

# 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)

41 Cambridge Road



Check if different than previously reported. (ACC)

Broomall

PA

19008

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00333740

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

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

M M /

D D /

Y Y Y Y

in the State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 2017

through

M M /

D D /

Y Y Y Y 2017

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

Amen, Anthony, , ,

Type or Print Name of Treasurer

Amen, Anthony, , ,

Signature of Treasurer

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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))....	40500.00	238176.64
(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)).....	40500.00	238176.64
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	39602.44	232242.54
(b) Total Offsets to Operating Expenditures (from Line 14).....	527.18	527.18
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	39075.26	231715.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	597083.02	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	5000.00	
10. Debts and Obligations Owed <b>BY</b> 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 05/2016)

Write or Type Committee Name

**BOB BRADY FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B 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).....	21500.00	123850.00
(ii) Unitemized .....	0.00	426.64
(iii) TOTAL of contributions from individuals .....	21500.00	124276.64
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	19000.00	113900.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	40500.00	238176.64
<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>	527.18	527.18
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	80.02	498.70
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	41107.20	239202.52

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 32

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	39602.44	232242.54
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 .....	2656.00	22888.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	42258.44	255130.54

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	598234.26
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	41107.20
25. SUBTOTAL (add Line 23 and Line 24).....	639341.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	42258.44
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	597083.02

**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 32  
(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)  
**Arena, Judilyn, , ,**  
 Mailing Address 502 Oak Grove Lane  
 City Wayne State PA Zip Code 19087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Homemaker  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2017  
**Transaction ID : SA11AI.12468**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Barbera, A. Michael, , ,**  
 Mailing Address 9027 Greylock St.  
 City Alexandria State VA Zip Code 22308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Continental Group Occupation Vice President  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2017  
**Transaction ID : SA11AI.12440**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Barbera, A. Michael, , ,**  
 Mailing Address 9027 Greylock St.  
 City Alexandria State VA Zip Code 22308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Continental Group Occupation Vice President  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 25 / 2017  
**Transaction ID : SA11AI.12455**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 3000.00  
**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 6 OF 32  
(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)  
**Ber Express, LLC**

Mailing Address 725 Allen Ave

City Vineland State NJ Zip Code 08360

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

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2017

**Transaction ID : SA11AI.12476**

Amount of Each Receipt this Period  
2500.00

Memo Item  
Contribution - Permissible Funds

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

Mailing Address 502 Oak Grove Lane

City Wayne State PA Zip Code 19087

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

Name of Employer Occupation  
Owner Wanamaker Tickets

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2017

**Transaction ID : SA11AI.12470**

Amount of Each Receipt this Period  
2000.00

Memo Item  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Germroth, David, S, Mr.,**

Mailing Address PO Box 20652

City Alexandria State VA Zip Code 22320

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

Name of Employer Occupation  
PACE Government Relations Consultant

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2017

**Transaction ID : SA11AI.12451**

Amount of Each Receipt this Period  
500.00

Memo Item  
Contribution

**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 7 OF 32  
(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)  
**Innelli, John, , Mr., Esq.**

Mailing Address 8 Valley View Road

City Rose Valley	State PA	Zip Code 19063
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 12 / 2017

**Transaction ID : SA11AI.12438**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

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

Mailing Address 218 Watts Hill Road

City Elgin	State SC	Zip Code 29045
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Transportation Specialist
--------------------------	---

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 27 / 2017

**Transaction ID : SA11AI.12472**

Amount of Each Receipt this Period  
2500.00

Memo Item Contribution

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

Mailing Address 12594 Spiller Lane

City Manassas	State VA	Zip Code 20112
------------------	-------------	-------------------

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

Name of Employer Cornerstone Government Affairs	Occupation Consultant
--	--------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 25 / 2017

**Transaction ID : SA11AI.12453**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 32  
(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)  
**Long, Edward, , Mr.,**

Mailing Address 430 N. Jackson Street

City: Arlington State: VA Zip Code: 22201-1720

FEC ID number of contributing federal political committee: C

Name of Employer: Van Scoyoc Associates, Inc. Occupation: VP

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 07 / 12 / 2017

Transaction ID : SA11AI.12442

Amount of Each Receipt this Period: 500.00

Memo Item Contribution

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

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: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 07 / 12 / 2017

Transaction ID : SA11AI.12439

Amount of Each Receipt this Period: 500.00

Memo Item Contribution

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

Mailing Address 5117 Spruce Avenue

City: Egg Harbor State: NJ Zip Code: 08234

FEC ID number of contributing federal political committee: C

Name of Employer: Self Occupation: Transportation Specialist

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 2500.00

Date of Receipt: 09 / 27 / 2017

Transaction ID : SA11AI.12474

Amount of Each Receipt this Period: 2500.00

Memo Item Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3500.00

**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 9 OF 32  
(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)  
**Palermo, Joseph, , ,**  
 Mailing Address 729 Lippincott Ave  
 City Moorestown State NJ Zip Code 08057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Businessman  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2017  
**Transaction ID : SA11AI.12478**  
 Amount of Each Receipt this Period  
 2700.00  
 Memo Item Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Palermo, Joseph, , ,**  
 Mailing Address 729 Lippincott Ave  
 City Moorestown State NJ Zip Code 08057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Businessman  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2017  
**Transaction ID : SA11AI.12480**  
 Amount of Each Receipt this Period  
 2300.00  
 Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Podesta, Heather, , ,**  
 Mailing Address 2107 Wyoming Ave NW  
 City Washington State DC Zip Code 20008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Invariant LLC Occupation Government Affairs Representative  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2017  
**Transaction ID : SA11AI.12445**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item Contribution

**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 10 OF 32  
(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)  
Sugrue, Patrick, Howard, ,

Mailing Address 525 Cinnamon Beach Lane

City: Palm Coast      State: FL      Zip Code: 32137

FEC ID number of contributing federal political committee: C

Name of Employer: Salad Works      Occupation: CEO

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 27 / 2017

Transaction ID : SA11AI.12466

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

**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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	21500.00

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

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

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

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

Mailing Address 1625 L STREET NW

City WASHINGTON	State DC	Zip Code 20036
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FEC ID number of contributing federal political committee. **C** C3000798

Name of Employer	Occupation
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Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2017

**Transaction ID : SA11C.12464**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

Memo Item Contribution

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPY POLITICAL ACTION COMMITTEE (PT-PAC)

Mailing Address 1111 NORTH FAIRFAX ST.

City ALEXANDRIA	State VA	Zip Code 22314
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FEC ID number of contributing federal political committee. **C** C00012880

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

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2017

**Transaction ID : SA11C.12435**

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

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 208 S. Akard Street  
Suite 3521

City Dallas	State TX	Zip Code 75202
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FEC ID number of contributing federal political committee. **C** C00109017

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

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2017

**Transaction ID : SA11C.12437**

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

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 4000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

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

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BOEING COMPANY POLITICAL ACTION COMMITTEE, THE**

Mailing Address 1200 Wilson Blvd

City Arlington	State VA	Zip Code 22209
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00142711

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

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
08 / 09 / 2017

**Transaction ID : SA11C.12456**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

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

Mailing Address 10 South Dearborn Street

City Chicago	State IL	Zip Code 60603
-----------------	-------------	-------------------

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

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

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
07 / 12 / 2017

**Transaction ID : SA11C.12434**

Amount of Each Receipt this Period  
2000.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC PAC)**

Mailing Address 2941 FAIRVIEW PARK DR.  
SUITE 100

City FALLS CHURCH	State VA	Zip Code 22042
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00078451

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

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
07 / 12 / 2017

**Transaction ID : SA11C.12433**

Amount of Each Receipt this Period  
1000.00

Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC PAC)

Mailing Address 2941 FAIRVIEW PARK DR.  
SUITE 100

City FALLS CHURCH	State VA	Zip Code 22042
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00078451

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

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2017

**Transaction ID : SA11C.12452**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

Memo Item Contribution

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

Mailing Address 17 Battery Place

City New York	State NY	Zip Code 10004
------------------	-------------	-------------------

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

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

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2017

**Transaction ID : SA11C.12465**

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

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
L3 TECHNOLOGIES, INC. PAC

Mailing Address 600 THIRD AVENUE

City NEW YORK	State NY	Zip Code 10016
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00338087

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

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2017

**Transaction ID : SA11C.12459**

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

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 8000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

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

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE**

Mailing Address 1550 Crystal Drive  
Suite 300

City Arlington	State VA	Zip Code 22202
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00303024

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

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
08 / 14 / 2017

**Transaction ID : SA11C.12463**

Amount of Each Receipt this Period  

1000.00
---------

Memo Item Contribution

**B.** Full Name (Last, First, Middle Initial)  
**ORBITAL ATK INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1300 WILSON BLVD  
SUITE 1100

City ARLINGTON	State VA	Zip Code 22209
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00250209

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

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
08 / 11 / 2017

**Transaction ID : SA11C.12461**

Amount of Each Receipt this Period  

1000.00
---------

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**TEXTRON INC. POLITICAL ACTION COMMITTEE**

Mailing Address 40 WESTMINSTER STREET

City PROVIDENCE	State RI	Zip Code 02903
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00123612

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

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
07 / 28 / 2017

**Transaction ID : SA11C.12447**

Amount of Each Receipt this Period  

1000.00
---------

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	19000.00

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

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

FOR LINE NUMBER: PAGE 15 OF 32  
(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)  
**State Farm Insurance Co.**

Mailing Address One State Farm Drive

City: Concordville State: PA Zip Code: 19339

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 613.49

Date of Receipt: 08 / 03 / 2017

Transaction ID : SA14.12450

Amount of Each Receipt this Period: 527.18

Memo Item  
Overpayment of Premium

**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:

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:

Amount of Each Receipt this Period:

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	527.18
<b>TOTAL</b> This Period (last page this line number only).....▶	527.18

**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 32	
	<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) <b>A. Alvi's BP Amoco</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2017
Mailing Address 7555 City Line Ave		FEC Identification Number C C00333740
City Philadelphia	State PA	Zip Code 19151
Purpose of Disbursement Fuel		Amount of Each Disbursement this Period 35.43
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB17.12375
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Alvi's BP Amoco</b>		Date of Disbursement MM / DD / YYYY 09 / 06 / 2017
Mailing Address 7555 City Line Ave		FEC Identification Number C C00333740
City Philadelphia	State PA	Zip Code 19151
Purpose of Disbursement Fuel		Amount of Each Disbursement this Period 53.91
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB17.12421
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 01	

Full Name (Last, First, Middle Initial) <b>c. August, Linda, , Ms,</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017
Mailing Address 2401 Pennsylvania Avenue 6B23		FEC Identification Number C C00333740
City Philadelphia	State PA	Zip Code 19130
Purpose of Disbursement Fundraising Consulting - July 2017		Amount of Each Disbursement this Period 4000.00
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB17.12338
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4089.34
<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 17 OF 32	
	<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) <b>A. August, Linda, , Ms,</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2017
Mailing Address 2401 Pennsylvania Avenue 6B23		FEC Identification Number C C00333740
City Philadelphia	State PA	Zip Code 19130
Purpose of Disbursement Reimbursement for Washington DC trip expenses		Amount of Each Disbursement this Period 124.38
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB17.12344
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2018	<input type="checkbox"/> 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>B. August, Linda, , Ms,</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2017
Mailing Address 2401 Pennsylvania Avenue 6B23		FEC Identification Number C C00333740
City Philadelphia	State PA	Zip Code 19130
Purpose of Disbursement Fundraising Consulting August 2017		Amount of Each Disbursement this Period 4000.00
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB17.12343
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2018	<input type="checkbox"/> 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>c. August, Linda, , Ms,</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2017
Mailing Address 2401 Pennsylvania Avenue 6B23		FEC Identification Number C C00333740
City Philadelphia	State PA	Zip Code 19130
Purpose of Disbursement Fundraising Consulting September 2017		Amount of Each Disbursement this Period 4000.00
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB17.12371
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2018	<input type="checkbox"/> 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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8124.38
<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 18 OF 32	
	<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) <b>A. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2017
Mailing Address PO Box 15220		FEC Identification Number C C00333740
City Wilmington	State DE	Zip Code 19886
Purpose of Disbursement Auto Loan	Category/Type	Amount of Each Disbursement this Period 1143.00
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.12331
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2017
Mailing Address PO Box 15220		FEC Identification Number C C00333740
City Wilmington	State DE	Zip Code 19886
Purpose of Disbursement Auto Loan	Category/Type	Amount of Each Disbursement this Period 1143.00
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.12347
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>c. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2017
Mailing Address PO Box 15220		FEC Identification Number C C00333740
City Wilmington	State DE	Zip Code 19886
Purpose of Disbursement Auto Loan	Category/Type	Amount of Each Disbursement this Period 1143.00
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.12339
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 01	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3429.00
<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 19 OF 32	
	<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) <b>A. Bittner, George, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2017
Mailing Address 644 South Forklandng Road		FEC Identification Number C C00333740
City Maple Shade	State NJ	Zip Code 08052
Purpose of Disbursement Website Hosting		Amount of Each Disbursement this Period 575.00
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB17.12333
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>B. City &amp; State</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2017
Mailing Address 61 Broadway Suite 2235		FEC Identification Number C C00333740
City New York	State NY	Zip Code 10006
Purpose of Disbursement Advertisement		Amount of Each Disbursement this Period 400.00
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB17.12360
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>c. City &amp; State</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2017
Mailing Address 61 Broadway Suite 2235		FEC Identification Number C C00333740
City New York	State NY	Zip Code 10006
Purpose of Disbursement Advertisement		Amount of Each Disbursement this Period 400.00
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB17.12337
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1375.00
<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 20 OF 32	
	<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) <b>A. DC Treasurer</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2017
Mailing Address PO Box 2014		FEC Identification Number C C00333740
City Washington	State DC	Zip Code 20013
Purpose of Disbursement Traffic Citation		Amount of Each Disbursement this Period 200.00
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Category/ Type	Transaction ID : SB17.12372
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>B. Dilworth Paxson, LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2017
Mailing Address 1500 Market Street Ste 3500E		FEC Identification Number C C00333740
City Philadelphia	State PA	Zip Code 19102-2101
Purpose of Disbursement Legal Fees		Amount of Each Disbursement this Period 1486.50
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Category/ Type	Transaction ID : SB17.12336
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>c. Erickson &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2017
Mailing Address 38 Ivy Street, SE		FEC Identification Number C C00333740
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Catering for Event		Amount of Each Disbursement this Period 710.67
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Category/ Type	Transaction ID : SB17.12351
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2397.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 32	
	<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) <b>A. GM Financial Leasing</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2017
Mailing Address 75 Remittance Drive Suite 1738		FEC Identification Number C C00333740
City Chicago	State IL	Zip Code 60675-1738
Purpose of Disbursement Auto Lease		Amount of Each Disbursement this Period 957.96
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB17.12122
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 01	

Full Name (Last, First, Middle Initial) <b>B. GM Financial Leasing</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2017
Mailing Address 75 Remittance Drive Suite 1738		FEC Identification Number C C00333740
City Chicago	State IL	Zip Code 60675-1738
Purpose of Disbursement Auto Lease		Amount of Each Disbursement this Period 957.96
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB17.12354
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 01	

Full Name (Last, First, Middle Initial) <b>c. GM Financial Leasing</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2017
Mailing Address 75 Remittance Drive Suite 1738		FEC Identification Number C C00333740
City Chicago	State IL	Zip Code 60675-1738
Purpose of Disbursement Auto Lease		Amount of Each Disbursement this Period 957.96
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB17.12373
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2873.88
<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 22 OF 32	
	<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) <b>A. Landhope Farms</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017
Mailing Address 1252 Jacob Tome Memorial Hwy		FEC Identification Number C C00333740
City Port Deposit	State MD	Zip Code 21904
Purpose of Disbursement July Fuel		Amount of Each Disbursement this Period 301.03
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : <b>SB17.12388</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>B. Landhope Farms</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2017
Mailing Address 1252 Jacob Tome Memorial Hwy		FEC Identification Number C C00333740
City Port Deposit	State MD	Zip Code 21904
Purpose of Disbursement September Fuel		Amount of Each Disbursement this Period 139.35
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : <b>SB17.12423</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>c. Lighthouse Pointe Restaurant</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2017
Mailing Address 5101 Shawcrest Road		FEC Identification Number C C00333740
City Wildwood	State NJ	Zip Code 08260
Purpose of Disbursement Meal		Amount of Each Disbursement this Period 316.70
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : <b>SB17.12419</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	757.08
<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 23 OF 32	
	<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) <b>A. Marlyn Service Garage</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2017
Mailing Address 6560 Haverford Avenue		FEC Identification Number C C00333740
City Philadelphia	State PA	Zip Code 19151
Purpose of Disbursement Auto Repair		Amount of Each Disbursement this Period 108.00
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB17.12402
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2018	<input type="checkbox"/> 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>B. New Jersey EZ Pass</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2017
Mailing Address PO Box 52003		FEC Identification Number C C00333740
City Newark	State NJ	Zip Code 07101-8203
Purpose of Disbursement Tolls		Amount of Each Disbursement this Period 300.00
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB17.12381
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2018	<input type="checkbox"/> 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>C. New Jersey EZ Pass</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2017
Mailing Address PO Box 52003		FEC Identification Number C C00333740
City Newark	State NJ	Zip Code 07101-8203
Purpose of Disbursement Tolls		Amount of Each Disbursement this Period 300.00
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB17.12403
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2018	<input type="checkbox"/> 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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	708.00
<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 24 OF 32	
	<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) <b>A. OnStar</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2017
Mailing Address PO Box 1027		FEC Identification Number C C00333740
City Warren	State MI	Zip Code 48090-1027
Purpose of Disbursement Data Plan	Category/ Type	Amount of Each Disbursement this Period 20.00
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : SB17.12406</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. OnStar</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2017
Mailing Address PO Box 1027		FEC Identification Number C C00333740
City Warren	State MI	Zip Code 48090-1027
Purpose of Disbursement Data Plan	Category/ Type	Amount of Each Disbursement this Period 20.00
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : SB17.12422</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>c. Philadelphia Media Network</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2017
Mailing Address 801 Market Street Suite 300		FEC Identification Number C C00333740
City Philadelphia	State PA	Zip Code 19107
Purpose of Disbursement Advertisement	Category/ Type	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : SB17.12348</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 01	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1040.00
<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 25 OF 32	
	<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) <b>A. Post &amp; Schell</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2017
Mailing Address Four Penn Center, 13th Floor 1600 JFK Blvd.		FEC Identification Number C C00333740
City Philadelphia	State PA	Zip Code 19103-2808
Purpose of Disbursement Retainer		Amount of Each Disbursement this Period 10000.00
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB17.12335
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2018	<input type="checkbox"/> 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>B. PTC EZPASS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2017
Mailing Address 300 E. Park Drive		FEC Identification Number C C00333740
City Harrisburg	State PA	Zip Code 17111
Purpose of Disbursement Tolls		Amount of Each Disbursement this Period 70.00
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB17.12430
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2018	<input type="checkbox"/> 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>C. PTC EZPASS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2017
Mailing Address 300 E. Park Drive		FEC Identification Number C C00333740
City Harrisburg	State PA	Zip Code 17111
Purpose of Disbursement Tolls		Amount of Each Disbursement this Period 70.00
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB17.12432
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2018	<input type="checkbox"/> 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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10140.00
<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 26 OF 32	
	<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) <b>A. Sirius XM Satellite Radio</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2017	
Mailing Address PO Box 9001399			FEC Identification Number C C00333740	
City Louisville	State KY	Zip Code 40290-1399	Amount of Each Disbursement this Period 115.62	
Purpose of Disbursement Satellite Radio		Category/Type	Transaction ID : SB17.12383	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <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>B. State Farm Insurance Co.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2017	
Mailing Address One State Farm Drive			FEC Identification Number C C00333740	
City Concordville	State PA	Zip Code 19339	Amount of Each Disbursement this Period 999.80	
Purpose of Disbursement Auto Insurance		Category/Type	Transaction ID : SB17.12341	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <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>c. State Farm Insurance Co.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2017	
Mailing Address One State Farm Drive			FEC Identification Number C C00333740	
City Concordville	State PA	Zip Code 19339	Amount of Each Disbursement this Period 868.24	
Purpose of Disbursement Auto Insurance		Category/Type	Transaction ID : SB17.12369	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: PA District: 01				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1983.66
<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: (check only one)		PAGE 27 OF 32	
	<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) <b>A. Strassheim Graphic Design &amp; Press Corp.</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2017
Mailing Address 333 N. 15th Street		FEC Identification Number C C00333740
City Philadelphia	State PA	Zip Code 19102
Purpose of Disbursement Letterhead and Envelopes		Amount of Each Disbursement this Period 385.56
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB17.12355
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Sunoco Service Station1</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2017
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		FEC Identification Number C C00333740
City Aberdeen	State MD	Zip Code 21001
Purpose of Disbursement Fuel		Amount of Each Disbursement this Period 43.27
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB17.12394
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 01	

Full Name (Last, First, Middle Initial) <b>c. Sunoco Service Station1</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		FEC Identification Number C C00333740
City Aberdeen	State MD	Zip Code 21001
Purpose of Disbursement September Fuel		Amount of Each Disbursement this Period 124.54
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB17.12424
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	553.37
<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 28 OF 32	
	<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) <b>A. Sunoco Service Station 3</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2017	
Mailing Address 8203 West Chester Pike			FEC Identification Number C C00333740	
City Upper Darby	State PA	Zip Code 19082	Amount of Each Disbursement this Period 60.14	
Purpose of Disbursement Fuel		Category/ Type	Transaction ID : SB17.12408	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <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>B. Sunoco Service Station 3</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2017	
Mailing Address 8203 West Chester Pike			FEC Identification Number C C00333740	
City Upper Darby	State PA	Zip Code 19082	Amount of Each Disbursement this Period 74.00	
Purpose of Disbursement Fuel		Category/ Type	Transaction ID : SB17.12431	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <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>c. Upper Darby Wash &amp; Lube</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2017	
Mailing Address 8127 West Chester Pike			FEC Identification Number C C00333740	
City Upper Darby	State PA	Zip Code 19082	Amount of Each Disbursement this Period 81.41	
Purpose of Disbursement Fuel		Category/ Type	Transaction ID : SB17.12405	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: PA District: 01				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	215.55
<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 29 OF 32	
	<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) <b>A. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2017
Mailing Address PO Box 25505		FEC Identification Number C C00333740
City Lehigh Valley	State PA	Zip Code 18002
Purpose of Disbursement Cellular Telephone		Amount of Each Disbursement this Period 140.37
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB17.12330
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2017
Mailing Address PO Box 25505		FEC Identification Number C C00333740
City Lehigh Valley	State PA	Zip Code 18002
Purpose of Disbursement Cellular Telephone		Amount of Each Disbursement this Period 140.40
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB17.12353
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>c. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 09 / 07 / 2017
Mailing Address PO Box 25505		FEC Identification Number C C00333740
City Lehigh Valley	State PA	Zip Code 18002
Purpose of Disbursement Cellular Telephone		Amount of Each Disbursement this Period 140.40
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB17.12340
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	421.17
<b>TOTAL</b> This Period (last page this line number only).....▶	38107.60

**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 32	
	<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) <b>A. Bike to the Beach</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2017
Mailing Address 1626 Locust Street		FEC Identification Number C C00333740
City Philadelphia	State PA	Zip Code 19103
Purpose of Disbursement Donation		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB21.12361
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2018	<input type="checkbox"/> 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>B. Firm Hope Baptist Church</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2017
Mailing Address 2311-17 E. Auburn Street		FEC Identification Number C C00333740
City Philadelphia	State PA	Zip Code 19134
Purpose of Disbursement Advertisement / Donation		Amount of Each Disbursement this Period 500.00
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB21.12342
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2018	<input type="checkbox"/> 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>C. FRIENDS OF CHERI BUSTOS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2017
Mailing Address 1050 17TH ST NW STE 590		FEC Identification Number C C00333740
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : SB21.12363
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2018	<input type="checkbox"/> 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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2500.00
<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 31 OF 32	
	<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) <b>A. PNC Bank</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2017
Mailing Address PO Box 535230		FEC Identification Number C C00333740
City Pittsburgh	State PA	Zip Code 15253
Purpose of Disbursement Service Charge		Amount of Each Disbursement this Period 52.00
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : <b>SB21.12377</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>B. PNC Bank</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2017
Mailing Address PO Box 535230		FEC Identification Number C C00333740
City Pittsburgh	State PA	Zip Code 15253
Purpose of Disbursement Service Charge		Amount of Each Disbursement this Period 52.00
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : <b>SB21.12401</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>C. PNC Bank</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2017
Mailing Address PO Box 535230		FEC Identification Number C C00333740
City Pittsburgh	State PA	Zip Code 15253
Purpose of Disbursement Service Charge		Amount of Each Disbursement this Period 52.00
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Transaction ID : <b>SB21.12418</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	156.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2656.00

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**BOB BRADY FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Democratic Campaign Committee of Philadelphia</b>			Nature of Debt (Purpose): Loan
Mailing Address 1421 Walnut Street			
City Philadelphia	State PA	Zip Code 19102	

Outstanding Balance Beginning This Period 5000.00		Transaction ID : SD9.4599	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5000.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

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

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