

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

Megan for Congress

ADDRESS (number and street)

P.O. Box 6051

Check if different than previously reported. (ACC)

Philadelphia

PA

19114

2. FEC IDENTIFICATION NUMBER ▼

C C00560185

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

PA

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

Type or Print Name of Treasurer Dr. Maria D McColgan

Signature of Treasurer Dr. Maria D McColgan

[Electronically Filed]

Date

/ /

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Megan 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))....	16256.46	17256.46
(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)).....	16256.46	17256.46
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3040.18	3040.18
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3040.18	3040.18
8. Cash on Hand at Close of Reporting Period (from Line 27).....	14216.28	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Megan for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11814.28	12814.28
(ii) Unitemized.....	4442.18	4442.18
(iii) TOTAL of contributions from individuals ▶	16256.46	17256.46
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	16256.46	17256.46
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	16256.46	17256.46

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3040.18	3040.18
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	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3040.18	3040.18

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1000.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	16256.46
25. SUBTOTAL (add Line 23 and Line 24).....	17256.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3040.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	14216.28

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

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)
Megan for Congress

A. Full Name (Last, First, Middle Initial)
Marisa F Baldassano

Mailing Address 828 Creek View Drive

City State Zip Code
Blue Bell PA 19422

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

Name of Employer Occupation
Self MD

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.4221

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Lisa J Burnett

Mailing Address 23 Eton Drive

City State Zip Code
Sewell NJ 08080

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

Name of Employer Occupation
Requested Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11AI.4161

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Christopher K Gleason

Mailing Address P.O. Box 8

City State Zip Code
Johnstown PA 15907

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

Name of Employer Occupation
Arthur J Gallagher Insurance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 27 / 2014

Transaction ID : SA11AI.4138

Amount of Each Receipt this Period
250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)
Megan for Congress

A. Full Name (Last, First, Middle Initial)
Robert A Gleason

Mailing Address 552 Eklud Lane

City Johnstown State PA Zip Code 15905

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

Name of Employer Arthur J Gallagher Occupation Insurance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2014

Transaction ID : SA11AI.4119

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 314 Wickham len Drive

City Richmond State VA Zip Code 23238

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

Name of Employer Biomet Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA11AI.4227

Amount of Each Receipt this Period
 1000.00
 on line contribution

C. Full Name (Last, First, Middle Initial)
Kyle R Jamaitis

Mailing Address 4 Thackery Rd

City hainesport State NJ Zip Code 08036

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

Name of Employer St Jude Medical Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period
 250.00

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

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NAME OF COMMITTEE (In Full)
Megan for Congress

A. Full Name (Last, First, Middle Initial)
Achim Knust

Mailing Address 12 Cricklewood Lane

City Norwalk State CT Zip Code 06851

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2014

Transaction ID : SA11AI.4167

Amount of Each Receipt this Period
2600.00

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

Mailing Address 121 Canterbury Lane

City Blue Bell State PA Zip Code 19422

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

Name of Employer Requested Occupation Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.4145

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Jerome M Levin

Mailing Address 1116 Seagull Park Road

City West Palm Beach State FL Zip Code 33411

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.4209

Amount of Each Receipt this Period
500.00

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

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

3600.00

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

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NAME OF COMMITTEE (In Full)
Megan for Congress

A. Full Name (Last, First, Middle Initial)
Dr. Maria D McColgan

Mailing Address 9640 Wissinoming Street

City Philadelphia State PA Zip Code 19114

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

Name of Employer Tenet Occupation Pediatrician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **208.28**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.4252

Amount of Each Receipt this Period
146.28

In-kind -

B. Full Name (Last, First, Middle Initial)
Dr. Maria D McColgan

Mailing Address 9640 Wissinoming Street

City Philadelphia State PA Zip Code 19114

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

Name of Employer Tenet Occupation Pediatrician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **708.28**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.4242

Amount of Each Receipt this Period
500.00

on-line contributiong

C. Full Name (Last, First, Middle Initial)
Dr. Maria D McColgan

Mailing Address 9640 Wissinoming Street

City Philadelphia State PA Zip Code 19114

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

Name of Employer Tenet Occupation Pediatrician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **726.28**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.4253

Amount of Each Receipt this Period
18.00

In-kind - Telephone

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

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

664.28

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

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NAME OF COMMITTEE (In Full)
Megan for Congress

A. Full Name (Last, First, Middle Initial)
Michael P Meehan

Mailing Address 15051 Trevoese Road

City Philadelphia State PA Zip Code 19116

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

Name of Employer EchertSeamans Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 24 / 2014

Transaction ID : SA11AI.4140

Amount of Each Receipt this Period
250.00

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

Mailing Address 145 N River Road

City Pennsville State NJ Zip Code 08070

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

Name of Employer Requested information Occupation Requested Information

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.4113

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Eric L Solivan

Mailing Address 320 Walnut Street
G4

City Philadelphia State PA Zip Code 19106

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

Name of Employer Requested Occupation Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.4201

Amount of Each Receipt this Period
250.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 11
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Megan for Congress

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

Mailing Address 68 Red Rose Drive

City Levittown State PA Zip Code 19056

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

Name of Employer Requested Occupation Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 26 / 2014

Transaction ID : SA11AI.4177

Amount of Each Receipt this Period
300.00

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

Mailing Address 230 hillair Cir

City White Plains State NY Zip Code 10605

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

Name of Employer Requested Occupation Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 26 / 2014

Transaction ID : SA11AI.4183

Amount of Each Receipt this Period
250.00

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

Mailing Address 428 Oak Drive

City Indiana State PA Zip Code 15701

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

Name of Employer Requested Occupation Requested
 Jack W Drilling CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 12 / 2014

Transaction ID : SA11AI.4240

Amount of Each Receipt this Period
1000.00
 on-line contribution

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

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

1550.00

11814.28

**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 11 OF 11	
	<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)
Megan for Congress

Full Name (Last, First, Middle Initial) A. Philadelphia Cricket Club			Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014	
Mailing Address 415 West Willow Grove Ave			Amount of Each Disbursement this Period 2885.00	
City Philadelphia	State PA	Zip Code 19135	Transaction ID : SB17.4271	
Purpose of Disbursement Fundraiser		Category/ Type 007		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

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

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

SUBTOTAL of Disbursements This Page (optional)	2885.00
TOTAL This Period (last page this line number only)	2885.00