

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

BOB BRADY FOR CONGRESS

ADDRESS (number and street) ▼

12518 Chilton Road

Check if different than previously reported. (ACC)

Philadelphia

PA

19154

2. **FEC IDENTIFICATION NUMBER** ▼

C C00333740

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

PA

01

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

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

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ / through / /

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

Type or Print Name of Treasurer Louis J Farinella

Signature of Treasurer Louis J Farinella

[Electronically Filed]

Date

/ /

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
BOB BRADY FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	21650.00	255750.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	21650.00	255750.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	29938.54	148740.69
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	29938.54	148740.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	621301.48	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	5000.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

BOB BRADY FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7650.00	125950.00
(ii) Unitemized.....	500.00	800.00
(iii) TOTAL of contributions from individuals ▶	8150.00	126750.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	13500.00	129000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	21650.00	255750.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	2099.42	3409.87
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	23749.42	259159.87

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	29938.54	148740.69
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	17740.00	68104.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	47678.54	216844.69

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	645230.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	23749.42
25. SUBTOTAL (add Line 23 and Line 24).....	668980.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	47678.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	621301.48

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

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

FOR LINE NUMBER: PAGE 5 OF 33
(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)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Frank J. DiCicco

Mailing Address 1207 South 11th Street

City Philadelphia State PA Zip Code 19147

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

Name of Employer Frank DiCicco Associates Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2015

Transaction ID : SA11AI.10643

Amount of Each Receipt this Period
 Contribution 500.00

B. Full Name (Last, First, Middle Initial)
Terrence Griffith

Mailing Address 906 Marlyn Road

City Philadelphia State PA Zip Code 19151

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

Name of Employer First African Baptist Church Occupation Senior Pastor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2015

Transaction ID : SA11AI.10660

Amount of Each Receipt this Period
 Contribution 250.00

C. Full Name (Last, First, Middle Initial)
JBJM LLC

Mailing Address PO Box 1898

City New York State NY Zip Code 10021

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2015

Transaction ID : SA11AI.10649

Amount of Each Receipt this Period
 Contribution 250.00

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: PAGE 6 OF 33
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. George Marks

Mailing Address 3221 Water Street Road
POB 779

City Worcester State PA Zip Code 19490

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

Name of Employer Self Occupation Architect

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
 08 / 18 / 2015

Transaction ID : SA11Al.10651

Amount of Each Receipt this Period
 Contribution 250.00

B. Full Name (Last, First, Middle Initial)
Sandra A McCrae

Mailing Address 1730 East Willow Grove Avenue

City Laverock State PA Zip Code 19038

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2015

Transaction ID : SA11Al.10641

Amount of Each Receipt this Period
 Contribution 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Anthony Naccarato

Mailing Address 7000 Tulip Street

City Philadelphia State PA Zip Code 19135-2009

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

Name of Employer O'Donnell & Naccarato Occupation Engineer

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
 08 / 18 / 2015

Transaction ID : SA11Al.10644

Amount of Each Receipt this Period
 Contribution 500.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Leonard Oteri

Mailing Address 637 Ferne Blvd.

City Drexel Hill State PA Zip Code 19026

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

Name of Employer Info Requested Occupation Info Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2015

Transaction ID : SA11AI.10657

Amount of Each Receipt this Period
 Contribution 250.00

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

Mailing Address 150 Kingston Road

City Media State PA Zip Code 19063

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

Name of Employer Info Requested Occupation Info Requested
 TN Ward Company Chairman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2015

Transaction ID : SA11AI.10642

Amount of Each Receipt this Period
 Contribution 500.00

C. Full Name (Last, First, Middle Initial)
Theresa Paone

Mailing Address 8610 Thomas Mill Drive

City Philadelphia State PA Zip Code 19128

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

Name of Employer Info Requested Occupation Info Requested
 None Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2015

Transaction ID : SA11AI.10652

Amount of Each Receipt this Period
 Contribution 250.00

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: PAGE 8 OF 33
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. John Parsons

Mailing Address 1057 Almshouse Road

City State Zip Code
Ivyland PA 18974

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

Name of Employer Occupation
BSI Construction LLC President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 18 2015

Transaction ID : SA11AI.10646

Amount of Each Receipt this Period
 400.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Jim Nolan Philadelphia Preservation Grp

Mailing Address 160 North Point Blvd.
Suite 200

City State Zip Code
Lancaster PA 17601

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

Name of Employer Occupation
N/A N/A

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
 08 18 2015

Transaction ID : SA11AI.10645

Amount of Each Receipt this Period
 500.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Rick Sudall Philadelphia Preservation Grp

Mailing Address 160 North Pointe Blvd., Suite 200

City State Zip Code
Lancaster PA 17601

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

Name of Employer Occupation
N/A N/A

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
 08 18 2015

Transaction ID : SA11AI.10647

Amount of Each Receipt this Period
 250.00
 Contribution

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

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

1150.00

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

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

FOR LINE NUMBER: PAGE 9 OF 33
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Roy Rosenberg

Mailing Address 1449 Dolington Road

City State Zip Code
Yardley PA 19067

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

Name of Employer Occupation
Domus Principal

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
 08 / 18 / 2015

Transaction ID : SA11AI.10637

Amount of Each Receipt this Period
 1000.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Bernard Smalley Sr.

Mailing Address 2324 Bryn Mawr Avenue

City State Zip Code
Philadelphia PA 19131

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

Name of Employer Occupation
Anapol Schwartz et al. 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
 08 / 18 / 2015

Transaction ID : SA11AI.10659

Amount of Each Receipt this Period
 250.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Ms Susanne Stone

Mailing Address 711 S. 9th Street

City State Zip Code
Philadelphia PA 19147

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

Name of Employer Occupation
Sherick Project Management Consultant

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
 08 / 18 / 2015

Transaction ID : SA11AI.10654

Amount of Each Receipt this Period
 250.00
 Contribution

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 10 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Emmanuel Vincent

Mailing Address 151 Kirk Drive

City State Zip Code
Huntingdon Valley PA 19006

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

Name of Employer Occupation
Self Employed Self Employed

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
 08 / 18 / 2015

Transaction ID : SA11AI.10655

Amount of Each Receipt this Period
 Contribution 250.00

B. Full Name (Last, First, Middle Initial)
Brian S. Zuckerman

Mailing Address 2525 Crestline Drive

City State Zip Code
Lansdale PA 19446

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

Name of Employer Occupation
Domus Principal

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
 08 / 18 / 2015

Transaction ID : SA11AI.10639

Amount of Each Receipt this Period
 Contribution 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period
 Contribution

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

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

1250.00

7650.00

**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 33
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EXELON CORPORATION POLITICAL ACTION COMMITTEE (EXELONPAC)

Mailing Address 10 South Dearborn Street

City State Zip Code
Chicago IL 60603

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 02 / 2015

Transaction ID : SA11C.10626

Amount of Each Receipt this Period
 5000.00
 Contribution

B. Full Name (Last, First, Middle Initial)
FEDERAL BIPARTISAN VOLUNTARY PUBLIC AFFAIRS COMMITTEE OF THE PNC FINANCIAL SERVICES GROUP,

Mailing Address 249 FIFTH AVE., 21ST FLOOR

City State Zip Code
PITTSBURGH PA 15222

FEC ID number of contributing federal political committee. **C C00186064**

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
 07 / 16 / 2015

Transaction ID : SA11C.10631

Amount of Each Receipt this Period
 1000.00
 Contribution

C. Full Name (Last, First, Middle Initial)
MACHINISTS NON PARTISAN POL LEAGUE OF THE INTL ASSN OF MACHINISTS & AEROSPACE WORKERS

Mailing Address 9000 Machinists Place

City State Zip Code
Upper Marlboro MD 20772

FEC ID number of contributing federal political committee. **C C00002469**

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
 07 / 30 / 2015

Transaction ID : SA11C.10634

Amount of Each Receipt this Period
 5000.00
 Contribution

SUBTOTAL of Receipts This Page (optional)..... 11000.00
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: (check only one)	PAGE 12 OF 33
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 S.W. 8TH STREET

City Bentonville State AR Zip Code 72716

FEC ID number of contributing federal political committee. **C** C00093054

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
 08 / 18 / 2015

Transaction ID : SA11C.10635

Amount of Each Receipt this Period
 Contribution 2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2500.00

13500.00

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

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

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ally Financial

Mailing Address **PO Box 380902**

City **Bloomington** State **MN** Zip Code **55438-0902**

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

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **910.72** _____

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2015

Transaction ID : SA15.10628

Amount of Each Receipt this Period
 _____ **910.72** _____

Security Deposit Refund

B. Full Name (Last, First, Middle Initial)
HILLARY FOR AMERICA

Mailing Address **PO BOX 5256**

City **NEW YORK** State **NY** Zip Code **10185**

FEC ID number of contributing federal political committee. **C C00575795**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **1000.00** _____

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2015

Transaction ID : SA15.10629

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

Refund

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

Mailing Address **PO Box 535230**

City **Pittsburgh** State **PA** Zip Code **15253**

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

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **250.64** _____

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : SA15.10555

Amount of Each Receipt this Period
 _____ **28.46** _____

MM Interest

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

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

_____ **1939.18** _____

_____ _____ _____

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

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

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) PNC Bank		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2015	
Mailing Address PO Box 535230		Transaction ID : SA15.10556	
City Pittsburgh	State PA	Zip Code 15253	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.75	
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 277.39	
MM Interest			

Full Name (Last, First, Middle Initial) PNC Bank		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015	
Mailing Address PO Box 535230		Transaction ID : SA15.10673	
City Pittsburgh	State PA	Zip Code 15253	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.11	
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 301.50	
MM Interest			

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

SUBTOTAL of Receipts This Page (optional).....	50.86
TOTAL This Period (last page this line number only).....	1990.04

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 33		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ally Financial		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2015
Mailing Address PO Box 380902		Amount of Each Disbursement this Period 1148.29 Transaction ID : SB17.10577
City Bloomington	State MN	
Zip Code 55438-0902	Purpose of Disbursement Auto Lease	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) B. Ally Financial		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015
Mailing Address PO Box 380902		Amount of Each Disbursement this Period 1148.29 Transaction ID : SB17.10588
City Bloomington	State MN	
Zip Code 55438-0902	Purpose of Disbursement Auto Lease	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) c. Ally Financial		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address PO Box 380902		Amount of Each Disbursement this Period 1148.29 Transaction ID : SB17.10682
City Bloomington	State MN	
Zip Code 55438-0902	Purpose of Disbursement Auto Lease	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

SUBTOTAL of Disbursements This Page (optional).....	3444.87
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 33			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms Linda August		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address 2401 Pennsylvania Avenue 6B23		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.10567
City Philadelphia State PA Zip Code 19130	Purpose of Disbursement Fundraising Consultant - August 2015	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. Ms Linda August		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2015
Mailing Address 2401 Pennsylvania Avenue 6B23		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.10584
City Philadelphia State PA Zip Code 19130	Purpose of Disbursement Fundraising Consultant - September 2015	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. Ms Linda August		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015
Mailing Address 2401 Pennsylvania Avenue 6B23		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.10674
City Philadelphia State PA Zip Code 19130	Purpose of Disbursement Fundraising Consulting - October 2015	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 33			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. First National Bank VISA		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address PO Box 2557		Amount of Each Disbursement this Period 1009.81 Transaction ID : SB17.10563
City Omaha	State NE Zip Code 68103	
Purpose of Disbursement VISA Payment		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. First National Bank VISA		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2015
Mailing Address PO Box 2557		Amount of Each Disbursement this Period 451.52 Transaction ID : SB17.10581
City Omaha	State NE Zip Code 68103	
Purpose of Disbursement VISA Payment		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. First National Bank VISA		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address PO Box 2557		Amount of Each Disbursement this Period 193.73 Transaction ID : SB17.10593
City Omaha	State NE Zip Code 68103	
Purpose of Disbursement VISA Payment		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	1655.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 33			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GM Financial Leasing		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address 75 Remittance Drive Suite 1738		Amount of Each Disbursement this Period 971.76 Transaction ID : SB17.10564
City Chicago State IL Zip Code 60675-1738	Purpose of Disbursement Auto Lease	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. GM Financial Leasing		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2015
Mailing Address 75 Remittance Drive Suite 1738		Amount of Each Disbursement this Period 971.76 Transaction ID : SB17.10586
City Chicago State IL Zip Code 60675-1738	Purpose of Disbursement Auto Lease	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. GM Financial Leasing		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015
Mailing Address 75 Remittance Drive Suite 1738		Amount of Each Disbursement this Period 971.76 Transaction ID : SB17.10675
City Chicago State IL Zip Code 60675-1738	Purpose of Disbursement Auto Lease	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	2915.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 33			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Main Line Riggins		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2015
Mailing Address 1435 City Ave		Amount of Each Disbursement this Period 127.86
City Wynnewood	State PA	
Zip Code 19096	Purpose of Disbursement Fuel	Transaction ID : SB17.10618
Candidate Name BOB BRADY FOR CONGRESS	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	[MEMO ITEM]
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: PA	District: 01	

Full Name (Last, First, Middle Initial) B. Marlyn Service Garage		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2015
Mailing Address 6560 Haverford Avenue		Amount of Each Disbursement this Period 81.00
City Philadelphia	State PA	
Zip Code 19151	Purpose of Disbursement Auto Repairs	Transaction ID : SB17.10619
Candidate Name BOB BRADY FOR CONGRESS	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	[MEMO ITEM]
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: PA	District: 01	

Full Name (Last, First, Middle Initial) c. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2015
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 50.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Membership Dues	Transaction ID : SB17.10580
Candidate Name BOB BRADY FOR CONGRESS	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: PA	District: 01	

SUBTOTAL of Disbursements This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 33		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2015
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.10587
City Washington State DC Zip Code 20003	Purpose of Disbursement Membership Dues	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.10676
City Washington State DC Zip Code 20003	Purpose of Disbursement Membership Dues	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. New Jersey EZ Pass		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2015
Mailing Address PO Box 52003		Amount of Each Disbursement this Period 420.00 Transaction ID : SB17.10620 [MEMO ITEM]
City Newark State NJ Zip Code 07101-8203	Purpose of Disbursement Tolls	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 33		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. New Jersey EZ Pass		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015
Mailing Address PO Box 52003		Amount of Each Disbursement this Period 338.45 Transaction ID : SB17.10606
City Newark State NJ Zip Code 07101-8203	Purpose of Disbursement Tolls	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. New Jersey EZ Pass		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address PO Box 52003		Amount of Each Disbursement this Period 221.50 Transaction ID : SB17.10589
City Newark State NJ Zip Code 07101-8203	Purpose of Disbursement Tolls	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. OnStar		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address PO Box 1027		Amount of Each Disbursement this Period 111.90 Transaction ID : SB17.10621 [MEMO ITEM]
City Warren State MI Zip Code 48090-1027	Purpose of Disbursement Subscription	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	559.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 33			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Smart Devine		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2015
Mailing Address 1600 Market Street 32nd Floor		Amount of Each Disbursement this Period 992.25 Transaction ID : SB17.10576
City Philadelphia	State PA Zip Code 19103	
Purpose of Disbursement Accounting Services	Category/Type	
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. Smart Devine		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 1600 Market Street 32nd Floor		Amount of Each Disbursement this Period 1543.50 Transaction ID : SB17.10582
City Philadelphia	State PA Zip Code 19103	
Purpose of Disbursement Accounting Services	Category/Type	
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. State Farm Insurance Co.		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2015
Mailing Address One State Farm Drive		Amount of Each Disbursement this Period 961.97 Transaction ID : SB17.10565
City Concordville	State PA Zip Code 19339	
Purpose of Disbursement Auto Insurance	Category/Type	
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	3497.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 33			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. State Farm Insurance Co.		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address One State Farm Drive		Amount of Each Disbursement this Period 750.33 Transaction ID : SB17.10583
City Concordville	State PA	
Purpose of Disbursement Auto Insurance		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 01	

Full Name (Last, First, Middle Initial) B. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 755.95 Transaction ID : SB17.10622 [MEMO ITEM]
City Aberdeen	State MD	
Purpose of Disbursement Fuel		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 01	

Full Name (Last, First, Middle Initial) c. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 35.83 Transaction ID : SB17.10685
City Aberdeen	State MD	
Purpose of Disbursement Fuel		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 01	

SUBTOTAL of Disbursements This Page (optional).....	786.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 33			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sunoco Service Station1		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 52.79 Transaction ID : SB17.10686
City Aberdeen State MD Zip Code 21001	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. Sunoco Service Station 7		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015
Mailing Address 520 JFK Memorial Hwy		Amount of Each Disbursement this Period 59.85 Transaction ID : SB17.10624
City Newark State DE Zip Code 19702	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. The Public Record		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2015
Mailing Address 1323 S Broad Street		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.10566
City Philadelphia State PA Zip Code 19147	Purpose of Disbursement Advertisement	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	452.79
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 33		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. The Public Record		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address 1323 S Broad Street		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.10592
City Philadelphia State PA Zip Code 19147	Purpose of Disbursement Advertisement	
Candidate Name BOB BRADY FOR CONGRESS Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. The Public Record		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2015
Mailing Address 1323 S Broad Street		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.10680
City Philadelphia State PA Zip Code 19147	Purpose of Disbursement Advertisement	
Candidate Name BOB BRADY FOR CONGRESS Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 138.84 Transaction ID : SB17.10557
City Lehigh Valley State PA Zip Code 18002	Purpose of Disbursement Cellular Telephone	
Candidate Name BOB BRADY FOR CONGRESS Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	938.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 33		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 963.56 Transaction ID : SB17.10605
City Lehigh Valley	State PA	
Zip Code 18002	Purpose of Disbursement Telephone Purchase	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 141.21 Transaction ID : SB17.10579
City Lehigh Valley	State PA	
Zip Code 18002	Purpose of Disbursement Cellular Telephone	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) c. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 163.78 Transaction ID : SB17.10594
City Lehigh Valley	State PA	
Zip Code 18002	Purpose of Disbursement Cellular Telephone	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

SUBTOTAL of Disbursements This Page (optional).....	1268.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 151.60 Transaction ID : SB17.10681
City Lehigh Valley	State PA	
Zip Code 18002	Purpose of Disbursement Cellular Telephone	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) B. Wertz Motor Coaches, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address 24 East 9th Street		Amount of Each Disbursement this Period 1190.00 Transaction ID : SB17.10574
City Marcus Hook	State PA	
Zip Code 19061	Purpose of Disbursement 7/29 Trip to Washington DC	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

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

SUBTOTAL of Disbursements This Page (optional).....	1341.60
TOTAL This Period (last page this line number only).....	29010.82

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 33
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Caring Companions for Independence / DogFest Walk 'n Roll		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 286 Middle Island Road		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.10561
City Medford State NY Zip Code 11763	Purpose of Disbursement Donation	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. Committee to Elect Leanne Cruger-Brancky		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2015
Mailing Address PO Box 22		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB21.10570
City Swathmore State PA Zip Code 19081	Purpose of Disbursement Contribution	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) C. Delaware County Democratic Committee		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address PO Box 473		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB21.10591
City Media State PA Zip Code 19063	Purpose of Disbursement Donation	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	7750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 33	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Firm Hope Baptist Church		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2015
Mailing Address 2311-17 E. Auburn Street		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.10578
City Philadelphia	State PA Zip Code 19134	
Purpose of Disbursement Community / Outreach Day Donation		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. FRIENDS OF CHERI BUSTOS		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2015
Mailing Address 1050 17TH ST NW STE 590		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.10568
City WASHINGTON	State DC Zip Code 20036	
Purpose of Disbursement Contribution		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. Friends of Cione Playground		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 2600 Aramingo Ave		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.10679
City Philadelphia	State PA Zip Code 19125	
Purpose of Disbursement Donation		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 33
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KATIE MCGINTY FOR SENATE		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address PO BOX 22447		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.10595
City PHILADELPHIA State PA Zip Code 19110	Purpose of Disbursement Contribution	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. PNC Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 10.00 Transaction ID : SB21.10551
City Pittsburgh State PA Zip Code 15253	Purpose of Disbursement MM Service Charge	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. PNC Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 90.00 Transaction ID : SB21.10558
City Pittsburgh State PA Zip Code 15253	Purpose of Disbursement Service Charge	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	2100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 33
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PNC Bank		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 10.00 Transaction ID : SB21.10552
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement MM Service Charge	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) B. PNC Bank		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 60.00 Transaction ID : SB21.10612
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement Service Charge	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) c. PNC Bank		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 10.00 Transaction ID : SB21.10554
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement MM Service Charge	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 33
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PNC Bank		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 60.00 Transaction ID : SB21.10614
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement Service Charge	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) B. Preservation of Public Service Legal Trust Fund		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address PO Box 30743		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB21.10598
City Philadelphia	State PA	
Zip Code 19104	Purpose of Disbursement Donation	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) c. Variety Club c/o Eric Perry		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address 2950 Potshop Road PO Box 609		Amount of Each Disbursement this Period 750.00 Transaction ID : SB21.10671
City Worcester	State PA	
Zip Code 19490	Purpose of Disbursement 1 Table Comedy Show / Donation	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

SUBTOTAL of Disbursements This Page (optional).....	5810.00
TOTAL This Period (last page this line number only).....	17740.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Democratic Campaign Committee of Philadelphia

Mailing Address 1421 Walnut Street

City State Zip Code
 Philadelphia PA 19102

Nature of Debt (Purpose):
 Loan

Outstanding Balance Beginning This Period **Transaction ID : SD9.4599**
 5000.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 0.00 5000.00

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	5000.00
2) TOTALS This Period (last page this line number only)	5000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	5000.00