

# 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.   
committee to elect marsicano for congress

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** ▼   
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT

## 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 tammy tammy ondeck

Signature of Treasurer tammy tammy ondeck

**[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								
-----------------	--	--	--	--	--	--	--	--

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**committee to elect marsicano 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))....	450.00	5450.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	450.00	5450.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	26656.71	62666.69
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	26656.71	62666.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	273082.99	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	330299.68	

**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

committee to elect marsicano 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).....	250.00	250.00
(ii) Unitemized.....	200.00	200.00
(iii) TOTAL of contributions from individuals ▶	450.00	450.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	450.00	5450.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	200000.00	330299.68
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	200000.00	330299.68
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)..... ▶	200450.00	335749.68

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	26656.71	62666.69
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	26656.71	62666.69

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	99289.70
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	200450.00
25. SUBTOTAL (add Line 23 and Line 24).....	299739.70
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	26656.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	273082.99

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

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

NAME OF COMMITTEE (In Full)  
**committee to elect marsicano for congress**

**A.** Full Name (Last, First, Middle Initial)  
**James/Jill Bartoli**

Mailing Address 316 Garland St

City Carlisle State PA Zip Code 17013

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

Name of Employer Retired 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 / 08 / 2016**

**Transaction ID : SA11AI.4303**

Amount of Each Receipt this Period  
**250.00**

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

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

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

**250.00**

**250.00**

**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 13
	<input type="checkbox"/> 11a 12 <input checked="" 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)  
**committee to elect marsicano for congress**

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

Mailing Address 1135 Pilot Point

City Hazle Township State PA Zip Code 18202

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**330299.68**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2016**

**Transaction ID : SA13A.4338**

Amount of Each Receipt this Period  
**200000.00**

Memo Item  
 Loan

**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

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

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

**200000.00**

**200000.00**

**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 7 OF 13			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**committee to elect marsicano for congress**

Full Name (Last, First, Middle Initial) <b>A. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016
Mailing Address 216 Center Street		Amount of Each Disbursement this Period 10000.00
City Dupont	State PA Zip Code 18641	
Purpose of Disbursement Advertising	Candidate Name <b>committee to elect marsicano for congress</b>	Memo Item <input type="checkbox"/> <b>Transaction ID : SB17.4322</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 11	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Fenner Productions</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016
Mailing Address 217 S Washington Street		Amount of Each Disbursement this Period 964.00
City Wilke-Barre	State PA Zip Code 18701	
Purpose of Disbursement Advertising	Candidate Name <b>committee to elect marsicano for congress</b>	Memo Item <input type="checkbox"/> <b>Transaction ID : SB17.4310</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 11	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Fenner Productions</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016
Mailing Address 217 S Washington Street		Amount of Each Disbursement this Period 739.00
City Wilke-Barre	State PA Zip Code 18701	
Purpose of Disbursement Advertising	Candidate Name	Memo Item <input type="checkbox"/> <b>Transaction ID : SB17.4311</b>
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11703.00
<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 8 OF 13			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**committee to elect marsicano for congress**

Full Name (Last, First, Middle Initial) <b>A. John Kosko</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2016
Mailing Address 239 Schuhler St		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Memo Item
City Kingston	State PA	
Purpose of Disbursement IT	Candidate Name <b>committee to elect marsicano for congress</b>	Transaction ID : <b>SB17.4330</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 11	

Full Name (Last, First, Middle Initial) <b>B. John Kosko</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2016
Mailing Address 239 Schuhler St		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Memo Item
City Kingston	State PA	
Purpose of Disbursement IT	Candidate Name <b>committee to elect marsicano for congress</b>	Transaction ID : <b>SB17.4331</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 11	

Full Name (Last, First, Middle Initial) <b>C. John Kosko</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2016
Mailing Address 239 Schuhler St		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Memo Item
City Kingston	State PA	
Purpose of Disbursement IT	Candidate Name <b>committee to elect marsicano for congress</b>	Transaction ID : <b>SB17.4332</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 11	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4500.00
<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 9 OF 13			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**committee to elect marsicano for congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement									
<b>A. Pure Buttons</b>		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> <td></td> <td></td> </tr> <tr> <td>04 / 23 / 2016</td> <td></td> <td></td> <td></td> </tr> </table>		M M / D D / Y Y Y Y				04 / 23 / 2016			
M M / D D / Y Y Y Y											
04 / 23 / 2016											
Mailing Address 4930 Chipawa Road		Amount of Each Disbursement this Period									
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Medina</td> <td>OH</td> <td>44256</td> </tr> </table>		City	State	Zip Code	Medina	OH	44256	<table border="1"> <tr> <td>291.34</td> </tr> </table>		291.34	
City	State	Zip Code									
Medina	OH	44256									
291.34											
Purpose of Disbursement Advertising		<input type="checkbox"/> Memo Item									
Candidate Name <b>committee to elect marsicano for congress</b>		Transaction ID : <b>SB17.4321</b>									
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: PA District: 11											

Full Name (Last, First, Middle Initial)		Date of Disbursement									
<b>B. Wgal Tv</b>		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> <td></td> <td></td> </tr> <tr> <td>06 / 26 / 2016</td> <td></td> <td></td> <td></td> </tr> </table>		M M / D D / Y Y Y Y				06 / 26 / 2016			
M M / D D / Y Y Y Y											
06 / 26 / 2016											
Mailing Address PO Box 7127		Amount of Each Disbursement this Period									
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Lancaster</td> <td>PA</td> <td>17573</td> </tr> </table>		City	State	Zip Code	Lancaster	PA	17573	<table border="1"> <tr> <td>5737.50</td> </tr> </table>		5737.50	
City	State	Zip Code									
Lancaster	PA	17573									
5737.50											
Purpose of Disbursement Advertising		<input type="checkbox"/> Memo Item									
Candidate Name <b>committee to elect marsicano for congress</b>		Transaction ID : <b>SB17.4328</b>									
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: PA District: 11											

Full Name (Last, First, Middle Initial)		Date of Disbursement									
<b>C. Wnep Tv</b>		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> <td></td> <td></td> </tr> <tr> <td>05 / 25 / 2016</td> <td></td> <td></td> <td></td> </tr> </table>		M M / D D / Y Y Y Y				05 / 25 / 2016			
M M / D D / Y Y Y Y											
05 / 25 / 2016											
Mailing Address 16 Montage Mpountain RD		Amount of Each Disbursement this Period									
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Moosic</td> <td>PA</td> <td>18507</td> </tr> </table>		City	State	Zip Code	Moosic	PA	18507	<table border="1"> <tr> <td>3951.25</td> </tr> </table>		3951.25	
City	State	Zip Code									
Moosic	PA	18507									
3951.25											
Purpose of Disbursement Advertising		<input type="checkbox"/> Memo Item									
Candidate Name <b>committee to elect marsicano for congress</b>		Transaction ID : <b>SB17.4326</b>									
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: PA District: 11											

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9980.09
<b>TOTAL</b> This Period (last page this line number only).....	26183.09

**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)  
committee to elect marsicano for congress

Transaction ID : SC/10.4145

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

Election: 2016  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
1135 Pilot Point

City State ZIP Code  
Hazle Township PA 18202

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
16000.00 0.00 16000.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
M 05 / D 19 / Y 2015 M M / D D / Y none 0.00 % (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)..... ▶ 16000.00

**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**

NAME OF COMMITTEE (In Full) **committee to elect marsicano for congress** Transaction ID : **SC/10.4144**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
**Michael Marsicano** Election: 2016  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
1135 Pilot Point

City State ZIP Code  
Hazle Township PA 18202

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
--------------------------------------	------------------------------------	--

**TERMS**

Date Incurred: M 09 / D 30 / Y 2015  
Date Due: M / D / Y  
Interest Rate: 0.00 % (apr)  
Secured:  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)..... ▶ 100000.00

**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**

NAME OF COMMITTEE (In Full) **committee to elect marsicano for congress** Transaction ID : **SC/10.4255**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
**Michael Marsicano**  
 Election: 2016  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 1135 Pilot Point  
 City State ZIP Code  
 Hazle Township PA 18202

Original Amount of Loan 14299.68	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 14299.68
-------------------------------------	------------------------------------	---

**TERMS**  
 Date Incurred: M 01 / D 13 / Y 2016  
 Date Due: M / D / Y  
 Interest Rate: % (apr)  
 Secured:  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) ..... ▶ 14299.68  
**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**

NAME OF COMMITTEE (In Full) **committee to elect marsicano for congress** Transaction ID : **SC/10.4338**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>PERSONAL FUNDS</b> <input type="checkbox"/> Memo Item <b>Michael Marsicano</b>	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1135 Pilot Point	

City	State	ZIP Code
Hazle Township	PA	18202

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200000.00	0.00	200000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y 06 / 30 / 2016	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="200000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input type="text" value="330299.68"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	