



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Fattah For Congress**

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

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 19428.12                | 110244.42                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 19428.12                | 110244.42                          |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 23969.78                | 23969.78                           |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 23969.78                | 23969.78                           |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 7536.91                 |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | -1785.50                |                                    |

**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

**Fattah For Congress**

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

| <b>I. RECEIPTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>  |                                       |  |
| (a) Individuals/Persons Other Than Political Committees  |                                       |  |
| (i) Itemized (use Schedule A).....   | 10150.00                              | 98900.00                                   |
| (ii) Unitemized.....   | 3338.00                               | 5404.30                                    |
| (iii) TOTAL of contributions from individuals ▶  | 13488.00                              | 104304.30                                  |
| (b) Political Party Committees.....  | 0.00                                  | 0.00                                       |
| (c) Other Political Committees (such as PACs).....   | 5940.12                               | 5940.12                                    |
| (d) The Candidate.....   | 0.00                                  | 0.00                                       |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 19428.12                              | 110244.42                                  |
| <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>                                | 0.00                                  | 0.00                                       |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>  | 0.00                                  | 0.00                                       |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 19428.12                              | 110244.42                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 23969.78                      | 23969.78                           |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....  | 60.00                         | 60.00                              |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 24029.78                      | 24029.78                           |

**III. CASH SUMMARY**

|   |          |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 12138.57 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 19428.12 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 31566.69 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 24029.78 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 7536.91  |

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 5 OF 27 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Fattah For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Clarence Armbrister**

Mailing Address 6440 Overbrook Ave

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Philadelphia | State<br>PA | Zip Code<br>19151-2413 |
|----------------------|-------------|------------------------|

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

|  |                             |
|--|-----------------------------|
| Name of Employer<br>Board of City Trusts | Occupation<br>Administrator |
|--|-----------------------------|

Receipt For: 2015  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016

**Transaction ID : VPFC0HAQZQ6**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Patsy Simmons Build America PAC**

Mailing Address 15301 Jamaica Ave  
Ste 535

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Jamaica | State<br>NY | Zip Code<br>11432-3921 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer<br>Political Action Committee | Occupation<br>Political Action Committee |
|--|--|

Receipt For: 2015  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016

**Transaction ID : VPFC0HAYD75**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 440 S Broad St  
# U-1002

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Philadelphia | State<br>PA | Zip Code<br>19146-4901 |
|----------------------|-------------|------------------------|

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

|                                   |                        |
|-----------------------------------|------------------------|
| Name of Employer<br>Kleinbard LLC | Occupation<br>Attorney |
|-----------------------------------|------------------------|

Receipt For: 2015  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2016

**Transaction ID : VPFC0HB1509**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

1750.00

**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 27  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Fattah For Congress**

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

Mailing Address 310 S 16th St

City Philadelphia State PA Zip Code 19102-4907

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

Name of Employer Shechtman Marks Devor PC Occupation CPA

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016

**Transaction ID : VPFC0HAZPE9**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 1410 N Frazier St

City Philadelphia State PA Zip Code 19131-3830

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2016

**Transaction ID : VPFC0J1SMN4**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 309 S Broad St

City Philadelphia State PA Zip Code 19107-5889

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

Name of Employer Universal Companies Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

**Transaction ID : VPFC0HCYVM1**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

2250.00

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 7 OF 27 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Fattah For Congress**

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

Mailing Address 1176 York Ave  
Apt. 2T

City State Zip Code  
New York NY 10065-6322

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

Name of Employer Occupation Information Requested  
Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 10 / 2016

**Transaction ID : VPFC0J1VQ90**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 385 Conestoga Rd

City State Zip Code  
Malvern PA 19355-1019

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

Name of Employer Occupation Information Requested  
Hands From The Heart President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 22 / 2016

**Transaction ID : VPFC0J1VNV0**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 369 Independence Blvd

City State Zip Code  
Lawnside NJ 08045-1033

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

Name of Employer Occupation Information Requested  
GPHA Administrator

Receipt For: 2015  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 22 / 2016

**Transaction ID : VPFC0HCN0K6**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

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 8 OF 27 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Fattah For Congress**

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

Mailing Address 2639 Lenape Rd

City Philadelphia State PA Zip Code 19131-2706

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

Name of Employer Senate of PA Occupation Senator

Receipt For: 2015  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2016

**Transaction ID : VPFC0HCHB00**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 413 W Mermaid Ln

City Philadelphia State PA Zip Code 19118-4203

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

Name of Employer Kleinbard LLC Occupation Attorney

Receipt For: 2015  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2016

**Transaction ID : VPFC0H9E7X1**

Amount of Each Receipt this Period  
400.00

Memo Item

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

Mailing Address 1448 South St Ste 200

City Philadelphia State PA Zip Code 19146-1631

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2016

**Transaction ID : VPFC0J1VQK9**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

1150.00

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 9 OF 27 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Fattah For Congress**

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

Mailing Address 5914 Woodbine Ave

City Philadelphia State PA Zip Code 19131-2223

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

Name of Employer Philadelphia Federation of Teachers Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2016

**Transaction ID : VPFC0HD97Z3**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 10 Woodbine Drive

City Freeport State NY Zip Code 11520

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

Name of Employer Information Requested Occupation Information Requested

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  
 04 / 10 / 2016

**Transaction ID : VPFC0J1VQ58**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 141 Mill Creek Rd

City Ardmore State PA Zip Code 19003-1503

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

Name of Employer Pollard Plastic Surgery Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2016

**Transaction ID : VPFC0HBMWG3**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

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 27 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Fattah For Congress**

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

Mailing Address 99 Ashton St

City Carlisle State PA Zip Code 17015-9137

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

Name of Employer Pepper Hamilton LLP Occupation Attorney

Receipt For: 2015  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2016

**Transaction ID : VPFC0H9NFM9**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address PO Box 220

City Solebury State PA Zip Code 18963-0220

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

Name of Employer Self- Robert S. Taylor- Legal Practice Occupation Attorney

Receipt For: 2015  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2016

**Transaction ID : VPFC0HCPMC3**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Universal Masonic Brotherhood, Inc.**

Mailing Address 1829 N 59th St

City Philadelphia State PA Zip Code 19151-3512

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : VPFC0J1VQF7**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

2000.00

10150.00

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

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

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NAME OF COMMITTEE (In Full)  
**Fattah For Congress**

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 240.12

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 06 / 2016**

**Transaction ID : VPFC0J1VNA5**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 240.12

Memo Item

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

Mailing Address **8000 Utah St**

City **Merrillville** State **IN** Zip Code **46410-6641**

FEC ID number of contributing federal political committee. **C C00386300**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 14 / 2016**

**Transaction ID : VPFC0HAZFB9**

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

Memo Item

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

Mailing Address **5252 W Polk St**

City **Chicago** State **IL** Zip Code **60644-5252**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 19 / 2016**

**Transaction ID : VPFC0HC0Z97**

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

Memo Item

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

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

\_\_\_\_\_ 2240.12

\_\_\_\_\_

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

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

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NAME OF COMMITTEE (In Full)  
**Fattah For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Friends of Blondell Reynolds Brown**

Mailing Address 2408 N 52nd St

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Philadelphia | State<br>PA | Zip Code<br>19131-1409 |
|----------------------|-------------|------------------------|

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2016

**Transaction ID : VPFC0J1SMJ1**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Friends of Blondell Reynolds Brown**

Mailing Address 2408 N 52nd St

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Philadelphia | State<br>PA | Zip Code<br>19131-1409 |
|----------------------|-------------|------------------------|

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

**Transaction ID : VPFC0J1VQE0**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Friends of Cindy Bass**

Mailing Address 6432 Emlen St

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Philadelphia | State<br>PA | Zip Code<br>19119-2708 |
|----------------------|-------------|------------------------|

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : VPFC0J1VQH3**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 13 OF 27  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Fattah For Congress**

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

Mailing Address 901 Market St  
Ste 500

City Philadelphia State PA Zip Code 19107-4496

FEC ID number of contributing federal political committee. **C** C00387043

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2016

**Transaction ID : VPFC0J1SMK8**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 1325 Massachusetts Ave NW

City Washington State DC Zip Code 20005-4171

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2016

**Transaction ID : VPFC0J1VNE7**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 35 E Gay St  
Ste 248

City Columbus State OH Zip Code 43215-8128

FEC ID number of contributing federal political committee. **C** C00545236

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2016

**Transaction ID : VPFC0HC0ZD9**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

2200.00

5940.12

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 14 OF 27                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Fattah For Congress**

|   |  |                               |  |  |
|---|--|-------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. 36th Ward Democratic Committee</b>                                       |  |                               | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 13 / 2016</b> |  |
| Mailing Address <b>1604 Point Breeze Ave</b>  |  |                               | Amount of Each Disbursement this Period<br><b>300.00</b>             |  |
| City<br><b>Philadelphia</b>   | State<br><b>PA</b>   | Zip Code<br><b>19145-1327</b> | <input type="checkbox"/> Memo Item                                   |  |
| Purpose of Disbursement<br><b>Campaign Office Rent</b>  |  | Category/Type<br><b>001</b>   |  |  |
| Candidate Name  |  |                               | <b>Transaction ID : VPECRA2RWV9</b>                                  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                               |  |  |
| State: _____  | District: _____  |                               |  |  |

|   |  |                               |  |  |
|---|--|-------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ally</b>   |  |                               | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 22 / 2016</b> |  |
| Mailing Address <b>PO Box 380901</b>  |  |                               | Amount of Each Disbursement this Period<br><b>1358.50</b>            |  |
| City<br><b>Minneapolis</b>  | State<br><b>MN</b>   | Zip Code<br><b>55438-0901</b> | <input type="checkbox"/> Memo Item                                   |  |
| Purpose of Disbursement<br><b>Payment</b>   |  | Category/Type                 |  |  |
| Candidate Name  |  |                               | <b>Transaction ID : VPECRA2S1F5</b>                                  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                               |  |  |
| State: _____  | District: _____  |                               |  |  |

|   |  |                             |  |  |
|---|--|-----------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. BP/Amoco Food Shop</b>   |  |                             | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 30 / 2016</b> |  |
| Mailing Address <b>Ridge &amp; Girard Avenue</b>  |  |                             | Amount of Each Disbursement this Period<br><b>252.22</b>             |  |
| City<br><b>Philadelphia</b>   | State<br><b>PA</b>   | Zip Code<br><b>19102</b>    | <input type="checkbox"/> Memo Item                                   |  |
| Purpose of Disbursement<br><b>April Fuel</b>  |  | Category/Type<br><b>002</b> |  |  |
| Candidate Name  |  |                             | <b>Transaction ID : VPECRA2S1W7</b>                                  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                             |  |  |
| State: _____  | District: _____  |                             |  |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>1910.72</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 15 OF 27                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Fattah For Congress**

|  |   |                      |  |  |
|--|---|----------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Joseph Certaine</b> |   |                      | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 13 / 2016  |  |
| Mailing Address 620 E Durham St                                      |   |                      | Amount of Each Disbursement this Period<br>450.00  |  |
| City Philadelphia  | State PA  | Zip Code 19119-1226  | <input type="checkbox"/> Memo Item   |  |
| Purpose of Disbursement<br>Campaign Consultant                       |   | Category/Type<br>001 | <b>Transaction ID : VPECRA2RWM4</b>  |  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                      | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State:   | District:   |                      |  |  |

|  |   |                      |  |  |
|--|---|----------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Joseph Certaine</b> |   |                      | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 21 / 2016  |  |
| Mailing Address 620 E Durham St                                      |   |                      | Amount of Each Disbursement this Period<br>400.00  |  |
| City Philadelphia  | State PA  | Zip Code 19119-1226  | <input type="checkbox"/> Memo Item   |  |
| Purpose of Disbursement<br>Campaign Consultant                       |   | Category/Type<br>001 | <b>Transaction ID : VPECRA2RWN2</b>  |  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                      | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State:   | District:   |                      |  |  |

|   |   |                      |  |  |
|---|---|----------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Constant Contact</b> |   |                      | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 20 / 2016  |  |
| Mailing Address 1601 Trapelo Rd<br>Ste 329                            |   |                      | Amount of Each Disbursement this Period<br>534.60  |  |
| City Waltham  | State MA  | Zip Code 02451-7357  | <input type="checkbox"/> Memo Item   |  |
| Purpose of Disbursement<br>Emails                                     |   | Category/Type<br>003 | <b>Transaction ID : VPECRA2S197</b>  |  |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                      | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State:  | District:   |                      |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1384.60 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 16 OF 27                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Fattah For Congress**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. GoDaddy</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 30 / 2016 |
| Mailing Address  |   | Amount of Each Disbursement this Period<br>381.20             |
| City<br>Scottsdale   | State<br>AZ   |   |
| Purpose of Disbursement<br>Web services  | Category/<br>Type<br>004  | <input type="checkbox"/> Memo Item                            |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <b>Transaction ID : VPECRA2S258</b>                           |
| Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. FRANKIE HUGHES</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 21 / 2016 |
| Mailing Address 74 E Walnut Ln   |   | Amount of Each Disbursement this Period<br>400.00             |
| City<br>Philadelphia   | State<br>PA   |   |
| Purpose of Disbursement<br>Campaign Consultant   | Category/<br>Type<br>001  | <input type="checkbox"/> Memo Item                            |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <b>Transaction ID : VPECRA2RX15</b>                           |
| Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Kennedy Printing</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 11 / 2016 |
| Mailing Address 5534 Baltimore Ave   |   | Amount of Each Disbursement this Period<br>4000.00            |
| City<br>Philadelphia   | State<br>PA   |   |
| Purpose of Disbursement<br>Campaign Expense  | Category/<br>Type<br>006  | <input type="checkbox"/> Memo Item                            |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <b>Transaction ID : VPECRA2RVK3</b>                           |
| Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 4781.20 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

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

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NAME OF COMMITTEE (In Full)  
**Fattah For Congress**

|  |                 |                              |  |
|--|-----------------|------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Kennedy Printing</b>  |                 |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 18 / 2016                            |
| Mailing Address 5534 Baltimore Ave   |                 |                              | Amount of Each Disbursement this Period<br>1000.00<br><input type="checkbox"/> Memo Item |
| City<br>Philadelphia   | State<br>PA     | Zip Code<br>19143-3195       |  |
| Purpose of Disbursement<br>Campaign Expense  |                 | Candidate Name               | Category/<br>Type<br>006   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                          |                 |                              |  |
| Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                 | Transaction ID : VPECRA2RVS1 |  |
| State: _____   | District: _____ |                              |  |

|  |                 |                              |  |
|--|-----------------|------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Kennedy Printing</b>  |                 |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 19 / 2016                            |
| Mailing Address 5534 Baltimore Ave   |                 |                              | Amount of Each Disbursement this Period<br>2000.00<br><input type="checkbox"/> Memo Item |
| City<br>Philadelphia   | State<br>PA     | Zip Code<br>19143-3195       |  |
| Purpose of Disbursement<br>Campaign Expense  |                 | Candidate Name               | Category/<br>Type<br>006   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                          |                 |                              |  |
| Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                 | Transaction ID : VPECRA2RVW5 |  |
| State: _____   | District: _____ |                              |  |

|  |                 |                              |  |
|--|-----------------|------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Kennedy Printing</b>  |                 |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 21 / 2016                            |
| Mailing Address 5534 Baltimore Ave   |                 |                              | Amount of Each Disbursement this Period<br>2500.00<br><input type="checkbox"/> Memo Item |
| City<br>Philadelphia   | State<br>PA     | Zip Code<br>19143-3195       |  |
| Purpose of Disbursement<br>Campaign Expense  |                 | Candidate Name               | Category/<br>Type<br>006   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                          |                 |                              |  |
| Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                 | Transaction ID : VPECRA2RVZ8 |  |
| State: _____   | District: _____ |                              |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 5500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

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

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NAME OF COMMITTEE (In Full)  
**Fattah For Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Kennedy Printing</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 25 / 2016                                 |
| Mailing Address 5534 Baltimore Ave   |  | Amount of Each Disbursement this Period<br>2000.00<br><input type="checkbox"/> Memo Item |
| City Philadelphia  | State PA   |  |
| Zip Code 19143-3195  | Purpose of Disbursement Posters and flyers   | Transaction ID : VPECRA2S1G3   |
| Candidate Name   | Category/Type 006  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Kennedy Printing</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 26 / 2016                                 |
| Mailing Address 5534 Baltimore Ave   |  | Amount of Each Disbursement this Period<br>5500.00<br><input type="checkbox"/> Memo Item |
| City Philadelphia  | State PA   |  |
| Zip Code 19143-3195  | Purpose of Disbursement Campaign Expense   | Transaction ID : VPECRA2RW14   |
| Candidate Name   | Category/Type 006  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Diane Long</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 29 / 2016                                |
| Mailing Address 4104 Walnut St   |  | Amount of Each Disbursement this Period<br>880.00<br><input type="checkbox"/> Memo Item |
| City Philadelphia  | State PA   |   |
| Zip Code 19104-3511  | Purpose of Disbursement hats   | Transaction ID : VPECRA2RYF8  |
| Candidate Name   | Category/Type 006  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 8380.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

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

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NAME OF COMMITTEE (In Full)  
**Fattah For Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Ring Central Corp</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 21 / 2016 |
| Mailing Address 121 W Trade St<br>Ste 2320  |  | Amount of Each Disbursement this Period<br>246.27             |
| City Charlotte  | State NC   |   |
| Zip Code 28202-2895   | Purpose of Disbursement<br>Phone Service   | <input type="checkbox"/> Memo Item                            |
| Candidate Name  | Category/Type<br>001   | <b>Transaction ID : VPECRA2S1C1</b>                           |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Sun Trust</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 12 / 2016 |
| Mailing Address PO Box 6600   |  | Amount of Each Disbursement this Period<br>127.80             |
| City Hagerstown   | State MD   |   |
| Zip Code 21741-6600   | Purpose of Disbursement<br>Transaction Fees  | <input type="checkbox"/> Memo Item                            |
| Candidate Name  | Category/Type  | <b>Transaction ID : VPECRA2S1M4</b>                           |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Sun Trust</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 11 / 2016 |
| Mailing Address PO Box 6600   |  | Amount of Each Disbursement this Period<br>471.88             |
| City Hagerstown   | State MD   |   |
| Zip Code 21741-6600   | Purpose of Disbursement<br>Transaction Fees  | <input type="checkbox"/> Memo Item                            |
| Candidate Name  | Category/Type  | <b>Transaction ID : VPECRA2S1N2</b>                           |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 845.95 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

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

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

NAME OF COMMITTEE (In Full)  
**Fattah For Congress**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Sun Trust</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 13 / 2016 |
| Mailing Address PO Box 6600                                    |   | Amount of Each Disbursement this Period<br>74.37              |
| City<br>Hagerstown   | State<br>MD   |   |
| Zip Code<br>21741-6600   | Purpose of Disbursement<br>Transaction Fees   | <input type="checkbox"/> Category/<br>Type                    |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| State: District:   |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 31 / 2016 |
| Mailing Address PO Box 8585                                  |   | Amount of Each Disbursement this Period<br>584.72             |
| City<br>Philadelphia   | State<br>PA   |   |
| Zip Code<br>19101-8585                                       | Purpose of Disbursement<br>Wireless Phones  | <input type="checkbox"/> Category/<br>Type                    |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| State: District:   |   |   |

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

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 659.09   |
| <b>TOTAL</b> This Period (last page this line number only)..... | 23461.56 |

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Fattah For Congress**

Transaction ID : **VPFC0B9N9R3L**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
**Chaka Fattah**

Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO Box 30743

City State ZIP Code  
Philadelphia PA 19104-0743

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
3500.00 2000.00 1500.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 01 / D 23 / Y 2015 M 02 / D 28 / Y 2015 none % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

|  |                                |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer               |
| Mailing Address                            | Occupation                     |
| City State ZIP Code                        | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer               |
| Mailing Address                            | Occupation                     |
| City State ZIP Code                        | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer               |
| Mailing Address                            | Occupation                     |
| City State ZIP Code                        | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer               |
| Mailing Address                            | Occupation                     |
| City State ZIP Code                        | Amount Guaranteed Outstanding: |

**SUBTOTALS** This Period This Page (optional)..... ▶ 1500.00

**TOTALS** This Period (last page in this line only)..... ▶

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Fattah For Congress**

Transaction ID : **VPFC0B9N9S0L**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
**Chaka Fattah**

Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO Box 30743

City State ZIP Code  
Philadelphia PA 19104-0743

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
1200.00 1000.00 200.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
M 02 / D 01 / Y 2015 M M / D D / Y none % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

|  |                                |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer               |
| Mailing Address                            | Occupation                     |
| City State ZIP Code                        | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer               |
| Mailing Address                            | Occupation                     |
| City State ZIP Code                        | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer               |
| Mailing Address                            | Occupation                     |
| City State ZIP Code                        | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer               |
| Mailing Address                            | Occupation                     |
| City State ZIP Code                        | Amount Guaranteed Outstanding: |

**SUBTOTALS** This Period This Page (optional)..... ▶ 200.00  
**TOTALS** This Period (last page in this line only)..... ▶ 1700.00

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

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

|   |   |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 23 OF 27   |
|   | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)  
**Fattah For Congress**

|   |   |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Cornerstone Legal Consultants, LLC</b> | Nature of Debt (Purpose):<br>Monthly Database Hosting |
| Mailing Address 4775 League Island Blvd   |   |
| City State Zip Code<br>Philadelphia PA 19112-1220   |   |

|  |                                     |  |
|--|-------------------------------------|--|
| Outstanding Balance Beginning This Period<br>2278.94 | <b>Transaction ID : VPCE89H82P1</b> |  |
| Amount Incurred This Period<br>0.00                  | Payment This Period<br>0.00         | Outstanding Balance at Close of This Period<br>2278.94 |

|  |  |
|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Robert Half Legal</b> | Nature of Debt (Purpose):<br>Legal Staffing Services |
| Mailing Address 12400 Collection Center Dr   |  |
| City State Zip Code<br>Chicago IL 60693-0124   |  |

|   |                                     |   |
|---|-------------------------------------|---|
| Outstanding Balance Beginning This Period<br>15114.34 | <b>Transaction ID : VPCE89H82Q9</b> |   |
| Amount Incurred This Period<br>0.00                   | Payment This Period<br>0.00         | Outstanding Balance at Close of This Period<br>15114.34 |

|   |   |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Ross Legal Practice, LLC</b> | Nature of Debt (Purpose):<br>Legal Fees |
| Mailing Address 1800 John F Kennedy Blvd Ste 1500   |   |
| City State Zip Code<br>Philadelphia PA 19103-7401   |   |

|  |                                     |  |
|--|-------------------------------------|--|
| Outstanding Balance Beginning This Period<br>2254.70 | <b>Transaction ID : VPCE89H82M5</b> |  |
| Amount Incurred This Period<br>0.00                  | Payment This Period<br>0.00         | Outstanding Balance at Close of This Period<br>2254.70 |

|  |          |
|--|----------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....                                       | 19647.98 |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                             |          |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                          |          |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶ |          |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : VPCE89H82P1

Quality check, search, convert, bates and produce documents

Form/Schedule: SD10

Transaction ID: VPCE89H82Q9

Staffing Services to review documents

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : VPCE89H82M5

Reviewing and preparing documents for government review

Form/Schedule:

Transaction ID:

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

|   |   |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 26 OF 27   |
|   | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)  
**Fattah For Congress**

|  |  |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Weaver &amp; Associates, P.C.</b> | Nature of Debt (Purpose):<br>Attorney Fees |
| Mailing Address 1525 Locust St<br>FI 14  |  |
| City State Zip Code<br>Philadelphia PA 19102-3718  |  |

|  |                                     |  |
|--|-------------------------------------|--|
| Outstanding Balance Beginning This Period<br>-23133.48 | <b>Transaction ID : VPCE89H82N3</b> |  |
| Amount Incurred This Period<br>0.00                    | Payment This Period<br>0.00         | Outstanding Balance at Close of This Period<br>-23133.48 |

|  |                           |
|--|---------------------------|
| 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 |                     |   |
| 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 | Nature of Debt (Purpose): |
| Mailing Address  |                           |
| City State Zip Code  |                           |

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

|  |           |
|--|-----------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....                                       | -23133.48 |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                             | -3485.50  |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                          |           |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶ |           |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : VPCE89H82N3

Legal representation to review documents and provide responses

Form/Schedule:

Transaction ID: