of Employer **None** Occupation **Homemaker**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 26 / 2016**

**Transaction ID : C10657080**

Amount of Each Receipt this Period  
**2500.00**

Memo Item

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

Mailing Address **329 Heath Street**

City **Chestnut Hill** State **MA** Zip Code **02467**

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

Name of Employer **The Baupost Group LLC** Occupation **Business Manager**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 26 / 2016**

**Transaction ID : C10657081**

Amount of Each Receipt this Period  
**2700.00**

Memo Item

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

Mailing Address **10769 Jeanes St**

City **Philadelphia** State **PA** Zip Code **19116-3315**

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

Name of Employer **Amerihealth Caritas** Occupation **Sr. Programmer**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1175.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 24 / 2016**

**Transaction ID : C10657743**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

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

**5450.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 13 OF 80 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Tobias Levkovich**

Mailing Address 924 Harvard Ct

City Woodmere State NY Zip Code 11598-1925

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

Name of Employer Citi Occupation Finance

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  
 02 / 19 / 2016

**Transaction ID : C10638069**

Amount of Each Receipt this Period  
 2500.00

Memo Item

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

Mailing Address 2547 S Kenmore Ct

City Arlington State VA Zip Code 22206-2372

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

Name of Employer Commonwealth Strategic Partners, LLC Occupation Government Affairs Professional

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2016

**Transaction ID : C10657696**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address 3402 Janellen Dr

City Pikesville State MD Zip Code 21208-1807

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

Name of Employer Self Occupation 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  
 03 / 24 / 2016

**Transaction ID : C10657641**

Amount of Each Receipt this Period  
 1500.00

Memo Item

**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 14 OF 80  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Charles Myers**

Mailing Address 281 Country Dr

City Weston State MA Zip Code 02493-1137

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

Name of Employer FMR LLC Occupation Investment Manager

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2016

**Transaction ID : C10657642**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 231 Cheswold Ln

City Haverford State PA Zip Code 19041-1803

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

Name of Employer Origlio Beverage Occupation Dir of Corp Communicatins

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 11 / 2016

**Transaction ID : C10630405**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 216 Wyncote Rd

City Jenkintown State PA Zip Code 19046-3131

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

Name of Employer self Occupation engineer

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  
 03 / 22 / 2016

**Transaction ID : C10657185**

Amount of Each Receipt this Period  
100.00

Memo Item

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

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

1600.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 15 OF 80

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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Keith Pemrick**

Mailing Address 1758 U St NW  
 Apt 1

City Washington State DC Zip Code 20009-1702

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

Name of Employer Commonwealth Strategic Partners, LLC Occupation Managing Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2016

**Transaction ID : C10657289**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 58 Monmouth St

City Brookline State MA Zip Code 02446-5607

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

Name of Employer Highfields Capital Occupation Investment Analyst

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2016

**Transaction ID : C10657063**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 1075 Chester Springs Rd

City Phoenixville State PA Zip Code 19460-2116

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

Name of Employer University of Penna Occupation Attorney

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  
 03 / 24 / 2016

**Transaction ID : C10662284**

Amount of Each Receipt this Period  
 100.00

Memo Item

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

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

2100.00

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

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

FOR LINE NUMBER: PAGE 16 OF 80  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Citizens for Boyle**

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

Mailing Address 1001 G St NW  
Ste 1000W

City Washington State DC Zip Code 20001-4522

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

Name of Employer Podesta Group Occupation Chairman

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2016

**Transaction ID : C10655484**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Stephen G Pollock Esq**

Mailing Address 3756 Levy Ln

City Huntingdon Valley State PA Zip Code 19006-3108

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

Name of Employer Zarwin Baum Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2016

**Transaction ID : C10662285**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 1147 Ceton Ct.

City Broomall State PA Zip Code 19008

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

Name of Employer Brandywine Insurance Advisors, LLC Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2016

**Transaction ID : C10662286**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

1000.00

**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 80 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Noam Roizman**

Mailing Address 80 Windermere Dr

City State Zip Code  
Blue Bell PA 19422-1448

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

Name of Employer Occupation  
Roizman Development Inc. Real Estate Development

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : C10660089**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 6000 Island Blvd.  
Unit 1401

City State Zip Code  
North Miami Beach FL 33160

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

Name of Employer Occupation  
Triangle Financial Services, LLC Owner and Chairman

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  
 03 / 21 / 2016

**Transaction ID : C10657103**

Amount of Each Receipt this Period  
1500.00

Memo Item

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

Mailing Address 1343 Ascot PI

City State Zip Code  
Philadelphia PA 19116-1501

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 Y  
 03 / 14 / 2016

**Transaction ID : C10657088**

Amount of Each Receipt this Period  
100.00

Memo Item

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

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

2600.00

**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 80  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Citizens for Boyle**

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

Mailing Address 197 1st Ave  
Ste 300

City State Zip Code  
Needham MA 02494-2874

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

Name of Employer Occupation  
MARIC, Inc. Business Manager

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2016

**Transaction ID : C10657065**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 20 Stratton Rd

City State Zip Code  
Scarsdale NY 10583-7555

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

Name of Employer Occupation  
Sentinel Solutions Finance

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  
 02 / 19 / 2016

**Transaction ID : C10638068**

Amount of Each Receipt this Period  
 2500.00

Memo Item

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

Mailing Address 158 Hillside Ave

City State Zip Code  
Englewood NJ 07631-3024

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

Name of Employer Occupation  
Roseland Property Manager

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  
 01 / 04 / 2016

**Transaction ID : C10629073**

Amount of Each Receipt this Period  
 750.00

Memo Item

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

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

4250.00

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

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

FOR LINE NUMBER: PAGE 19 OF 80  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Matthew K. Sidman**

Mailing Address 297 Commonwealth Ave.  
Unit 6

City Boston State MA Zip Code 02115

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

Name of Employer Three Bays Capital LP Occupation Chief Investment Officer

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  
 02 / 26 / 2016

**Transaction ID : C10657084**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 1060 Bayhead Dr

City Mamaroneck State NY Zip Code 10543-4701

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

Name of Employer None Occupation Homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : C10638071**

Amount of Each Receipt this Period  
 5000.00

Memo Item

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

Mailing Address 240 E 47th St  
Apt 39D

City New York State NY Zip Code 10017-2140

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

Name of Employer Contrarian Capital Management, LLC Occupation Partner

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  
 02 / 19 / 2016

**Transaction ID : C10638067**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**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 20 OF 80  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Achikam Yogev**

Mailing Address 2040 NE 198th Ter

City Miami State FL Zip Code 33179-3132

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

Name of Employer Colliers International Occupation Real Estate

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2016

**Transaction ID : C10642130**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 9926 Haldeman Ave  
Apt A116

City Philadelphia State PA Zip Code 19115-1629

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

Name of Employer Self-Employed Occupation Notary Public

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  
 01 / 26 / 2016

**Transaction ID : C10632838**

Amount of Each Receipt this Period  
100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Pazuniak Law Office LLC**

Mailing Address 1201 N Orange St  
Ste 7114

City Wilmington State DE Zip Code 19801-1155

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2016

**Transaction ID : C10662282**

Amount of Each Receipt this Period  
250.00

Memo Item

LLC - Members below if itemized. Permissible funds.

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 21 OF 80  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Citizens for Boyle**

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

Mailing Address 1201 N Orange St  
Ste 7114

City State Zip Code  
Wilmington DE 19801-1155

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

Name of Employer Occupation  
Pazuniak Law Office LLC 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  
**03 / 24 / 2016**

**Transaction ID : C10662283**

Amount of Each Receipt this Period  
**250.00**

Memo Item

\*

**B.** Full Name (Last, First, Middle Initial)  
**Obermayer Rebmann Maxwell & Hippel**

Mailing Address 1617 John F Kennedy Blvd  
Fl 19

City State Zip Code  
Philadelphia PA 19103-1833

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

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  
**04 / 01 / 2016**

**Transaction ID : C10662304**

Amount of Each Receipt this Period  
**300.00**

Memo Item

PARTNERSHIP--partners below if itemized

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

Mailing Address 1617 John F Kennedy Blvd  
Fl 19

City State Zip Code  
Philadelphia PA 19103-1833

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

Name of Employer Occupation  
Obermayer Rebmann Maxwell & Hippel LLP Attorney

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  
**04 / 01 / 2016**

**Transaction ID : C10662305**

Amount of Each Receipt this Period  
**300.00**

Memo Item

\*

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

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

**300.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 22 OF 80 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Obermayer Rebmann Maxwell & Hippel**

Mailing Address 1617 John F Kennedy Blvd  
FI 19

City Philadelphia State PA Zip Code 19103-1833

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

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  
04 / 01 / 2016

**Transaction ID : C10662306**

Amount of Each Receipt this Period  
700.00

Memo Item

PARTNERSHIP--partners below if itemized

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

Mailing Address 1617 John F Kennedy Blvd  
FI 19

City Philadelphia State PA Zip Code 19103-1833

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

Name of Employer Occupation  
Obermayer Rebmann Maxwell & Hippel LLP Attorney

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  
04 / 01 / 2016

**Transaction ID : C10662307**

Amount of Each Receipt this Period  
700.00

Memo Item

\*

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

Mailing Address 630 Sentry Parkway  
Suite 300

City Blue Bell State PA Zip Code 19422

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

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

**Transaction ID : C10662310**

Amount of Each Receipt this Period  
2700.00

Memo Item

LLC - Members below if itemized. Permissible funds.

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

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

3400.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 23 OF 80 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Seth A. Shapiro**

Mailing Address 630 Sentry Parkway  
Suite 300

City State Zip Code  
Blue Bell PA 19422

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

Name of Employer Occupation  
The Goldenberg Group Executive Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5400.00**

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

**Transaction ID : C10662311**

Amount of Each Receipt this Period  
**2700.00**

Memo Item

\*

**B.** Full Name (Last, First, Middle Initial)  
**Pond Lehocky Stern Giordano LLP**

Mailing Address 2005 Market St. 18th Floor

City State Zip Code  
Philadelphia PA 19103

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 04 / 2016**

**Transaction ID : C10662419**

Amount of Each Receipt this Period  
**4500.00**

Memo Item

LLC - Members below if itemized. Permissible funds.

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

Mailing Address 2005 Market St. 18th Floor

City State Zip Code  
Philadelphia PA 19103

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

Name of Employer Occupation  
Pond Lehocky Stern Giordano LLP Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 04 / 2016**

**Transaction ID : C10662424**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

\*

**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 24 OF 80  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Jerry Lehocky**

Mailing Address 30 S. 17th Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer Pond Lehocky Stern Giordano Occupation Partner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2016

**Transaction ID : C10662421**

Amount of Each Receipt this Period  
 1000.00

Memo Item

\*

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

Mailing Address 30 S. 17th Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer Pond Lehocky Occupation Partner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2016

**Transaction ID : C10662420**

Amount of Each Receipt this Period  
 1500.00

Memo Item

\*

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

Mailing Address 30 S 17th St Ste 1700

City Philadelphia State PA Zip Code 19103

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

Name of Employer Pond Lehocky Stern & Giodano Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2016

**Transaction ID : C10662422**

Amount of Each Receipt this Period  
 1000.00

Memo Item

\*

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

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

0.00

58550.00

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

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

FOR LINE NUMBER: PAGE 25 OF 80  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Pennsylvania Democratic Party**

Mailing Address 300 N 2nd st

City Harrisburg State PA Zip Code 17101

FEC ID number of contributing federal political committee. **C** C00167130

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2016

**Transaction ID : C10663319**

Amount of Each Receipt this Period  
 2700.00

Memo Item

\* In-Kind: Contribution In-Kind

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

2700.00

2700.00

**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 80  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**ABBVIE POLITICAL ACTION COMMITTEE**

Mailing Address 1 N. WAUKEGAN ROAD

City NORTH CHICAGO State IL Zip Code 60064

FEC ID number of contributing federal political committee. **C C00536573**

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  
 02 / 01 / 2016

**Transaction ID : C10634941**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**AIR LINE PILOTS ASSOCIATION PAC**

Mailing Address 1625 MASSACHUSETTS AVE. NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00035451**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : C10662293**

Amount of Each Receipt this Period  
 2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)**

Mailing Address 777 6TH STREET, NW  
 SUITE 200

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00024521**

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  
 02 / 26 / 2016

**Transaction ID : C10657133**

Amount of Each Receipt this Period  
 2000.00

Memo Item

**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 27 OF 80                      |
| <input type="checkbox"/> 11a<br>12                                      | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**American Council of Engineering Companies**

Mailing Address 1015 15TH ST. NW  
SUITE 802

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

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

**Transaction ID : C10662289**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1111 14TH STREET, NW  
SUITE 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  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 24 / 2016

**Transaction ID : C10662269**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN FEDERATION OF GOVT. EMPL. POLITICAL ACTION COMMITTEE**

Mailing Address 80 F STREET, NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00009936**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 23 / 2016

**Transaction ID : C10662268**

Amount of Each Receipt this Period  
500.00

Memo Item

**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:<br>(check only one)   | PAGE 28 OF 80 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO

Mailing Address 1625 L St NW

City Washington State DC Zip Code 20036-5665

FEC ID number of contributing federal political committee. **C** C90011172

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016

**Transaction ID : C10662292**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVE, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00000422

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  
04 / 06 / 2016

**Transaction ID : C10662438**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

Mailing Address 8515 GEORGIA AVENUE  
SUITE 400

City SILVER SPRING State MD Zip Code 20910

FEC ID number of contributing federal political committee. **C** C00017525

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  
02 / 29 / 2016

**Transaction ID : C10657135**

Amount of Each Receipt this Period  
1000.00

Memo Item

**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:<br>(check only one)   | PAGE 29 OF 80 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**ARCH CAPITAL GROUP (US) INC. POLITICAL ACTION COMMITTEE**

Mailing Address 300 PLAZA THREE, 3RD FLOOR

City State Zip Code  
JERSEY CITY NJ 07311

FEC ID number of contributing federal political committee. **C** C00433912

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  
02 / 08 / 2016

**Transaction ID : C10657105**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**ARENT FOX LLP PAC (AFPAC)**

Mailing Address 1717 K St NW  
ARENT FOX LLP

City State Zip Code  
Washington DC 20006-5343

FEC ID number of contributing federal political committee. **C** C00241380

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  
03 / 15 / 2016

**Transaction ID : C10657144**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 600 NEW HAMPSHIRE AVENUE, NW

City State Zip Code  
WASHINGTON DC 20037

FEC ID number of contributing federal political committee. **C** C00150797

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  
02 / 26 / 2016

**Transaction ID : C10657134**

Amount of Each Receipt this Period  
1000.00

Memo Item

**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: PAGE 30 OF 80  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**CIGNA CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 601 PENNSYLVANIA AVENUE NW  
SOUTH BUILDING SUITE 835

City WASHINGTON State DC Zip Code 20004

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  
 04 / 04 / 2016

**Transaction ID : C10662314**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**COLUMBIA PIPELINE GROUP, INC. PAC**

Mailing Address 10 G STREET NE  
SUITE 400

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C C00575340**

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  
 02 / 18 / 2016

**Transaction ID : C10657124**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**COLUMBIA PIPELINE GROUP, INC. PAC**

Mailing Address 10 G STREET NE  
SUITE 400

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C C00575340**

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  
 04 / 04 / 2016

**Transaction ID : C10662316**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**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 31 OF 80  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Citizens for Boyle**

A. Full Name (Last, First, Middle Initial)  
**COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL**

Mailing Address **1701 JFK BLVD, 49TH FLOOR**

City State Zip Code  
**PHILADELPHIA PA 19103**

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 **12500.00**

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

**Transaction ID : C10657136**

Amount of Each Receipt this Period  
**2500.00**  
 Memo Item

B. Full Name (Last, First, Middle Initial)  
**CSL BEHRING EMPLOYEES POLITICAL ACTION COMMITTEE**

Mailing Address **1020 1st Ave**

City State Zip Code  
**King Of Prussia PA 19406-1310**

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 **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 14 / 2016**

**Transaction ID : C10657141**

Amount of Each Receipt this Period  
**1000.00**  
 Memo Item

C. Full Name (Last, First, Middle Initial)  
**CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION**

Mailing Address **601 PENNSYLVANIA AVENUE, NW  
SOUTH BUILDING, SUITE 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 **6000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 20 / 2016**

**Transaction ID : C10634942**

Amount of Each Receipt this Period  
**2000.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **5500.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 32 OF 80  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION**

Mailing Address 601 PENNSYLVANIA AVENUE, NW  
SOUTH BUILDING, SUITE 600

City WASHINGTON State DC Zip Code 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  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 25 / 2016

**Transaction ID : C10662317**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 30 S 17th St

City Philadelphia State PA Zip Code 19103-4016

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 24 / 2016

**Transaction ID : C10662272**

Amount of Each Receipt this Period  
1500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**ERNST & YOUNG POLITICAL ACTION COMMITTEE**

Mailing Address 1101 NEW YORK AVENUE, NW

City WASHINGTON State DC Zip Code 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  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 16 / 2016

**Transaction ID : C10657132**

Amount of Each Receipt this Period  
2000.00

Memo Item

**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:<br>(check only one)   | PAGE 33 OF 80 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**FIRST AMERICAN FINANCIAL CORPORATION PAC**

Mailing Address 1 FIRST AMERICAN WAY

City SANTA ANA State CA Zip Code 92707

FEC ID number of contributing federal political committee. **C C00346726**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2016

**Transaction ID : C10662397**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 6100 HOLLYWOOD BLVD  
SUITE 305

City HOLLYWOOD State FL Zip Code 33024

FEC ID number of contributing federal political committee. **C C00127811**

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  
 03 / 21 / 2016

**Transaction ID : C10657147**

Amount of Each Receipt this Period  
4000.00

Memo Item

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

Mailing Address 6100 HOLLYWOOD BLVD  
SUITE 305

City HOLLYWOOD State FL Zip Code 33024

FEC ID number of contributing federal political committee. **C C00127811**

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  
 03 / 21 / 2016

**Transaction ID : C10657148**

Amount of Each Receipt this Period  
500.00

Memo Item

**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: PAGE 34 OF 80  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Citizens for Boyle**

**A.** 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  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 24 / 2016

**Transaction ID : C10662274**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**HEALTH PARTNERS OF PHILADELPHIA INC POLITICAL ACTION COMMITTEE**

Mailing Address 901 MARKET STREET SUITE 500

City State Zip Code  
PHILADELPHIA PA 19107

FEC ID number of contributing federal political committee. **C C00484246**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 23 / 2016

**Transaction ID : C10662275**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**HEARPAC OF HEARING INDUSTRIES ASSOCIATION**

Mailing Address 1444 I ST., NW, SUITE 700

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00437798**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 18 / 2016

**Transaction ID : C10657145**

Amount of Each Receipt this Period  
1000.00

Memo Item

**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: PAGE 35 OF 80  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Citizens for Boyle**

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

Mailing Address 5580 SPRING GROVE DRIVE

City SOLON State OH Zip Code 44139

FEC ID number of contributing federal political committee. **C C00131557**

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  
02 / 05 / 2016

**Transaction ID : C10634945**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address PO Box 15638

City Chevy Chase State MD Zip Code 20825-5638

FEC ID number of contributing federal political committee. **C C00320432**

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  
03 / 18 / 2016

**Transaction ID : C10657142**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**LEAGUE OF CONSERVATION VOTERS ACTION FUND**

Mailing Address 1920 L ST NW SUITE 800

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00252940**

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  
03 / 03 / 2016

**Transaction ID : C10657137**

Amount of Each Receipt this Period  
1500.00

Memo Item

**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 36 OF 80  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**MARK TAKANO FOR CONGRESS**

Mailing Address **PO BOX 5214**

City **RIVERSIDE** State **CA** Zip Code **92517**

FEC ID number of contributing federal political committee. **C C00498667**

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  
**01 / 05 / 2016**

**Transaction ID : C10634947**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MICHIGAN SUGAR COMPANY GROWERS POLITICAL ACTION COMMITTEE**

Mailing Address **2600 SOUTH EUCLID AVENUE**

City **BAY CITY** State **MI** Zip Code **48706**

FEC ID number of contributing federal political committee. **C C00384354**

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  
**01 / 20 / 2016**

**Transaction ID : C10634946**

Amount of Each Receipt this Period  
1500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ACTION COMMITTEE (NACPAC)**

Mailing Address **3389 SHERIDAN ST.  
#424**

City **HOLLYWOOD** State **FL** Zip Code **33021**

FEC ID number of contributing federal political committee. **C C00147983**

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  
**03 / 21 / 2016**

**Transaction ID : C10657146**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

3500.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 37 OF 80 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC**

Mailing Address 1325 MASSACHUSETTS AVE., NW

City WASHINGTON 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  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : C10662298**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM**

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  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2016

**Transaction ID : C10662279**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF POSTAL SUPERVISORS PAC**

Mailing Address 1727 KING ST SUITE 400

City ALEXANDRIA State VA Zip Code 22311

FEC ID number of contributing federal political committee. **C C00092957**

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  
 02 / 08 / 2016

**Transaction ID : C10657106**

Amount of Each Receipt this Period  
1500.00

Memo Item

**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: PAGE 38 OF 80  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Citizens for Boyle**

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

Mailing Address 430 NORTH MICHIGAN AVENUE

City State Zip Code  
CHICAGO IL 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  
5500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 04 / 2016

**Transaction ID : C10662426**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC**

Mailing Address 100 DAINGERFIELD ROAD

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00030809**

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  
04 / 01 / 2016

**Transaction ID : C10662299**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**NEA FUND FOR CHILDREN AND PUBLIC EDUCATION**

Mailing Address 1201 16TH STREET NW STE 418

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C C00003251**

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  
04 / 01 / 2016

**Transaction ID : C10662301**

Amount of Each Receipt this Period  
2000.00

Memo Item

**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: PAGE 39 OF 80  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
NELSON MULLINS RILEY & SCARBOROUGH, LLP FEDERAL POLITICAL COMMITTEE

Mailing Address 1320 MAIN STREET, 17TH FLOOR

City State Zip Code  
COLUMBIA SC 29201

FEC ID number of contributing federal political committee. **C** C00278895

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  
02 / 26 / 2016

**Transaction ID : C10657083**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Norfolk Southern Corporation Good Government Fund

Mailing Address ONE CONSTITUTION AVE NE

City State Zip Code  
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C** C00009282

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  
03 / 24 / 2016

**Transaction ID : C10662280**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOIDA-PAC)

Mailing Address PO BOX 1000  
1 NW OOIDA DR.

City State Zip Code  
GRAIN VALLEY MO 64029

FEC ID number of contributing federal political committee. **C** C00236778

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  
03 / 25 / 2016

**Transaction ID : C10662418**

Amount of Each Receipt this Period  
1000.00

Memo Item

**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 80 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**PPL People for Good Government**

Mailing Address **TWO NORTH NINTH STREET  
GENTW2**

City **ALLENTOWN** State **PA** Zip Code **18101**

FEC ID number of contributing federal political committee. **C C00228106**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : C10662425**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**THE COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE**

Mailing Address **701 Pennsylvania Ave NW  
Ste 750**

City **Washington** State **DC** Zip Code **20004-2661**

FEC ID number of contributing federal political committee. **C C00039578**

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  
**03 / 30 / 2016**

**Transaction ID : C10662294**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**THE NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION ACTION COMMITTEE FOR RURAL ELECTRIFICA**

Mailing Address **4301 WILSON BOULEVARD**

City **ARLINGTON** State **VA** Zip Code **22203**

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  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 24 / 2016**

**Transaction ID : C10662267**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**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 41 OF 80  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
VERIZON COMMUNICATIONS INC. GOOD GOVERNMENT CLUB (VERIZON PAC)

Mailing Address 1300 I ST NW, STE 400 WEST  
ATTN: TAYLOR CRAIG

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  
4000.00

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

**Transaction ID : C10657138**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
VERIZON COMMUNICATIONS INC. GOOD GOVERNMENT CLUB (VERIZON PAC)

Mailing Address 1300 I ST NW, STE 400 WEST  
ATTN: TAYLOR CRAIG

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  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 22 / 2016

**Transaction ID : C10657140**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
VERIZON COMMUNICATIONS INC. GOOD GOVERNMENT CLUB (VERIZON PAC)

Mailing Address 1300 I ST NW, STE 400 WEST  
ATTN: TAYLOR CRAIG

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  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 22 / 2016

**Transaction ID : C10657139**

Amount of Each Receipt this Period  
-1000.00

Memo Item

**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:<br>(check only one)   | PAGE 42 OF 80 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**WESTINGHOUSE ELECTRIC COMPANY LLC PAC**

Mailing Address 900 19TH STREET, NW  
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  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016

**Transaction ID : C10662312**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 805 FIFTEENTH 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  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 28 / 2016

**Transaction ID : C10662430**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

2000.00

62750.00

**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 80 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input checked="" 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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Capital One Bank**

Mailing Address 336 Pennsylvania Ave

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  
**2230.12**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 29 / 2016**

**Transaction ID : C10657068**

Amount of Each Receipt this Period  
**424.33**

Memo Item

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

Mailing Address 336 Pennsylvania Ave

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  
**2230.12**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 29 / 2016**

**Transaction ID : C10657069**

Amount of Each Receipt this Period  
**397.29**

Memo Item

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

Mailing Address 336 Pennsylvania Ave

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  
**2230.12**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : C10662434**

Amount of Each Receipt this Period  
**421.61**

Memo Item

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

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

**1243.23**

**1243.23**

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 44 OF 80 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Acqua AI 2</b> |   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 02 / 2016         |  |  |
| Mailing Address 212 7th St SE                                   |   |  | Amount of Each Disbursement this Period<br>932.75                     |  |  |
| City<br>Washington  | State<br>DC   | Zip Code<br>20003  | <input type="checkbox"/> Memo Item<br><b>Transaction ID : D534574</b> |  |  |
| Purpose of Disbursement<br>Fundraiser Catering                  |   | Category/<br>Type  |   |  |  |
| Candidate Name  |   |  |   |  |  |
| Office Sought:  | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016   |   |  |  |
|   |   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:  | District:   |  |   |  |  |

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. American Airlines</b> |   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 14 / 2016         |  |  |
| Mailing Address P.O. Box 619616, MD 5675                               |   |  | Amount of Each Disbursement this Period<br>25.00                      |  |  |
| City<br>Dallas   | State<br>TX   | Zip Code<br>75261  | <input type="checkbox"/> Memo Item<br><b>Transaction ID : D534631</b> |  |  |
| Purpose of Disbursement<br>Travel                                      |   | Category/<br>Type  |   |  |  |
| Candidate Name   |   |  |   |  |  |
| Office Sought:   | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016   |   |  |  |
|  |   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:   | District:   |  |   |  |  |

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. American Airlines</b> |   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 03 / 2016         |  |  |
| Mailing Address P.O. Box 619616, MD 5675                               |   |  | Amount of Each Disbursement this Period<br>73.10                      |  |  |
| City<br>Dallas   | State<br>TX   | Zip Code<br>75261  | <input type="checkbox"/> Memo Item<br><b>Transaction ID : D534674</b> |  |  |
| Purpose of Disbursement<br>Travel                                      |   | Category/<br>Type  |   |  |  |
| Candidate Name   |   |  |   |  |  |
| Office Sought:   | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016   |   |  |  |
|  |   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:   | District:   |  |   |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1030.85 |
| <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:<br>(check only one)  | PAGE 45 OF 80 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Amtrak</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 03 / 2016 |
| Mailing Address 60 Massachusetts Ave NE   |  | Amount of Each Disbursement this Period<br>66.00         |
| City Washington   | State DC   |  |
| Zip Code 20002-4285   | Purpose of Disbursement<br>Travel  | <input type="checkbox"/> Memo Item                       |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D534673</b>                          |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Amtrak</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 18 / 2016 |
| Mailing Address 60 Massachusetts Ave NE   |  | Amount of Each Disbursement this Period<br>159.00        |
| City Washington   | State DC   |  |
| Zip Code 20002-4285   | Purpose of Disbursement<br>Travel  | <input type="checkbox"/> Memo Item                       |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D534683</b>                          |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Amtrak</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 18 / 2016 |
| Mailing Address 60 Massachusetts Ave NE   |  | Amount of Each Disbursement this Period<br>217.00        |
| City Washington   | State DC   |  |
| Zip Code 20002-4285   | Purpose of Disbursement<br>Travel  | <input type="checkbox"/> Memo Item                       |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D534684</b>                          |
| State: District:  |  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 442.00 |
| <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 46 OF 80                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A. Amtrak**

Full Name (Last, First, Middle Initial)

Mailing Address 60 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4285

Purpose of Disbursement Travel Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 23 / 2016

Amount of Each Disbursement this Period: 141.00

Memo Item

Transaction ID : D535141

**B. Angerholzer Broz Consulting, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 499 S Capitol St SW Ste 422

City Washington State DC Zip Code 20003-4028

Purpose of Disbursement Transportation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 16 / 2016

Amount of Each Disbursement this Period: 15.13

Memo Item

Transaction ID : D534671

**c. Angerholzer Broz Consulting, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 499 S Capitol St SW Ste 422

City Washington State DC Zip Code 20003-4028

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 01 / 2016

Amount of Each Disbursement this Period: 350.00

Memo Item

Transaction ID : D534672

**SUBTOTAL** of Disbursements This Page (optional) ..... 506.13

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

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 47 OF 80                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Angerholzer Broz Consulting, LLC</b>                            |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 01 / 2016</b> |
| Mailing Address 499 S Capitol St SW<br>Ste 422   |  | Amount of Each Disbursement this Period<br><b>3991.22</b>            |
| City Washington State DC Zip Code 20003-4028   | Purpose of Disbursement Lodging  |  |
| Candidate Name   | Category/Type  | <input type="checkbox"/> Memo Item                                   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D534647</b>                                      |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Angerholzer Broz Consulting, LLC</b>                            |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 16 / 2016</b> |
| Mailing Address 499 S Capitol St SW<br>Ste 422   |  | Amount of Each Disbursement this Period<br><b>22.95</b>              |
| City Washington State DC Zip Code 20003-4028   | Purpose of Disbursement Postage  |  |
| Candidate Name   | Category/Type  | <input type="checkbox"/> Memo Item                                   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D534577</b>                                      |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Angerholzer Broz Consulting, LLC</b>                            |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 16 / 2016</b> |
| Mailing Address 499 S Capitol St SW<br>Ste 422   |  | Amount of Each Disbursement this Period<br><b>10.00</b>              |
| City Washington State DC Zip Code 20003-4028   | Purpose of Disbursement Online Storage Fee   |  |
| Candidate Name   | Category/Type  | <input type="checkbox"/> Memo Item                                   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D534590</b>                                      |
| State: District:   |  |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>4024.17</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:<br>(check only one)  | PAGE 48 OF 80 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Angerholzer Broz Consulting, LLC</b>                            |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 01 / 2016</b> |
| Mailing Address 499 S Capitol St SW<br>Ste 422   |  | Amount of Each Disbursement this Period<br><b>41.57</b>              |
| City Washington State DC Zip Code 20003-4028   | Purpose of Disbursement<br>Food and Meals  | <input type="checkbox"/> Memo Item                                   |
| Candidate Name   | Category/Type  | <b>Transaction ID : D534594</b>                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Angerholzer Broz Consulting, LLC</b>                            |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 01 / 2016</b> |
| Mailing Address 499 S Capitol St SW<br>Ste 422   |  | Amount of Each Disbursement this Period<br><b>25.00</b>              |
| City Washington State DC Zip Code 20003-4028   | Purpose of Disbursement<br>Telephone   | <input type="checkbox"/> Memo Item                                   |
| Candidate Name   | Category/Type  | <b>Transaction ID : D534623</b>                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Angerholzer Broz Consulting, LLC</b>                            |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 03 / 2016</b> |
| Mailing Address 499 S Capitol St SW<br>Ste 422   |  | Amount of Each Disbursement this Period<br><b>25.00</b>              |
| City Washington State DC Zip Code 20003-4028   | Purpose of Disbursement<br>Telephone   | <input type="checkbox"/> Memo Item                                   |
| Candidate Name   | Category/Type  | <b>Transaction ID : D534624</b>                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |              |
|---|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>91.57</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 50 OF 80                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Angerholzer Broz Consulting, LLC</b>                            |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 03 / 2016</b> |
| Mailing Address 499 S Capitol St SW<br>Ste 422   |  | Amount of Each Disbursement this Period<br><b>1000.00</b>            |
| City Washington State DC Zip Code 20003-4028   | Purpose of Disbursement Bookkeeping  |  |
| Candidate Name   | Category/Type  | <input type="checkbox"/> Memo Item                                   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D534567</b>                                      |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Angerholzer Broz Consulting, LLC</b>                            |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 16 / 2016</b> |
| Mailing Address 499 S Capitol St SW<br>Ste 422   |  | Amount of Each Disbursement this Period<br><b>1000.00</b>            |
| City Washington State DC Zip Code 20003-4028   | Purpose of Disbursement Bookkeeping  |  |
| Candidate Name   | Category/Type  | <input type="checkbox"/> Memo Item                                   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D534568</b>                                      |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Angerholzer Broz Consulting, LLC</b>                            |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 01 / 2016</b> |
| Mailing Address 499 S Capitol St SW<br>Ste 422   |  | Amount of Each Disbursement this Period<br><b>8500.00</b>            |
| City Washington State DC Zip Code 20003-4028   | Purpose of Disbursement Fundraising Fee  |  |
| Candidate Name   | Category/Type  | <input type="checkbox"/> Memo Item                                   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D534569</b>                                      |
| State: District:   |  |  |

|   |                 |
|---|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>10500.00</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:<br>(check only one)  | PAGE 51 OF 80 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Angerholzer Broz Consulting, LLC</b>                            |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 03 / 2016 |
| Mailing Address 499 S Capitol St SW<br>Ste 422   |  | Amount of Each Disbursement this Period<br>8500.00            |
| City Washington  | State DC   |   |
| Zip Code 20003-4028  | Purpose of Disbursement<br>Fundraising Fee   | <input type="checkbox"/> Memo Item                            |
| Candidate Name   | Category/Type  | <b>Transaction ID : D534570</b>                               |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Angerholzer Broz Consulting, LLC</b>                            |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 16 / 2016 |
| Mailing Address 499 S Capitol St SW<br>Ste 422   |  | Amount of Each Disbursement this Period<br>8500.00            |
| City Washington  | State DC   |   |
| Zip Code 20003-4028  | Purpose of Disbursement<br>Fundraising Fee   | <input type="checkbox"/> Memo Item                            |
| Candidate Name   | Category/Type  | <b>Transaction ID : D534571</b>                               |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Rep Brendan Boyle</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 03 / 2016 |
| Mailing Address 15040 Kelvin Ave.   |  | Amount of Each Disbursement this Period<br>2801.40            |
| City Philadelphia   | State PA   |   |
| Zip Code 19116  | Purpose of Disbursement<br>Travel Reimbursement  | <input type="checkbox"/> Memo Item                            |
| Candidate Name<br><b>Rep Brendan Boyle</b>  | Category/Type  | <b>Transaction ID : D534554</b>                               |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: PA District: 13  |  |   |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 19801.40 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 52 OF 80                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Rep Brendan Boyle</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 03 / 2016</b> |
| Mailing Address 15040 Kelvin Ave.   |  | Amount of Each Disbursement this Period<br><b>210.00</b>             |
| City Philadelphia   | State PA Zip Code 19116  |  |
| Purpose of Disbursement<br>Travel Reimbursement   | Category/Type  | <input type="checkbox"/> Memo Item                                   |
| Candidate Name<br><b>Rep Brendan Boyle</b>  | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D534555</b>                                      |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: PA District: 13   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Rep Brendan Boyle</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 02 / 2016</b> |
| Mailing Address 15040 Kelvin Ave.   |  | Amount of Each Disbursement this Period<br><b>123.20</b>             |
| City Philadelphia   | State PA Zip Code 19116  |  |
| Purpose of Disbursement<br>Reimbursement for Gifts Given  | Category/Type  | <input type="checkbox"/> Memo Item                                   |
| Candidate Name<br><b>Rep Brendan Boyle</b>  | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D534578</b>                                      |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: PA District: 13   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Rep Brendan Boyle</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 25 / 2016</b> |
| Mailing Address 15040 Kelvin Ave.   |  | Amount of Each Disbursement this Period<br><b>80.00</b>              |
| City Philadelphia   | State PA Zip Code 19116  |  |
| Purpose of Disbursement<br>Reimbursement for Tickets Purchased  | Category/Type  | <input type="checkbox"/> Memo Item                                   |
| Candidate Name<br><b>Rep Brendan Boyle</b>  | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D534642</b>                                      |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: PA District: 13   |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>413.20</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 53 OF 80                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. E-Z Pass</b>   |  | Date of Disbursement  |
| Mailing Address 7631 Derry Street   |  | <input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2016"/> |
| City<br>Harrisburg  | State<br>PA  | Zip Code<br>17111   |
| Purpose of Disbursement<br>Automobile Expense   | <input type="text"/>   | Amount of Each Disbursement this Period<br><input type="text" value="105.00"/>                        |
| Candidate Name  | Category/<br>Type  | <input type="checkbox"/> Memo Item  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D534550</b>   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. E-Z Pass</b>   |  | Date of Disbursement  |
| Mailing Address 7631 Derry Street   |  | <input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2016"/> |
| City<br>Harrisburg  | State<br>PA  | Zip Code<br>17111   |
| Purpose of Disbursement<br>Automobile Expense   | <input type="text"/>   | Amount of Each Disbursement this Period<br><input type="text" value="105.00"/>                        |
| Candidate Name  | Category/<br>Type  | <input type="checkbox"/> Memo Item  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D534551</b>   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. E-Z Pass</b>   |  | Date of Disbursement  |
| Mailing Address 7631 Derry Street   |  | <input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2016"/> |
| City<br>Harrisburg  | State<br>PA  | Zip Code<br>17111   |
| Purpose of Disbursement<br>Automobile Expense   | <input type="text"/>   | Amount of Each Disbursement this Period<br><input type="text" value="105.00"/>                        |
| Candidate Name  | Category/<br>Type  | <input type="checkbox"/> Memo Item  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D535117</b>   |
| State: District:  |  |   |

|   |                                     |
|---|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <input type="text" value="315.00"/> |
| <b>TOTAL</b> This Period (last page this line number only)..... | <input type="text"/>                |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 54 OF 80                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Esurance</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 15 / 2016 |
| Mailing Address P.O. Box 6476   |  | Amount of Each Disbursement this Period<br>1132.00            |
| City<br>Carol Stream  | State<br>IL  |   |
| Zip Code<br>60197   | Purpose of Disbursement<br>Campaign Automobile Insurance   | <input type="checkbox"/> Memo Item                            |
| Candidate Name  | Category/Type  | <b>Transaction ID : D534546</b>                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. ExxonMobil</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 08 / 2016 |
| Mailing Address 5959 Las Colinas Boulevard  |  | Amount of Each Disbursement this Period<br>43.20              |
| City<br>Irving  | State<br>TX  |   |
| Zip Code<br>75039   | Purpose of Disbursement<br>Automobile Expense  | <input type="checkbox"/> Memo Item                            |
| Candidate Name  | Category/Type  | <b>Transaction ID : D534548</b>                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. ExxonMobil</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 24 / 2016 |
| Mailing Address 5959 Las Colinas Boulevard  |  | Amount of Each Disbursement this Period<br>29.50              |
| City<br>Irving  | State<br>TX  |   |
| Zip Code<br>75039   | Purpose of Disbursement<br>Automobile Expense  | <input type="checkbox"/> Memo Item                            |
| Candidate Name  | Category/Type  | <b>Transaction ID : D535116</b>                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1204.70 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 55 OF 80                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)  |  | Date of Disbursement                    |
| <b>A. FirstData</b>  |  | M M / D D / Y Y Y Y<br>04 / 04 / 2016   |
| Mailing Address 5565 Glenridge Connector NE<br>Ste 2000  |  | Amount of Each Disbursement this Period |
| City Atlanta   | State GA   | Zip Code 30342-1651                     |
| Purpose of Disbursement<br>Merchant Bank Fees  | Category/Type  |   |
| Candidate Name   | Memo Item <input type="checkbox"/>   |   |
| 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:   | Transaction ID : <b>D535126</b>  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)  |  | Date of Disbursement                    |
| <b>B. FirstData</b>  |  | M M / D D / Y Y Y Y<br>04 / 04 / 2016   |
| Mailing Address 5565 Glenridge Connector NE<br>Ste 2000  |  | Amount of Each Disbursement this Period |
| City Atlanta   | State GA   | Zip Code 30342-1651                     |
| Purpose of Disbursement<br>Merchant Bank Fees  | Category/Type  |   |
| Candidate Name   | Memo Item <input type="checkbox"/>   |   |
| 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:   | Transaction ID : <b>D535127</b>  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)  |  | Date of Disbursement                    |
| <b>C. FirstData</b>  |  | M M / D D / Y Y Y Y<br>04 / 04 / 2016   |
| Mailing Address 5565 Glenridge Connector NE<br>Ste 2000  |  | Amount of Each Disbursement this Period |
| City Atlanta   | State GA   | Zip Code 30342-1651                     |
| Purpose of Disbursement<br>Merchant Bank Fees  | Category/Type  |   |
| Candidate Name   | Memo Item <input type="checkbox"/>   |   |
| 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:   | Transaction ID : <b>D535128</b>  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 450.17 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 56 OF 80                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|   |   |  |      |
|---|---|--|------|
| Full Name (Last, First, Middle Initial)                 |   | Date of Disbursement   |      |
| <b>A. FirstData</b>                                     |   | M M / D D / Y Y Y Y<br>01 / 04 / 2016  |      |
| Mailing Address 5565 Glenridge Connector NE<br>Ste 2000 |   | Amount of Each Disbursement this Period  |      |
| City Atlanta  | State GA  | Zip Code 30342-1651  | 9.73 |
| Purpose of Disbursement<br>Merchant Bank Fees           |   | <input type="checkbox"/> Memo Item   |      |
| Candidate Name  |   | Transaction ID : D534580   |      |
| Office Sought:  | House <input type="checkbox"/><br>Senate <input type="checkbox"/><br>President <input type="checkbox"/> | Disbursement For: 2016   |      |
| State:  | District:   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |      |

|   |   |  |        |
|---|---|--|--------|
| Full Name (Last, First, Middle Initial)                 |   | Date of Disbursement   |        |
| <b>B. FirstData</b>                                     |   | M M / D D / Y Y Y Y<br>01 / 04 / 2016  |        |
| Mailing Address 5565 Glenridge Connector NE<br>Ste 2000 |   | Amount of Each Disbursement this Period  |        |
| City Atlanta  | State GA  | Zip Code 30342-1651  | 299.76 |
| Purpose of Disbursement<br>Merchant Bank Fees           |   | <input type="checkbox"/> Memo Item   |        |
| Candidate Name  |   | Transaction ID : D534581   |        |
| Office Sought:  | House <input type="checkbox"/><br>Senate <input type="checkbox"/><br>President <input type="checkbox"/> | Disbursement For: 2016   |        |
| State:  | District:   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |        |

|   |   |  |        |
|---|---|--|--------|
| Full Name (Last, First, Middle Initial)                 |   | Date of Disbursement   |        |
| <b>C. FirstData</b>                                     |   | M M / D D / Y Y Y Y<br>01 / 04 / 2016  |        |
| Mailing Address 5565 Glenridge Connector NE<br>Ste 2000 |   | Amount of Each Disbursement this Period  |        |
| City Atlanta  | State GA  | Zip Code 30342-1651  | 519.12 |
| Purpose of Disbursement<br>Merchant Bank Fees           |   | <input type="checkbox"/> Memo Item   |        |
| Candidate Name  |   | Transaction ID : D534582   |        |
| Office Sought:  | House <input type="checkbox"/><br>Senate <input type="checkbox"/><br>President <input type="checkbox"/> | Disbursement For: 2016   |        |
| State:  | District:   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |        |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 828.61 |
| <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:<br>(check only one)  | PAGE 57 OF 80 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|   |  |  |  |         |   |     |   |         |    |  |    |  |      |
|---|--|--|--|---------|---|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial)   |  | Date of Disbursement   |  |         |   |     |   |         |    |  |    |  |      |
| <b>A. FirstData</b>   |  | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>03</td> <td></td> <td>2016</td> </tr> </table> |  | M M     | / | D D | / | Y Y Y Y | 02 |  | 03 |  | 2016 |
| M M   | /  | D D  | /  | Y Y Y Y |   |     |   |         |    |  |    |  |      |
| 02  |  | 03   |  | 2016    |   |     |   |         |    |  |    |  |      |
| Mailing Address 5565 Glenridge Connector NE<br>Ste 2000   |  | Amount of Each Disbursement this Period  |  |         |   |     |   |         |    |  |    |  |      |
| City Atlanta  | State GA   | Zip Code 30342-1651  | <table border="1"> <tr> <td>7.30</td> </tr> </table> | 7.30    |   |     |   |         |    |  |    |  |      |
| 7.30  |  |  |  |         |   |     |   |         |    |  |    |  |      |
| Purpose of Disbursement<br>Merchant Bank Fees   | Candidate Name   |  | <input type="checkbox"/> Memo Item                   |         |   |     |   |         |    |  |    |  |      |
| Office Sought:  | Disbursement For: 2016   | Transaction ID : <b>D534583</b>  |  |         |   |     |   |         |    |  |    |  |      |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |  |         |   |     |   |         |    |  |    |  |      |
| State: District:  | Category/Type  |  |  |         |   |     |   |         |    |  |    |  |      |

|   |  |  |  |         |   |     |   |         |    |  |    |  |      |
|---|--|--|--|---------|---|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial)   |  | Date of Disbursement   |  |         |   |     |   |         |    |  |    |  |      |
| <b>B. FirstData</b>   |  | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>03</td> <td></td> <td>2016</td> </tr> </table> |  | M M     | / | D D | / | Y Y Y Y | 02 |  | 03 |  | 2016 |
| M M   | /  | D D  | /  | Y Y Y Y |   |     |   |         |    |  |    |  |      |
| 02  |  | 03   |  | 2016    |   |     |   |         |    |  |    |  |      |
| Mailing Address 5565 Glenridge Connector NE<br>Ste 2000   |  | Amount of Each Disbursement this Period  |  |         |   |     |   |         |    |  |    |  |      |
| City Atlanta  | State GA   | Zip Code 30342-1651  | <table border="1"> <tr> <td>163.50</td> </tr> </table> | 163.50  |   |     |   |         |    |  |    |  |      |
| 163.50  |  |  |  |         |   |     |   |         |    |  |    |  |      |
| Purpose of Disbursement<br>Merchant Bank Fees   | Candidate Name   |  | <input type="checkbox"/> Memo Item                     |         |   |     |   |         |    |  |    |  |      |
| Office Sought:  | Disbursement For: 2016   | Transaction ID : <b>D534584</b>  |  |         |   |     |   |         |    |  |    |  |      |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |  |         |   |     |   |         |    |  |    |  |      |
| State: District:  | Category/Type  |  |  |         |   |     |   |         |    |  |    |  |      |

|   |  |  |  |         |   |     |   |         |    |  |    |  |      |
|---|--|--|--|---------|---|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial)   |  | Date of Disbursement   |  |         |   |     |   |         |    |  |    |  |      |
| <b>C. FirstData</b>   |  | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>03</td> <td></td> <td>2016</td> </tr> </table> |  | M M     | / | D D | / | Y Y Y Y | 02 |  | 03 |  | 2016 |
| M M   | /  | D D  | /  | Y Y Y Y |   |     |   |         |    |  |    |  |      |
| 02  |  | 03   |  | 2016    |   |     |   |         |    |  |    |  |      |
| Mailing Address 5565 Glenridge Connector NE<br>Ste 2000   |  | Amount of Each Disbursement this Period  |  |         |   |     |   |         |    |  |    |  |      |
| City Atlanta  | State GA   | Zip Code 30342-1651  | <table border="1"> <tr> <td>695.52</td> </tr> </table> | 695.52  |   |     |   |         |    |  |    |  |      |
| 695.52  |  |  |  |         |   |     |   |         |    |  |    |  |      |
| Purpose of Disbursement<br>Merchant Bank Fees   | Candidate Name   |  | <input type="checkbox"/> Memo Item                     |         |   |     |   |         |    |  |    |  |      |
| Office Sought:  | Disbursement For: 2016   | Transaction ID : <b>D534585</b>  |  |         |   |     |   |         |    |  |    |  |      |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |  |         |   |     |   |         |    |  |    |  |      |
| State: District:  | Category/Type  |  |  |         |   |     |   |         |    |  |    |  |      |

|   |  |        |
|---|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <table border="1"> <tr> <td>866.32</td> </tr> </table> | 866.32 |
| 866.32  |  |        |
| <b>TOTAL</b> This Period (last page this line number only)..... | <table border="1"> <tr> <td></td> </tr> </table>       |        |
|   |  |        |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 58 OF 80                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)  |  | Date of Disbursement   |  |
| <b>A. FirstData</b>  |  | M M / D D / Y Y Y Y<br>03 / 03 / 2016  |  |
| Mailing Address 5565 Glenridge Connector NE<br>Ste 2000  |  | Amount of Each Disbursement this Period  |  |
| City Atlanta State GA Zip Code 30342-1651  |  | 440.44   |  |
| Purpose of Disbursement<br>Merchant Bank Fees  |  | <input type="checkbox"/> Memo Item   |  |
| Candidate Name   |  | Transaction ID : D534586   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |  | Disbursement For: 2016   |  |
| State: District:   |  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)  |  | Date of Disbursement   |  |
| <b>B. FirstData</b>  |  | M M / D D / Y Y Y Y<br>03 / 03 / 2016  |  |
| Mailing Address 5565 Glenridge Connector NE<br>Ste 2000  |  | Amount of Each Disbursement this Period  |  |
| City Atlanta State GA Zip Code 30342-1651  |  | 132.95   |  |
| Purpose of Disbursement<br>Merchant Bank Fees  |  | <input type="checkbox"/> Memo Item   |  |
| Candidate Name   |  | Transaction ID : D534587   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |  | Disbursement For: 2016   |  |
| State: District:   |  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)  |  | Date of Disbursement   |  |
| <b>C. FirstData</b>  |  | M M / D D / Y Y Y Y<br>03 / 03 / 2016  |  |
| Mailing Address 5565 Glenridge Connector NE<br>Ste 2000  |  | Amount of Each Disbursement this Period  |  |
| City Atlanta State GA Zip Code 30342-1651  |  | 22.25  |  |
| Purpose of Disbursement<br>Merchant Bank Fees  |  | <input type="checkbox"/> Memo Item   |  |
| Candidate Name   |  | Transaction ID : D534588   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |  | Disbursement For: 2016   |  |
| State: District:   |  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 595.64 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 59 OF 80                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Ford Credit</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 19 / 2016 |
| Mailing Address PO Box 542000                                    |  | Amount of Each Disbursement this Period<br>569.00             |
| City Omaha   | State NE Zip Code 68154-8000   |   |
| Purpose of Disbursement<br>Automobile Lease                      | Category/Type  | <input type="checkbox"/> Memo Item                            |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                          | <b>Transaction ID : D534562</b>                               |
| State: District:   | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Ford Credit</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 16 / 2016 |
| Mailing Address PO Box 542000                                    |  | Amount of Each Disbursement this Period<br>569.00             |
| City Omaha   | State NE Zip Code 68154-8000   |   |
| Purpose of Disbursement<br>Automobile Lease                      | Category/Type  | <input type="checkbox"/> Memo Item                            |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                          | <b>Transaction ID : D534563</b>                               |
| State: District:   | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Ford Credit</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 16 / 2016 |
| Mailing Address PO Box 542000                                    |  | Amount of Each Disbursement this Period<br>569.00             |
| City Omaha   | State NE Zip Code 68154-8000   |   |
| Purpose of Disbursement<br>Automobile Lease                      | Category/Type  | <input type="checkbox"/> Memo Item                            |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                          | <b>Transaction ID : D535119</b>                               |
| State: District:   | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1707.00 |
| <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 60 OF 80                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|  |                         |  |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Four Seasons</b>  |                         | Date of Disbursement<br>MM / DD / YYYY<br>02 / 08 / 2016 |
| Mailing Address 10100 Dream Tree Blvd  |                         | Amount of Each Disbursement this Period<br>8527.50       |
| City Orlando   | State FL Zip Code 32836 |  |
| Purpose of Disbursement<br>Travel Deposit  | Candidate Name          | <input type="checkbox"/> Memo Item                       |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                         |  |
| State: District:   | Category/Type           | <b>Transaction ID : D534653</b>                          |

|  |                         |  |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Hotwire.com</b>   |                         | Date of Disbursement<br>MM / DD / YYYY<br>02 / 02 / 2016 |
| Mailing Address 655 Montgomery St Ste 600  |                         | Amount of Each Disbursement this Period<br>289.90        |
| City San Francisco   | State CA Zip Code 94111 |  |
| Purpose of Disbursement<br>Lodging   | Candidate Name          | <input type="checkbox"/> Memo Item                       |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                         |  |
| State: District:   | Category/Type           | <b>Transaction ID : D534650</b>                          |

|  |                         |  |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Huntingdon Valley Country Club</b>                              |                         | Date of Disbursement<br>MM / DD / YYYY<br>01 / 06 / 2016 |
| Mailing Address 2294 Country Club Drive  |                         | Amount of Each Disbursement this Period<br>1259.99       |
| City Huntingdon Valley   | State PA Zip Code 19006 |  |
| Purpose of Disbursement<br>Fundraising Event Catering  | Candidate Name          | <input type="checkbox"/> Memo Item                       |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                         |  |
| State: District:   | Category/Type           | <b>Transaction ID : D534575</b>                          |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 10077.39 |
| <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:<br>(check only one)  | PAGE 61 OF 80 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|  |                         |  |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Hyatt Hotels</b>  |                         | Date of Disbursement<br>MM / DD / YYYY<br>02 / 02 / 2016 |
| Mailing Address 71 S Wacker Dr.  |                         | Amount of Each Disbursement this Period<br>80.00         |
| City Chicago   | State IL Zip Code 60606 |  |
| Purpose of Disbursement<br>Lodging   | Candidate Name          | <input type="checkbox"/> Memo Item                       |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                         |  |
| State: District:   | Category/Type           | <b>Transaction ID : D534648</b>                          |

|  |                         |  |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Hyatt Hotels</b>  |                         | Date of Disbursement<br>MM / DD / YYYY<br>02 / 02 / 2016 |
| Mailing Address 71 S Wacker Dr.  |                         | Amount of Each Disbursement this Period<br>130.00        |
| City Chicago   | State IL Zip Code 60606 |  |
| Purpose of Disbursement<br>Lodging   | Candidate Name          | <input type="checkbox"/> Memo Item                       |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                         |  |
| State: District:   | Category/Type           | <b>Transaction ID : D534649</b>                          |

|  |                         |  |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Hyatt Hotels</b>  |                         | Date of Disbursement<br>MM / DD / YYYY<br>01 / 22 / 2016 |
| Mailing Address 71 S Wacker Dr.  |                         | Amount of Each Disbursement this Period<br>1500.00       |
| City Chicago   | State IL Zip Code 60606 |  |
| Purpose of Disbursement<br>Lodging   | Candidate Name          | <input type="checkbox"/> Memo Item                       |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                         |  |
| State: District:   | Category/Type           | <b>Transaction ID : D534646</b>                          |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1710.00 |
| <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 62 OF 80                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|  |                         |   |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Intuit</b>  |                         | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 12 / 2016 |
| Mailing Address 2632 Marine Way  |                         | Amount of Each Disbursement this Period<br>26.96              |
| City Mountain View   | State CA Zip Code 94043 |   |
| Purpose of Disbursement Tax Documents  | Candidate Name          | <input type="checkbox"/> Memo Item                            |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                         |   |
| State: District:   | Category/Type           | <b>Transaction ID : D534589</b>                               |

|  |                         |   |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Jetblue</b>   |                         | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 04 / 2016 |
| Mailing Address 776 N Terminal Dr  |                         | Amount of Each Disbursement this Period<br>252.25             |
| City Salt Lake City  | State UT Zip Code 84116 |   |
| Purpose of Disbursement Travel   | Candidate Name          | <input type="checkbox"/> Memo Item                            |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                         |   |
| State: District:   | Category/Type           | <b>Transaction ID : D534675</b>                               |

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Michael Lavanga</b>   |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 28 / 2016 |
| Mailing Address 1501 Wilson St   |                              | Amount of Each Disbursement this Period<br>3000.00            |
| City Pottstown   | State PA Zip Code 19464-4459 |   |
| Purpose of Disbursement Field Consultant   | Candidate Name               | <input type="checkbox"/> Memo Item                            |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   | Category/Type                | <b>Transaction ID : D535120</b>                               |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3279.21 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 63 OF 80                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|   |             |                   |  |  |
|---|-------------|-------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. NGP VAN Inc.</b>   |             |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 02 / 2016  |  |
| Mailing Address 1101 15th St. NW  |             |                   | Amount of Each Disbursement this Period<br>700.00  |  |
| City<br>Washington  | State<br>DC | Zip Code<br>20005 | Memo Item <input type="checkbox"/>   |  |
| Purpose of Disbursement<br>Software   |             | Candidate Name    | Transaction ID : <b>D535136</b>  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |             |                   | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State:  | District:   | Category/Type     |  |  |

|   |             |                   |  |  |
|---|-------------|-------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. NGP VAN Inc.</b>   |             |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 02 / 2016  |  |
| Mailing Address 1101 15th St. NW  |             |                   | Amount of Each Disbursement this Period<br>700.00  |  |
| City<br>Washington  | State<br>DC | Zip Code<br>20005 | Memo Item <input type="checkbox"/>   |  |
| Purpose of Disbursement<br>Software   |             | Candidate Name    | Transaction ID : <b>D535137</b>  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |             |                   | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State:  | District:   | Category/Type     |  |  |

|   |             |                   |  |  |
|---|-------------|-------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. NGP VAN Inc.</b>   |             |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 04 / 2016  |  |
| Mailing Address 1101 15th St. NW  |             |                   | Amount of Each Disbursement this Period<br>700.00  |  |
| City<br>Washington  | State<br>DC | Zip Code<br>20005 | Memo Item <input type="checkbox"/>   |  |
| Purpose of Disbursement<br>Software   |             | Candidate Name    | Transaction ID : <b>D534637</b>  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |             |                   | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State:  | District:   | Category/Type     |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2100.00 |
| <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:<br>(check only one)          |                                    | PAGE 64 OF 80                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. NGP VAN Inc.</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 02 / 2016 |
| Mailing Address 1101 15th St. NW  |  | Amount of Each Disbursement this Period<br>700.00        |
| City<br>Washington  | State<br>DC  |  |
| Zip Code<br>20005   | Purpose of Disbursement<br>Software  | <input type="checkbox"/> Memo Item                       |
| Candidate Name  | Category/Type  | <b>Transaction ID : D534638</b>                          |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. NYC Taxi</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 19 / 2016 |
| Mailing Address 3202 Queens Blvd  |  | Amount of Each Disbursement this Period<br>18.96         |
| City<br>Long Island City  | State<br>NY  |  |
| Zip Code<br>11101-2319  | Purpose of Disbursement<br>Transportation  | <input type="checkbox"/> Memo Item                       |
| Candidate Name  | Category/Type  | <b>Transaction ID : D534665</b>                          |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. NYC Taxi</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 19 / 2016 |
| Mailing Address 3202 Queens Blvd  |  | Amount of Each Disbursement this Period<br>17.76         |
| City<br>Long Island City  | State<br>NY  |  |
| Zip Code<br>11101-2319  | Purpose of Disbursement<br>Transportation  | <input type="checkbox"/> Memo Item                       |
| Candidate Name  | Category/Type  | <b>Transaction ID : D534666</b>                          |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 736.72 |
| <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:<br>(check only one)  | PAGE 65 OF 80 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. NYC Taxi</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 22 / 2016 |
| Mailing Address 3202 Queens Blvd  |  | Amount of Each Disbursement this Period<br>21.96         |
| City<br>Long Island City  | State<br>NY  |  |
| Zip Code<br>11101-2319  | Purpose of Disbursement<br>Transportation  | <input type="checkbox"/> Memo Item                       |
| Candidate Name  | Category/<br>Type  | <b>Transaction ID : D534667</b>                          |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. NYC Taxi</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 23 / 2016 |
| Mailing Address 3202 Queens Blvd  |  | Amount of Each Disbursement this Period<br>9.60          |
| City<br>Long Island City  | State<br>NY  |  |
| Zip Code<br>11101-2319  | Purpose of Disbursement<br>Transportation  | <input type="checkbox"/> Memo Item                       |
| Candidate Name  | Category/<br>Type  | <b>Transaction ID : D534668</b>                          |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. NYC Taxi</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 23 / 2016 |
| Mailing Address 3202 Queens Blvd  |  | Amount of Each Disbursement this Period<br>24.10         |
| City<br>Long Island City  | State<br>NY  |  |
| Zip Code<br>11101-2319  | Purpose of Disbursement<br>Transportation  | <input type="checkbox"/> Memo Item                       |
| Candidate Name  | Category/<br>Type  | <b>Transaction ID : D534669</b>                          |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 55.66 |
| <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:<br>(check only one)  | PAGE 66 OF 80 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. NYC Taxi</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 24 / 2016 |
| Mailing Address 3202 Queens Blvd  |  | Amount of Each Disbursement this Period<br>22.25              |
| City<br>Long Island City  | State<br>NY  |   |
| Zip Code<br>11101-2319  | Purpose of Disbursement<br>Transportation  | <input type="checkbox"/> Memo Item                            |
| Candidate Name  | Category/<br>Type  | <b>Transaction ID : D534670</b>                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Paychex, Inc.</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 11 / 2016 |
| Mailing Address 911 Panorama Trl S  |  | Amount of Each Disbursement this Period<br>54.00              |
| City<br>Rochester   | State<br>NY  |   |
| Zip Code<br>14625-2311  | Purpose of Disbursement<br>Payroll Expense   | <input type="checkbox"/> Memo Item                            |
| Candidate Name  | Category/<br>Type  | <b>Transaction ID : D534626</b>                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Paychex, Inc.</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 10 / 2016 |
| Mailing Address 911 Panorama Trl S  |  | Amount of Each Disbursement this Period<br>145.75             |
| City<br>Rochester   | State<br>NY  |   |
| Zip Code<br>14625-2311  | Purpose of Disbursement<br>Payroll Expense   | <input type="checkbox"/> Memo Item                            |
| Candidate Name  | Category/<br>Type  | <b>Transaction ID : D534627</b>                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 222.00 |
| <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:<br>(check only one)          |                                    | PAGE 67 OF 80                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Paychex, Inc.</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 10 / 2016 |
| Mailing Address 911 Panorama Trl S                                 |  | Amount of Each Disbursement this Period<br>54.00         |
| City Rochester   | State NY Zip Code 14625-2311   |  |
| Purpose of Disbursement<br>Payroll Expense                         | Category/Type  | <input type="checkbox"/> Memo Item                       |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                          | <b>Transaction ID : D534628</b>                          |
| State: District:   | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Pennsylvania Democratic Party</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 21 / 2016 |
| Mailing Address 300 N 2nd st   |  | Amount of Each Disbursement this Period<br>2700.00       |
| City Harrisburg  | State PA Zip Code 17101  |  |
| Purpose of Disbursement<br>Contribution In-Kind                                    | Category/Type  | <input type="checkbox"/> Memo Item                       |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                          | <b>Transaction ID : D535937</b><br>* In-Kind Received    |
| State: District:   | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Smith Edwards Dunlap Co.</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 08 / 2016 |
| Mailing Address 2867 E. Allegheny Ave.  |  | Amount of Each Disbursement this Period<br>2937.23       |
| City Philadelphia   | State PA Zip Code 19134  |  |
| Purpose of Disbursement<br>Printing   | Category/Type  | <input type="checkbox"/> Memo Item                       |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                          | <b>Transaction ID : D534619</b>                          |
| State: District:  | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 5691.23 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 68 OF 80                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Sonoma</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 24 / 2016 |
| Mailing Address 223 Pennsylvania Ave SE   |  | Amount of Each Disbursement this Period<br>55.00              |
| City Washington   | State DC   |   |
| Zip Code 20003  | Purpose of Disbursement<br>Fundraiser Catering   | <input type="checkbox"/> Memo Item                            |
| Candidate Name  | Category/Type  | <b>Transaction ID : D535124</b>                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Sonoma</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 24 / 2016 |
| Mailing Address 223 Pennsylvania Ave SE   |  | Amount of Each Disbursement this Period<br>723.90             |
| City Washington   | State DC   |   |
| Zip Code 20003  | Purpose of Disbursement<br>Fundraiser Catering   | <input type="checkbox"/> Memo Item                            |
| Candidate Name  | Category/Type  | <b>Transaction ID : D535125</b>                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Sunoco</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 01 / 2016 |
| Mailing Address P.O. Box 321  |  | Amount of Each Disbursement this Period<br>20.00              |
| City Essington  | State PA   |   |
| Zip Code 19029  | Purpose of Disbursement<br>Automobile Expense  | <input type="checkbox"/> Memo Item                            |
| Candidate Name  | Category/Type  | <b>Transaction ID : D535118</b>                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 798.90 |
| <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:<br>(check only one)          | PAGE 69 OF 80                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Sunoco</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 21 / 2016 |
| Mailing Address P.O. Box 321  |  | Amount of Each Disbursement this Period<br>21.57              |
| City<br>Essington   | State<br>PA  |   |
| Zip Code<br>19029   | Purpose of Disbursement<br>Automobile Expense  | <input type="checkbox"/> Memo Item                            |
| Candidate Name  | Category/<br>Type  | <b>Transaction ID : D535114</b>                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Sunoco</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 21 / 2016 |
| Mailing Address P.O. Box 321  |  | Amount of Each Disbursement this Period<br>5.96               |
| City<br>Essington   | State<br>PA  |   |
| Zip Code<br>19029   | Purpose of Disbursement<br>Automobile Expense  | <input type="checkbox"/> Memo Item                            |
| Candidate Name  | Category/<br>Type  | <b>Transaction ID : D535115</b>                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Sunoco</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 13 / 2016 |
| Mailing Address P.O. Box 321  |  | Amount of Each Disbursement this Period<br>21.35              |
| City<br>Essington   | State<br>PA  |   |
| Zip Code<br>19029   | Purpose of Disbursement<br>Automobile Expense  | <input type="checkbox"/> Memo Item                            |
| Candidate Name  | Category/<br>Type  | <b>Transaction ID : D534549</b>                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 48.88 |
| <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 70 OF 80                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Sunoco</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 29 / 2016 |
| Mailing Address P.O. Box 321  |  | Amount of Each Disbursement this Period<br>19.50              |
| City<br>Essington   | State<br>PA  |   |
| Zip Code<br>19029   | Purpose of Disbursement<br>Automobile Expense  | <input type="checkbox"/> Memo Item                            |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D534558</b>                               |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Sunoco</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 02 / 2016 |
| Mailing Address P.O. Box 321  |  | Amount of Each Disbursement this Period<br>20.35              |
| City<br>Essington   | State<br>PA  |   |
| Zip Code<br>19029   | Purpose of Disbursement<br>Automobile Expense  | <input type="checkbox"/> Memo Item                            |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D534559</b>                               |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Sunoco</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 07 / 2016 |
| Mailing Address P.O. Box 321  |  | Amount of Each Disbursement this Period<br>4.75               |
| City<br>Essington   | State<br>PA  |   |
| Zip Code<br>19029   | Purpose of Disbursement<br>Automobile Expense  | <input type="checkbox"/> Memo Item                            |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D534560</b>                               |
| State: District:  |  |   |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 44.60 |
| <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:<br>(check only one)          |                                    | PAGE 71 OF 80                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Sunoco</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 16 / 2016 |
| Mailing Address P.O. Box 321  |  | Amount of Each Disbursement this Period<br>19.07              |
| City<br>Essington   | State<br>PA  |   |
| Zip Code<br>19029   | Purpose of Disbursement<br>Automobile Expense  | <input type="checkbox"/> Memo Item                            |
| Candidate Name  | Category/Type  | <b>Transaction ID : D534561</b>                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. The Baupost Group, LLC</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 23 / 2016 |
| Mailing Address 10 St. James Ave.<br>Suite 1700   |  | Amount of Each Disbursement this Period<br>445.05             |
| City<br>Boston  | State<br>MA  |   |
| Zip Code<br>02116   | Purpose of Disbursement<br>Fundraiser Catering   | <input type="checkbox"/> Memo Item                            |
| Candidate Name  | Category/Type  | <b>Transaction ID : D535123</b>                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. The Philadelphia Public Record</b>                                       |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 24 / 2016 |
| Mailing Address 1323 S. Broad Street  |  | Amount of Each Disbursement this Period<br>1235.00            |
| City<br>Philadelphia  | State<br>PA  |   |
| Zip Code<br>19147   | Purpose of Disbursement<br>Advertisement   | <input type="checkbox"/> Memo Item                            |
| Candidate Name  | Category/Type  | <b>Transaction ID : D534545</b>                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1699.12 |
| <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:<br>(check only one)          | PAGE 72 OF 80                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|   |  |                                 |   |  |  |
|---|--|---------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. The Ritz Carlton</b>   |  |                                 | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 03 / 2016 |  |  |
| Mailing Address 4445 Willard Avenue, Suite 800  |  |                                 | Amount of Each Disbursement this Period<br>56.60              |  |  |
| City<br>Chevy Chase   | State<br>MD  | Zip Code<br>20815               | Memo Item <input type="checkbox"/>                            |  |  |
| Purpose of Disbursement<br>Lodging  |  | Category/<br>Type               |   |  |  |
| Candidate Name  |  | Transaction ID : <b>D534651</b> |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                 |   |  |  |
| State: District:  |  |                                 |   |  |  |

|   |  |                                 |   |  |  |
|---|--|---------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. The Ritz Carlton</b>   |  |                                 | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 03 / 2016 |  |  |
| Mailing Address 4445 Willard Avenue, Suite 800  |  |                                 | Amount of Each Disbursement this Period<br>24.00              |  |  |
| City<br>Chevy Chase   | State<br>MD  | Zip Code<br>20815               | Memo Item <input type="checkbox"/>                            |  |  |
| Purpose of Disbursement<br>Lodging  |  | Category/<br>Type               |   |  |  |
| Candidate Name  |  | Transaction ID : <b>D534652</b> |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                 |   |  |  |
| State: District:  |  |                                 |   |  |  |

|   |  |                                 |   |  |  |
|---|--|---------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. The Ritz Carlton</b>   |  |                                 | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 09 / 2016 |  |  |
| Mailing Address 4445 Willard Avenue, Suite 800  |  |                                 | Amount of Each Disbursement this Period<br>390.11             |  |  |
| City<br>Chevy Chase   | State<br>MD  | Zip Code<br>20815               | Memo Item <input type="checkbox"/>                            |  |  |
| Purpose of Disbursement<br>Lodging  |  | Category/<br>Type               |   |  |  |
| Candidate Name  |  | Transaction ID : <b>D534656</b> |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                 |   |  |  |
| State: District:  |  |                                 |   |  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 470.71 |
| <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 80                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. The Ritz Carlton</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 09 / 2016</b> |
| Mailing Address <b>4445 Willard Avenue, Suite 800</b>   |   | Amount of Each Disbursement this Period<br><b>5.01</b>               |
| City <b>Chevy Chase</b>   | State <b>MD</b>   | Zip Code <b>20815</b>  |
| Purpose of Disbursement<br><b>Lodging</b>   | Category/Type   |  |
| Candidate Name  | <input type="checkbox"/> Memo Item  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <b>2016</b><br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D534657</b>                                      |
| State: District:  |   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Twenty-First Century Group, Inc.</b>                                     |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 06 / 2016</b> |
| Mailing Address <b>434 New Jersey Ave. SE</b>   |   | Amount of Each Disbursement this Period<br><b>675.00</b>             |
| City <b>Washington</b>  | State <b>DC</b>   | Zip Code <b>20003</b>  |
| Purpose of Disbursement<br><b>Fundraising Catering and Venue</b>  | Category/Type   |  |
| Candidate Name  | <input type="checkbox"/> Memo Item  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <b>2016</b><br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D534576</b>                                      |
| State: District:  |   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon Wireless</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 04 / 2016</b> |
| Mailing Address <b>10000 Roosevelt Blvd #4</b>  |   | Amount of Each Disbursement this Period<br><b>381.44</b>             |
| City <b>Philadelphia</b>  | State <b>PA</b>   | Zip Code <b>19116</b>  |
| Purpose of Disbursement<br><b>Telephone</b>   | Category/Type   |  |
| Candidate Name  | <input type="checkbox"/> Memo Item  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <b>2016</b><br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D534620</b>                                      |
| State: District:  |   |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>1061.45</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:<br>(check only one)          | PAGE 74 OF 80                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|   |  |                                 |  |  |  |
|---|--|---------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon Wireless</b>   |  |                                 | Date of Disbursement<br>MM / DD / YYYY<br>02 / 02 / 2016 |  |  |
| Mailing Address 10000 Roosevelt Blvd #4   |  |                                 | Amount of Each Disbursement this Period<br>196.05        |  |  |
| City<br>Philadelphia  | State<br>PA  | Zip Code<br>19116               | Memo Item <input type="checkbox"/>                       |  |  |
| Purpose of Disbursement<br>Telephone  |  | Category/<br>Type               |  |  |  |
| Candidate Name  |  | Transaction ID : <b>D534621</b> |  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                 |  |  |  |
| State: _____  | District: _____  |                                 |  |  |  |

|   |  |                                 |  |  |  |
|---|--|---------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon Wireless</b>   |  |                                 | Date of Disbursement<br>MM / DD / YYYY<br>03 / 02 / 2016 |  |  |
| Mailing Address 10000 Roosevelt Blvd #4   |  |                                 | Amount of Each Disbursement this Period<br>210.15        |  |  |
| City<br>Philadelphia  | State<br>PA  | Zip Code<br>19116               | Memo Item <input type="checkbox"/>                       |  |  |
| Purpose of Disbursement<br>Telephone  |  | Category/<br>Type               |  |  |  |
| Candidate Name  |  | Transaction ID : <b>D534622</b> |  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                 |  |  |  |
| State: _____  | District: _____  |                                 |  |  |  |

|   |  |                                 |  |  |  |
|---|--|---------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon Wireless</b>   |  |                                 | Date of Disbursement<br>MM / DD / YYYY<br>04 / 04 / 2016 |  |  |
| Mailing Address 10000 Roosevelt Blvd #4   |  |                                 | Amount of Each Disbursement this Period<br>193.85        |  |  |
| City<br>Philadelphia  | State<br>PA  | Zip Code<br>19116               | Memo Item <input type="checkbox"/>                       |  |  |
| Purpose of Disbursement<br>Telephone  |  | Category/<br>Type               |  |  |  |
| Candidate Name  |  | Transaction ID : <b>D535134</b> |  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                 |  |  |  |
| State: _____  | District: _____  |                                 |  |  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 600.05 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 75 OF 80                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Wawa</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 01 / 2016 |
| Mailing Address Red Roof, 260 W. Baltimore Pike   |  | Amount of Each Disbursement this Period<br>18.08              |
| City<br>Media   | State<br>PA  |   |
| Purpose of Disbursement<br>Food and Meals   |  | <input type="checkbox"/> Memo Item                            |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D535130</b>                               |
| State: District:  | Category/<br>Type  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Wawa</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 15 / 2016 |
| Mailing Address Red Roof, 260 W. Baltimore Pike   |  | Amount of Each Disbursement this Period<br>2.27               |
| City<br>Media   | State<br>PA  |   |
| Purpose of Disbursement<br>Automobile Expense   |  | <input type="checkbox"/> Memo Item                            |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D534552</b>                               |
| State: District:  | Category/<br>Type  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Wawa</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 02 / 2016 |
| Mailing Address Red Roof, 260 W. Baltimore Pike   |  | Amount of Each Disbursement this Period<br>19.36              |
| City<br>Media   | State<br>PA  |   |
| Purpose of Disbursement<br>Automobile Expense   |  | <input type="checkbox"/> Memo Item                            |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D534553</b>                               |
| State: District:  | Category/<br>Type  |   |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 39.71 |
| <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:<br>(check only one)          | PAGE 76 OF 80                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Rep Brendan Boyle</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 02 / 2016 |
| Mailing Address 15040 Kelvin Ave.                                      |  | Amount of Each Disbursement this Period<br>78.00              |
| City Philadelphia  | State PA Zip Code 19116  |   |
| Purpose of Disbursement<br>Reimbursement for Transportation            |  | Memo Item <input type="checkbox"/>                            |
| Candidate Name<br><b>Rep Brendan Boyle</b>                             |  |   |
| Office Sought: <input checked="" type="checkbox"/> House               | Disbursement For: 2016   | <b>Transaction ID : D534629</b>                               |
| <input type="checkbox"/> Senate  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |   |
| <input type="checkbox"/> President                                     | <input type="checkbox"/> Other (specify)                                     |   |
| State: PA District: 13   |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Amtrak</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 02 / 2016 |
| Mailing Address 60 Massachusetts Ave NE                     |  | Amount of Each Disbursement this Period<br>78.00              |
| City Washington   | State DC Zip Code 20002-4285   |   |
| Purpose of Disbursement<br>Travel Expense                   |  | Memo Item <input checked="" type="checkbox"/>                 |
| Candidate Name  |  |   |
| Office Sought: <input type="checkbox"/> House               | Disbursement For: 2016   | <b>Transaction ID : D535135</b>                               |
| <input type="checkbox"/> Senate                             | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |   |
| <input type="checkbox"/> President                          | <input type="checkbox"/> Other (specify)                                     |   |
| State: District:  |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Victoria Cram</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 14 / 2016 |
| Mailing Address 9758 Susan Rd                                      |  | Amount of Each Disbursement this Period<br>300.00             |
| City Philadelphia  | State PA Zip Code 19115-2928   |   |
| Purpose of Disbursement<br>Reimbursement for Filing Fee            |  | Memo Item <input type="checkbox"/>                            |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House                      | Disbursement For: 2016   | <b>Transaction ID : D534632</b>                               |
| <input type="checkbox"/> Senate                                    | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |   |
| <input type="checkbox"/> President                                 | <input type="checkbox"/> Other (specify)                                     |   |
| State: District:   |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 378.00 |
| <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:<br>(check only one)          | PAGE 77 OF 80                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|   |  |                     |  |
|---|--|---------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. United States Postal Service</b>   |  |                     | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 14 / 2016                    |
| Mailing Address 3000 Chestnut St  |  |                     | Amount of Each Disbursement this Period<br>71.00                                 |
| City Philadelphia   | State PA   | Zip Code 19104-5003 |  |
| Purpose of Disbursement<br>PO Box Fee   |  | Category/<br>Type   | <input checked="" type="checkbox"/> Memo Item<br><b>Transaction ID : D534633</b> |
| Candidate Name  |  |                     |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                     |  |
| State: District:  |  |                     |  |

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

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

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00     |
| <b>TOTAL</b> This Period (last page this line number only)..... | 73315.39 |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 78 OF 80 |  |  |  |
|   | <input type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input checked="" type="checkbox"/> 19b<br>21 |               |  |  |  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. 42nd Democratic Ward</b> |   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 12 / 2016         |  |  |
| Mailing Address 4831 N 5th Street   |   |  | Amount of Each Disbursement this Period<br>300.00                     |  |  |
| City Philadelphia   | State PA  | Zip Code 19120   | <input type="checkbox"/> Memo Item<br><b>Transaction ID : D534579</b> |  |  |
| Purpose of Disbursement<br>Advertisement                                  |   | Category/Type  |   |  |  |
| Candidate Name  |   |  |   |  |  |
| Office Sought:  | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:  | District:   |  |   |  |  |

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ceasefire PA PAC</b> |   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 04 / 2016         |  |  |
| Mailing Address 111 South Independence Mall East                      |   |  | Amount of Each Disbursement this Period<br>250.00                     |  |  |
| City Philadelphia   | State PA  | Zip Code 19106   | <input type="checkbox"/> Memo Item<br><b>Transaction ID : D534699</b> |  |  |
| Purpose of Disbursement<br>Tickets                                    |   | Category/Type  |   |  |  |
| Candidate Name  |   |  |   |  |  |
| Office Sought:  | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:  | District:   |  |   |  |  |

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Democratic Congressional Campaign Committee</b> |   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 28 / 2016         |  |  |
| Mailing Address 430 S Capitol Street, SE   |   |  | Amount of Each Disbursement this Period<br>20000.00                   |  |  |
| City Washington  | State DC  | Zip Code 20003   | <input type="checkbox"/> Memo Item<br><b>Transaction ID : D535122</b> |  |  |
| Purpose of Disbursement<br>Political Donation  |   | Category/Type  |   |  |  |
| Candidate Name   |   |  |   |  |  |
| Office Sought:   | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:   | District:   |  |   |  |  |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 20550.00 |
| <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:<br>(check only one)  | PAGE 79 OF 80 |
|   | <input type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input checked="" type="checkbox"/> 19b<br>21 |               |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Friends of Kevin Boyle</b>                                      |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 31 / 2016                              |
| Mailing Address 8035 Burholme Ave  |  | Amount of Each Disbursement this Period<br>125000.00<br><input type="checkbox"/> Memo Item |
| City Philadelphia  | State PA   |  |
| Zip Code 19111-1862  | Purpose of Disbursement Nonfederal Political Contribution  | Transaction ID : <b>D535121</b>  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Friends of Kevin Boyle</b>                                      |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 09 / 2016                              |
| Mailing Address 8035 Burholme Ave  |  | Amount of Each Disbursement this Period<br>100000.00<br><input type="checkbox"/> Memo Item |
| City Philadelphia  | State PA   |  |
| Zip Code 19111-1862  | Purpose of Disbursement Nonfederal Political Contribution  | Transaction ID : <b>D534573</b>  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Montgomery County Democratic Women's Leadership Initiative</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 08 / 2016                           |
| Mailing Address PO Box 3   |  | Amount of Each Disbursement this Period<br>250.00<br><input type="checkbox"/> Memo Item |
| City Fort Washington   | State PA   |   |
| Zip Code 19034   | Purpose of Disbursement Donation   | Transaction ID : <b>D534572</b>   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 225250.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |           |

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

|   |                                      |                                    |                                     |   |
|---|--------------------------------------|------------------------------------|-------------------------------------|---|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    | PAGE 80 OF 80                       |   |
|   | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input checked="" type="checkbox"/> 19b<br>21 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. The Congressional Club</b>                                      |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 16 / 2016</b> |
| Mailing Address <b>2001 New Hampshire Ave NW</b>   |   | Amount of Each Disbursement this Period<br><b>500.00</b>             |
| City <b>Washington</b> State <b>DC</b> Zip Code <b>20009</b>   | Category/<br>Type   |  |
| Purpose of Disbursement<br><b>Tickets Purchased</b>  |   | <input type="checkbox"/> Memo Item                                   |
| Candidate Name   | <b>Transaction ID : D534644</b>   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <b>2016</b><br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |   |  |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address  |  | Amount of Each Disbursement this Period     |
| City   | State Zip Code   |   |
| Purpose of Disbursement  | Category/<br>Type  | <input type="checkbox"/> Memo Item          |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><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>246300.00</b> |