

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

Citizens for Boyle

ADDRESS (number and street)

499 S. Capitol St. SW

Suite 422

Check if different than previously reported. (ACC)

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

C C00543363

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

PA

13

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

04

26

2016

in the State of

PA

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

01

01

2016

through

04

06

2016

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 Lindsay F. Angerholzer

Signature of Treasurer Lindsay F. Angerholzer

[Electronically Filed]

Date

06

22

2016

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

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Citizens for Boyle

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))....	126775.00	731646.61
(b) Total Contribution Refunds (from Line 20(d))	0.00	1320.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	126775.00	730326.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	74905.39	312591.27
(b) Total Offsets to Operating Expenditures (from Line 14).....	159.00	689.64
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	74746.39	311901.63
8. Cash on Hand at Close of Reporting Period (from Line 27).....	496808.46	
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

Citizens for Boyle

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).....	58550.00	251364.50
(ii) Unitemized.....	2775.00	10851.66
(iii) TOTAL of contributions from individuals ▶	61325.00	262216.16
(b) Political Party Committees.....	2700.00	2708.67
(c) Other Political Committees (such as PACs).....	62750.00	465500.00
(d) The Candidate.....	0.00	1221.78
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	126775.00	731646.61
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.)	159.00	689.64
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	1245.46	2275.59
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	128179.46	734611.84

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	74905.39	312591.27
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	40000.00
(b) Of All Other Loans	0.00	5481.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	45481.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	320.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1320.00
21. OTHER DISBURSEMENTS	246435.00	291161.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	321340.39	650553.27

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	689969.39
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	128179.46
25. SUBTOTAL (add Line 23 and Line 24).....	818148.85
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	321340.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	496808.46

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

Form/Schedule: F3A
Transaction ID :

To Whom it may concern: The errors noted in your letter dated May 19, 2016 have been amended. This was due to a bookkeeping error. The errors have been fixed, and this report has been amended. The committee has instituted procedures to ensure this will not happen again. Thank you for your letter and letting us know about the errors.

Form/Schedule:
Transaction ID:

**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 82
	<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)
Citizens for Boyle

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

Mailing Address 20 Lowell Lane

City State Zip Code
Brookline MA 02445

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

Name of Employer Occupation
Abrams Capital LLC Business Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : C10657073

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 124 I U Willets Rd

City State Zip Code
Old Westbury NY 11568-1521

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

Name of Employer Occupation
NIC Holding Corp. Energy Trading Business

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : C10658523

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 442 E 20th Street
Apt 2D

City State Zip Code
New York NY 10009

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

Name of Employer Occupation
Liazon Corporation Senior Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 20 / 2016

Transaction ID : C10657087

Amount of Each Receipt this Period
1500.00

Memo Item

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

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

6700.00

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

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

FOR LINE NUMBER: PAGE 7 OF 82
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
Gil James Bonwitt

Mailing Address 1472 Presidential Way

City Miami State FL Zip Code 33179

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

Name of Employer Self Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : C10657101

Amount of Each Receipt this Period
 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Francis N. Ciprero

Mailing Address 205 Avondale Dr.

City North Wales State PA Zip Code 19454

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

Name of Employer Pond Lehocky Stern Giordano Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : C10662315

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
James Cuorato Jr

Mailing Address 160 Shelly Ln

City Philadelphia State PA Zip Code 19115-2709

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

Name of Employer Independence Visitor Center Corp. Occupation President & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : C10662384

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).....

1250.00

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

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

FOR LINE NUMBER: PAGE 8 OF 82
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
Jonathan Davis

Mailing Address 76 Fernwood Road

City Chestnut Hill State MA Zip Code 02467

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

Name of Employer The Davis Companies Occupation Business Manager

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
 02 / 26 / 2016

Transaction ID : C10657074

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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

Mailing Address 100 Essex Road

City Chestnut Hill State MA Zip Code 02467

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

Name of Employer Highfields Capital Occupation Investment Analyst

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
 03 / 22 / 2016

Transaction ID : C10657067

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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

Mailing Address 2038 Washington Ave
2052

City Philadelphia State PA Zip Code 19146-2832

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

Name of Employer VJF Enterprises Inc Occupation Principal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : C10662273

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).....

_____ 2500.00

**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 82
	<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)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
Lawrence D. Greenberg

Mailing Address 4 Nottingham Lane

City Weston State MA Zip Code 02493

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

Name of Employer Alydar Capital Occupation Business Manager

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
 02 / 26 / 2016

Transaction ID : C10657075

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 101 Hedgerow Way

City Lansdale State PA Zip Code 19446-5071

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

Name of Employer N/A Occupation volunteer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2016

Transaction ID : C10656739

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 7030 Greene Street

City Philadelphia State PA Zip Code 19119

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

Name of Employer Pond Lehocky Stern Giordano Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : C10662409

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).....

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 82
	<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)
Citizens for Boyle

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

Mailing Address 89 Lynne Cir

City Paoli State PA Zip Code 19301-1026

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

Name of Employer Conrad O'Brien Occupation Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016

Transaction ID : C10662297

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 3417 Sunny View Drive

City Alexandria State VA Zip Code 22309

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

Name of Employer Ridge Policy Group Occupation Partner

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
 02 / 26 / 2016

Transaction ID : C10657076

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 52 Solomon Pierce Rd

City Lexington State MA Zip Code 02420-2534

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

Name of Employer Advisor Perspectives Occupation CEO

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
 03 / 22 / 2016

Transaction ID : C10657064

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 82
	<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)
Citizens for Boyle

A. 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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016

Transaction ID : C10657316

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 14 Highfields

City Wayland State MA Zip Code 01778

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

Name of Employer Highfields Capital Management Occupation Principal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : C10657078

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Daniel J. Jick

Mailing Address 15 Lawrence Road

City Chestnut Hill State MA Zip Code 02467

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

Name of Employer None Occupation Retired

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
 02 / 26 / 2016

Transaction ID : C10657079

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).....

4200.00

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

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

FOR LINE NUMBER: PAGE 12 OF 82
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
Joshua Katzen

Mailing Address 40 Nonantum St

City State Zip Code
Newton MA 02458-2434

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

Name of Employer Self Occupation Real Estate

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
 03 / 22 / 2016

Transaction ID : C10657066

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 2432 Perot St

City State Zip Code
Philadelphia PA 19130-2528

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

Name of Employer Yards Brewing Company Occupation Brewer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : C10662276

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Kevin Dooley Kent

Mailing Address 229 Shawnee Rd

City State Zip Code
Ardmore PA 19003-1724

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

Name of Employer Conrad O'Brien PC Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : C10662277

Amount of Each Receipt this Period
100.00

Memo Item

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

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

1350.00

**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 82
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
Beth S. Klarman

Mailing Address **PO Box 171733**

City **Boston** State **MA** Zip Code **02117**

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

Name of Employer **None** Occupation **Homemaker**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
02 / 26 / 2016

Transaction ID : C10657080

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address **329 Heath Street**

City **Chestnut Hill** State **MA** Zip Code **02467**

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

Name of Employer **The Baupost Group LLC** Occupation **Business Manager**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
02 / 26 / 2016

Transaction ID : C10657081

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address **10769 Jeanes St**

City **Philadelphia** State **PA** Zip Code **19116-3315**

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

Name of Employer **Amerihealth Caritas** Occupation **Sr. Programmer**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1175.00

Date of Receipt
03 / 24 / 2016

Transaction ID : C10657743

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).....

5450.00

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

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

FOR LINE NUMBER: PAGE 14 OF 82
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
Tobias Levkovich

Mailing Address 924 Harvard Ct

City Woodmere State NY Zip Code 11598-1925

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

Name of Employer Citi Occupation Finance

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : C10638069

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item

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

Mailing Address 2547 S Kenmore Ct

City Arlington State VA Zip Code 22206-2372

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

Name of Employer Commonwealth Strategic Partners, LLC Occupation Government Affairs Professional

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
 03 / 24 / 2016

Transaction ID : C10657696

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

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

Mailing Address 3402 Janellen Dr

City Pikesville State MD Zip Code 21208-1807

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

Name of Employer Self Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : C10657641

Amount of Each Receipt this Period
 _____ 1500.00

Memo Item

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

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

_____ 4500.00

**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 15 OF 82
	<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)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
Charles Myers

Mailing Address 281 Country Dr

City Weston State MA Zip Code 02493-1137

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

Name of Employer FMR LLC Occupation Investment Manager

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
 03 / 24 / 2016

Transaction ID : C10657642

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 231 Cheswold Ln

City Haverford State PA Zip Code 19041-1803

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

Name of Employer Origlio Beverage Occupation Dir of Corp Communicatins

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
 01 / 11 / 2016

Transaction ID : C10630405

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 216 Wyncote Rd

City Jenkintown State PA Zip Code 19046-3131

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

Name of Employer self Occupation engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2016

Transaction ID : C10657185

Amount of Each Receipt this Period
100.00

Memo Item

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

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

1600.00

**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 16 OF 82
	<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)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
Keith Pemrick

Mailing Address 1758 U St NW
Apt 1

City Washington State DC Zip Code 20009-1702

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

Name of Employer Commonwealth Strategic Partners, LLC Occupation Managing Partner

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
 03 / 23 / 2016

Transaction ID : C10657289

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 58 Monmouth St

City Brookline State MA Zip Code 02446-5607

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

Name of Employer Highfields Capital Occupation Investment Analyst

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
 03 / 22 / 2016

Transaction ID : C10657063

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1075 Chester Springs Rd

City Phoenixville State PA Zip Code 19460-2116

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

Name of Employer University of Penna Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : C10662284

Amount of Each Receipt this Period
100.00

Memo Item

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

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

2100.00

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

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

FOR LINE NUMBER: PAGE 17 OF 82
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
Anthony Podesta

Mailing Address 1001 G St NW
Ste 1000W

City Washington State DC Zip Code 20001-4522

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

Name of Employer Podesta Group Occupation Chairman

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
03 / 15 / 2016

Transaction ID : C10655484

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Stephen G Pollock Esq

Mailing Address 1818 Market Street
13th Floor

City Philadelphia State PA Zip Code 19103-3638

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

Name of Employer Zarwin Baum Devito Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 24 / 2016

Transaction ID : C10662285

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1147 Ceton Ct.

City Broomall State PA Zip Code 19008

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

Name of Employer Brandywine Insurance Advisors, LLC Occupation 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
03 / 24 / 2016

Transaction ID : C10662286

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).....

1000.00

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

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

FOR LINE NUMBER: PAGE 18 OF 82
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
Noam Roizman

Mailing Address 80 Windermere Dr

City State Zip Code
Blue Bell PA 19422-1448

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

Name of Employer Occupation
Roizman Development Inc. Real Estate Development

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
 03 / 31 / 2016

Transaction ID : C10660089

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Jeffrey H. Rosen

Mailing Address 6000 Island Blvd.
Unit 1401

City State Zip Code
North Miami Beach FL 33160

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

Name of Employer Occupation
Triangle Financial Services, LLC Owner and Chairman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : C10657103

Amount of Each Receipt this Period
1500.00

Memo Item

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

Mailing Address 1343 Ascot PI

City State Zip Code
Philadelphia PA 19116-1501

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2016

Transaction ID : C10657088

Amount of Each Receipt this Period
100.00

Memo Item

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

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

2600.00

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

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

FOR LINE NUMBER: PAGE 19 OF 82
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
Mark Rubin

Mailing Address 197 1st Ave
Ste 300

City State Zip Code
Needham MA 02494-2874

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

Name of Employer Occupation
MARIC, Inc. Business Manager

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
 03 / 22 / 2016

Transaction ID : C10657065

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 20 Stratton Rd

City State Zip Code
Scarsdale NY 10583-7555

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

Name of Employer Occupation
Sentinel Solutions Finance

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : C10638068

Amount of Each Receipt this Period
 2500.00

Memo Item

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

Mailing Address 158 Hillside Ave

City State Zip Code
Englewood NJ 07631-3024

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

Name of Employer Occupation
Roseland Property Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 04 / 2016

Transaction ID : C10629073

Amount of Each Receipt this Period
 750.00

Memo Item

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

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

4250.00

**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 20 OF 82
	<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)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
Matthew K. Sidman

Mailing Address 297 Commonwealth Ave.
Unit 6

City Boston State MA Zip Code 02115

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

Name of Employer Three Bays Capital LP Occupation Chief Investment Officer

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
 02 / 26 / 2016

Transaction ID : C10657084

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1060 Bayhead Dr

City Mamaroneck State NY Zip Code 10543-4701

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

Name of Employer None Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : C10638071

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 1060 Bayhead Dr

City Mamaroneck State NY Zip Code 10543-4701

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

Name of Employer None Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : C10678236

Amount of Each Receipt this Period
2300.00

Memo Item

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

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

6000.00

**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 21 OF 82
	<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)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
Gil Tenzer

Mailing Address 240 E 47th St
Apt 39D

City State Zip Code
New York NY 10017-2140

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

Name of Employer Occupation
Contrarian Capital Management, LLC Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : C10638067

Amount of Each Receipt this Period
 2500.00

Memo Item

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

Mailing Address 2040 NE 198th Ter

City State Zip Code
Miami FL 33179-3132

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

Name of Employer Occupation
Colliers International Real Estate

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
 03 / 07 / 2016

Transaction ID : C10642130

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 9926 Haldeman Ave
Apt A116

City State Zip Code
Philadelphia PA 19115-1629

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

Name of Employer Occupation
Self-Employed Notary Public

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2016

Transaction ID : C10632838

Amount of Each Receipt this Period
 100.00

Memo Item

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

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

3100.00

**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 22 OF 82
	<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)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
Pazuniak Law Office LLC

Mailing Address 1201 N Orange St
Ste 7114

City State Zip Code
Wilmington DE 19801-1155

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
 03 / 24 / 2016

Transaction ID : C10662282

Amount of Each Receipt this Period
250.00

Memo Item

LLC - Members below if itemized. Permissible funds.

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

Mailing Address 1201 N Orange St
Ste 7114

City State Zip Code
Wilmington DE 19801-1155

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

Name of Employer Occupation
Pazuniak Law Office LLC Owner

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
 03 / 24 / 2016

Transaction ID : C10662283

Amount of Each Receipt this Period
250.00

Memo Item

*

C. Full Name (Last, First, Middle Initial)
Obermayer Rebmann Maxwell & Hippel

Mailing Address 1617 John F Kennedy Blvd
Fl 19

City State Zip Code
Philadelphia PA 19103-1833

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016

Transaction ID : C10662304

Amount of Each Receipt this Period
300.00

Memo Item

PARTNERSHIP--partners below if itemized

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

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

550.00

**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 23 OF 82
	<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)
Citizens for Boyle

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

Mailing Address 1617 John F Kennedy Blvd
FI 19

City Philadelphia State PA Zip Code 19103-1833

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

Name of Employer Obermayer Rebmann Maxwell & Hippel LLP Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016

Transaction ID : C10662305

Amount of Each Receipt this Period
300.00

Memo Item

*

B. Full Name (Last, First, Middle Initial)
Obermayer Rebmann Maxwell & Hippel

Mailing Address 1617 John F Kennedy Blvd
FI 19

City Philadelphia State PA Zip Code 19103-1833

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016

Transaction ID : C10662306

Amount of Each Receipt this Period
700.00

Memo Item

PARTNERSHIP--partners below if itemized

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

Mailing Address 1617 John F Kennedy Blvd
FI 19

City Philadelphia State PA Zip Code 19103-1833

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

Name of Employer Obermayer Rebmann Maxwell & Hippel LLP Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016

Transaction ID : C10662307

Amount of Each Receipt this Period
700.00

Memo Item

*

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

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

700.00

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

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

FOR LINE NUMBER: PAGE 24 OF 82
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
Swanson Street Associates

Mailing Address 630 Sentry Parkway
Suite 300

City State Zip Code
Blue Bell PA 19422

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : C10662310

Amount of Each Receipt this Period
2700.00

Memo Item

LLC - Members below if itemized. Permissible funds.

B. Full Name (Last, First, Middle Initial)
Seth A. Shapiro

Mailing Address 630 Sentry Parkway
Suite 300

City State Zip Code
Blue Bell PA 19422

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

Name of Employer Occupation
The Goldenberg Group Executive Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : C10662311

Amount of Each Receipt this Period
2700.00

Memo Item

*

C. Full Name (Last, First, Middle Initial)
Pond Lehocky Stern Giordano LLP

Mailing Address 2005 Market St. 18th Floor

City State Zip Code
Philadelphia PA 19103

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

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

Transaction ID : C10662419

Amount of Each Receipt this Period
2700.00

Memo Item

PARTNERSHIP--partners below if itemized

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

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

5400.00

**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 25 OF 82
	<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)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
Thomas J. Giordano

Mailing Address 2005 Market St. 18th Floor

City Philadelphia State PA Zip Code 19103

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

Name of Employer Pond Lehoccky Stern Giordano LLP Occupation Partner

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 / 04 / 2016

Transaction ID : C10662424

Amount of Each Receipt this Period
 1000.00

Memo Item

*

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

Mailing Address 30 S. 17th Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer Pond Lehoccky Occupation Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1500.00

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

Transaction ID : C10662420

Amount of Each Receipt this Period
 700.00

Memo Item

*

C. Full Name (Last, First, Middle Initial)
David F. Stern

Mailing Address 30 S 17th St Ste 1700

City Philadelphia State PA Zip Code 19103

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

Name of Employer Pond Lehoccky Stern & Giodano Occupation Attorney

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 / 04 / 2016

Transaction ID : C10662422

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).....

0.00

**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 26 OF 82
	<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)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
Pond Lehocky Stern Giordano LLP

Mailing Address 2005 Market St. 18th Floor

City Philadelphia State PA Zip Code 19103

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

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

Transaction ID : C10672364

Amount of Each Receipt this Period
1800.00

Memo Item

PARTNERSHIP--partners below if itemized

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

Mailing Address 30 S. 17th Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer Occupation
Pond Lehocky Stern Giordano Partner

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 / 04 / 2016

Transaction ID : C10662421

Amount of Each Receipt this Period
1000.00

Memo Item

*

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

Mailing Address 30 S. 17th Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer Occupation
Pond Lehocky Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

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

Transaction ID : C10672363

Amount of Each Receipt this Period
800.00

Memo Item

*

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

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

1800.00

58550.00

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 27 OF 82
<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	

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
Pennsylvania Democratic Party

Mailing Address 300 N 2nd st

City Harrisburg State PA Zip Code 17101

FEC ID number of contributing federal political committee. **C** C00167130

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : C10663319

Amount of Each Receipt this Period
 2700.00

Memo Item

* In-Kind: Contribution In-Kind

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).....

2700.00

2700.00

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

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

FOR LINE NUMBER: PAGE 28 OF 82
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
ABBVIE POLITICAL ACTION COMMITTEE

Mailing Address **1 N. WAUKEGAN ROAD**

City **NORTH CHICAGO** State **IL** Zip Code **60064**

FEC ID number of contributing federal political committee. **C C00536573**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 01 / 2016

Transaction ID : C10634941

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AIR LINE PILOTS ASSOCIATION PAC

Mailing Address **1625 MASSACHUSETTS AVE. NW**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00035451**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : C10662293

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address **777 6TH STREET, NW
SUITE 200**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00024521**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : C10657133

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 82
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
American Council of Engineering Companies

Mailing Address 1015 15TH ST. NW
SUITE 802

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00010868**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : C10662289

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1111 14TH STREET, NW
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00000729**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : C10662269

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF GOVT. EMPL. POLITICAL ACTION COMMITTEE

Mailing Address 80 F STREET, NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00009936**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016

Transaction ID : C10662268

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).....

2000.00

**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 30 OF 82
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

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

Mailing Address 1625 L St NW

City Washington State DC Zip Code 20036-5665

FEC ID number of contributing federal political committee. **C** C90011172

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016

Transaction ID : C10662292

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVE, NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2016

Transaction ID : C10662438

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 8515 GEORGIA AVENUE
SUITE 400

City SILVER SPRING State MD Zip Code 20910

FEC ID number of contributing federal political committee. **C** C00017525

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : C10657135

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).....

5500.00

**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 31 OF 82
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
ARCH CAPITAL GROUP (US) INC. POLITICAL ACTION COMMITTEE

Mailing Address **300 PLAZA THREE, 3RD FLOOR**
City **JERSEY CITY** State **NJ** Zip Code **07311**

FEC ID number of contributing federal political committee. **C C00433912**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date **2000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 08 / 2016

Transaction ID : C10657105

Amount of Each Receipt this Period
2000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
ARENT FOX LLP PAC (AFPAC)

Mailing Address **1717 K St NW
ARENT FOX LLP**
City **Washington** State **DC** Zip Code **20006-5343**

FEC ID number of contributing federal political committee. **C C00241380**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date **1500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 15 / 2016

Transaction ID : C10657144

Amount of Each Receipt this Period
1000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
BLANK ROME PAC

Mailing Address **600 NEW HAMPSHIRE AVENUE, NW**
City **WASHINGTON** State **DC** Zip Code **20037**

FEC ID number of contributing federal political committee. **C C00150797**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date **2000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : C10657134

Amount of Each Receipt this Period
1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 32 OF 82
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

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

Mailing Address 601 PENNSYLVANIA AVENUE NW
SOUTH BUILDING SUITE 835

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00085316**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : C10662314

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
COLUMBIA PIPELINE GROUP, INC. PAC

Mailing Address 10 G STREET NE
SUITE 400

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C C00575340**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 18 / 2016

Transaction ID : C10657124

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
COLUMBIA PIPELINE GROUP, INC. PAC

Mailing Address 10 G STREET NE
SUITE 400

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C C00575340**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : C10662316

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).....

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 33 OF 82
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL

Mailing Address **1701 JFK BLVD, 49TH FLOOR**

City	State	Zip Code
PHILADELPHIA	PA	19103

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer	Occupation

Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 12500.00
---	--

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		03		2016

Transaction ID : C10657136

Amount of Each Receipt this Period
 _____ 2500.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
CSL BEHRING EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address **1020 1st Ave**

City	State	Zip Code
King Of Prussia	PA	19406-1310

FEC ID number of contributing federal political committee. **C C00422501**

Name of Employer	Occupation

Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2000.00
---	---

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		14		2016

Transaction ID : C10657141

Amount of Each Receipt this Period
 _____ 1000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION

Mailing Address **601 PENNSYLVANIA AVENUE, NW
SOUTH BUILDING, SUITE 600**

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer	Occupation

Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 6000.00
---	---

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		20		2016

Transaction ID : C10634942

Amount of Each Receipt this Period
 _____ 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	_____ 5500.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 82
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION

Mailing Address 601 PENNSYLVANIA AVENUE, NW
SOUTH BUILDING, SUITE 600

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : C10662317

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
DUANE MORRIS GOVERNMENT COMMITTEE

Mailing Address 30 S 17th St

City Philadelphia State PA Zip Code 19103-4016

FEC ID number of contributing federal political committee. **C C00364133**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 24 / 2016

Transaction ID : C10662272

Amount of Each Receipt this Period
1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ERNST & YOUNG POLITICAL ACTION COMMITTEE

Mailing Address 1101 NEW YORK AVENUE, NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00227744**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : C10657132

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 35 OF 82
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
FIRST AMERICAN FINANCIAL CORPORATION PAC

Mailing Address 1 FIRST AMERICAN WAY

City SANTA ANA State CA Zip Code 92707

FEC ID number of contributing federal political committee. **C C00346726**

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
 03 / 25 / 2016

Transaction ID : C10662397

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
FLORIDA CONGRESSIONAL COMMITTEE

Mailing Address 6100 HOLLYWOOD BLVD
SUITE 305

City HOLLYWOOD State FL Zip Code 33024

FEC ID number of contributing federal political committee. **C C00127811**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : C10657147

Amount of Each Receipt this Period
 4000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
FLORIDA CONGRESSIONAL COMMITTEE

Mailing Address 6100 HOLLYWOOD BLVD
SUITE 305

City HOLLYWOOD State FL Zip Code 33024

FEC ID number of contributing federal political committee. **C C00127811**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : C10657148

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).....

5500.00

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

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

FOR LINE NUMBER: PAGE 36 OF 82
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
GENESIS HEALTHCARE INC PAC

Mailing Address 101 EAST STATE STREET

City State Zip Code
KENNETT SQUARE PA 19348

FEC ID number of contributing federal political committee. **C C00292094**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 24 / 2016

Transaction ID : C10662274

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 901 MARKET STREET SUITE 500

City State Zip Code
PHILADELPHIA PA 19107

FEC ID number of contributing federal political committee. **C C00484246**

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
03 / 23 / 2016

Transaction ID : C10662275

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

Mailing Address 1444 I ST., NW, SUITE 700

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00437798**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : C10657145

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: PAGE 37 OF 82
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
HEARTLAND PAC

Mailing Address 5580 SPRING GROVE DRIVE

City SOLON State OH Zip Code 44139

FEC ID number of contributing federal political committee. **C C00131557**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2016

Transaction ID : C10634945

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
IRISH AMERICAN DEMOCRATS

Mailing Address PO Box 15638

City Chevy Chase State MD Zip Code 20825-5638

FEC ID number of contributing federal political committee. **C C00320432**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : C10657142

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
LEAGUE OF CONSERVATION VOTERS ACTION FUND

Mailing Address 1920 L ST NW SUITE 800

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00252940**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2016

Transaction ID : C10657137

Amount of Each Receipt this Period
 1500.00

Memo Item

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 38 OF 82
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
MARK TAKANO FOR CONGRESS

Mailing Address **PO BOX 5214**

City **RIVERSIDE** State **CA** Zip Code **92517**

FEC ID number of contributing federal political committee. **C C00498667**

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
01 / 05 / 2016

Transaction ID : C10634947

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MICHIGAN SUGAR COMPANY GROWERS POLITICAL ACTION COMMITTEE

Mailing Address **2600 SOUTH EUCLID AVENUE**

City **BAY CITY** State **MI** Zip Code **48706**

FEC ID number of contributing federal political committee. **C C00384354**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 20 / 2016

Transaction ID : C10634946

Amount of Each Receipt this Period
1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL ACTION COMMITTEE (NACPAC)

Mailing Address **3389 SHERIDAN ST.
#424**

City **HOLLYWOOD** State **FL** Zip Code **33021**

FEC ID number of contributing federal political committee. **C C00147983**

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
03 / 21 / 2016

Transaction ID : C10657146

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).....

3500.00

**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 39 OF 82
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

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

Mailing Address 1325 MASSACHUSETTS AVE., NW

City	State	Zip Code
WASHINGTON	DC	20005

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
 _____ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : C10662298

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM

Mailing Address 2901 TELESTAR CT.

City	State	Zip Code
FALLS CHURCH	VA	22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : C10662279

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF POSTAL SUPERVISORS PAC

Mailing Address 1727 KING ST
SUITE 400

City	State	Zip Code
ALEXANDRIA	VA	22311

FEC ID number of contributing federal political committee. **C** C00092957

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2016

Transaction ID : C10657106

Amount of Each Receipt this Period
 _____ 1500.00

Memo Item

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

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

_____ 5000.00

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

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

FOR LINE NUMBER: PAGE 40 OF 82
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 NORTH MICHIGAN AVENUE

City CHICAGO State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5500.00

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

Transaction ID : C10662426

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

Mailing Address 100 DAINGERFIELD ROAD

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00030809**

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 / 01 / 2016

Transaction ID : C10662299

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NEA FUND FOR CHILDREN AND PUBLIC EDUCATION

Mailing Address 1201 16TH STREET NW STE 418

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00003251**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016

Transaction ID : C10662301

Amount of Each Receipt this Period
 _____ 2000.00

Memo Item

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

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

_____ 4000.00

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

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

FOR LINE NUMBER: PAGE 41 OF 82
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
NELSON MULLINS RILEY & SCARBOROUGH, LLP FEDERAL POLITICAL COMMITTEE

Mailing Address 1320 MAIN STREET, 17TH FLOOR

City State Zip Code
COLUMBIA SC 29201

FEC ID number of contributing federal political committee. **C** C00278895

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : C10657083

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Norfolk Southern Corporation Good Government Fund

Mailing Address ONE CONSTITUTION AVE NE

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C** C00009282

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : C10662280

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOIDA-PAC)

Mailing Address PO BOX 1000
1 NW OOIDA DR.

City State Zip Code
GRAIN VALLEY MO 64029

FEC ID number of contributing federal political committee. **C** C00236778

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
 03 / 25 / 2016

Transaction ID : C10662418

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).....

3000.00

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

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

FOR LINE NUMBER: PAGE 42 OF 82
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
PPL People for Good Government

Mailing Address **TWO NORTH NINTH STREET
GENTW2**

City **ALLENTOWN** State **PA** Zip Code **18101**

FEC ID number of contributing federal political committee. **C C00228106**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : C10662425

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
THE COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE

Mailing Address **701 Pennsylvania Ave NW
Ste 750**

City **Washington** State **DC** Zip Code **20004-2661**

FEC ID number of contributing federal political committee. **C C00039578**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : C10662294

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
THE NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION ACTION COMMITTEE FOR RURAL ELECTRIFICA

Mailing Address **4301 WILSON BOULEVARD**

City **ARLINGTON** State **VA** Zip Code **22203**

FEC ID number of contributing federal political committee. **C C00002972**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 24 / 2016

Transaction ID : C10662267

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).....

3000.00

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

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

FOR LINE NUMBER: PAGE 43 OF 82
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATIONS INC. GOOD GOVERNMENT CLUB (VERIZON PAC)

Mailing Address 1300 I ST NW, STE 400 WEST
ATTN: TAYLOR CRAIG

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2016

Transaction ID : C10657138

Amount of Each Receipt this Period
 2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATIONS INC. GOOD GOVERNMENT CLUB (VERIZON PAC)

Mailing Address 1300 I ST NW, STE 400 WEST
ATTN: TAYLOR CRAIG

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2016

Transaction ID : C10657140

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATIONS INC. GOOD GOVERNMENT CLUB (VERIZON PAC)

Mailing Address 1300 I ST NW, STE 400 WEST
ATTN: TAYLOR CRAIG

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2016

Transaction ID : C10657139

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

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

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

FOR LINE NUMBER: PAGE 44 OF 82
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
WESTINGHOUSE ELECTRIC COMPANY LLC PAC

Mailing Address 900 19TH STREET, NW
SUITE 350

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00346361**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 01 / 2016

Transaction ID : C10662312

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00147173**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : C10662430

Amount of Each Receipt this Period
1000.00

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).....

2000.00

62750.00

**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 45 OF 82
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

A. Full Name (Last, First, Middle Initial)
Capital One Bank

Mailing Address 336 Pennsylvania Ave

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2230.12**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : C10657068

Amount of Each Receipt this Period
424.33

Memo Item

B. Full Name (Last, First, Middle Initial)
Capital One Bank

Mailing Address 336 Pennsylvania Ave

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2230.12**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 29 / 2016

Transaction ID : C10657069

Amount of Each Receipt this Period
397.29

Memo Item

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

Mailing Address 336 Pennsylvania Ave

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2230.12**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : C10662434

Amount of Each Receipt this Period
421.61

Memo Item

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

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

1243.23

1243.23

**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 46 OF 82			
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. Acqua AI 2			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016		
Mailing Address 212 7th St SE			Amount of Each Disbursement this Period 932.75		
City Washington	State DC	Zip Code 20003	<input type="checkbox"/> Memo Item Transaction ID : D534574		
Purpose of Disbursement Fundraiser Catering		Category/ Type			
Candidate Name					
Office Sought:	<input 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:	District:				

Full Name (Last, First, Middle Initial) B. American Airlines			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016		
Mailing Address P.O. Box 619616, MD 5675			Amount of Each Disbursement this Period 25.00		
City Dallas	State TX	Zip Code 75261	<input type="checkbox"/> Memo Item Transaction ID : D534631		
Purpose of Disbursement Travel		Category/ Type			
Candidate Name					
Office Sought:	<input 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:	District:				

Full Name (Last, First, Middle Initial) C. American Airlines			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016		
Mailing Address P.O. Box 619616, MD 5675			Amount of Each Disbursement this Period 73.10		
City Dallas	State TX	Zip Code 75261	<input type="checkbox"/> Memo Item Transaction ID : D534674		
Purpose of Disbursement Travel		Category/ Type			
Candidate Name					
Office Sought:	<input 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:	District:				

SUBTOTAL of Disbursements This Page (optional).....	1030.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 82	
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement MM / DD / YYYY 02 / 03 / 2016
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 66.00
City Washington	State DC	
Zip Code 20002-4285	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534673
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Amtrak		Date of Disbursement MM / DD / YYYY 02 / 18 / 2016
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 159.00
City Washington	State DC	
Zip Code 20002-4285	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534683
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. Amtrak		Date of Disbursement MM / DD / YYYY 02 / 18 / 2016
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 217.00
City Washington	State DC	
Zip Code 20002-4285	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534684
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	442.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 82			
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2016
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 141.00
City Washington	State DC	
Zip Code 20002-4285	Purpose of Disbursement Travel Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D535141
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Angerholzer Broz Consulting, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period 15.13
City Washington	State DC	
Zip Code 20003-4028	Purpose of Disbursement Transportation	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534671
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Angerholzer Broz Consulting, LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period 350.00
City Washington	State DC	
Zip Code 20003-4028	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534672
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	506.13
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 82			
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. Angerholzer Broz Consulting, LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period 3991.22
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Lodging	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534647
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Angerholzer Broz Consulting, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period 22.95
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Postage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534577
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Angerholzer Broz Consulting, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period 10.00
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Online Storage Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534590
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	4024.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 82	
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. Angerholzer Broz Consulting, LLC		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period 41.57
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Food and Meals	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D534594
State: District:		

Full Name (Last, First, Middle Initial) B. Angerholzer Broz Consulting, LLC		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period 25.00
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Telephone	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D534623
State: District:		

Full Name (Last, First, Middle Initial) c. Angerholzer Broz Consulting, LLC		Date of Disbursement MM / DD / YYYY 03 / 03 / 2016
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period 25.00
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Telephone	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D534624
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	91.57
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 82	
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. Angerholzer Broz Consulting, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period 25.00
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Telephone Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D534625

Full Name (Last, First, Middle Initial) B. Angerholzer Broz Consulting, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Compliance Fee Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D534565

Full Name (Last, First, Middle Initial) c. Angerholzer Broz Consulting, LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Bookkeeping Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D534566

SUBTOTAL of Disbursements This Page (optional).....	1525.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 82			
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. Angerholzer Broz Consulting, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Bookkeeping	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534567
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Angerholzer Broz Consulting, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Bookkeeping	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534568
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Angerholzer Broz Consulting, LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period 8500.00
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Fundraising Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534569
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	10500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 82	
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. Angerholzer Broz Consulting, LLC		Date of Disbursement MM / DD / YYYY 03 / 03 / 2016
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period 8500.00 <input type="checkbox"/> Memo Item Transaction ID : D534570
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Fundraising Fee Candidate Name Category/Type	
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. Angerholzer Broz Consulting, LLC		Date of Disbursement MM / DD / YYYY 03 / 16 / 2016
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period 8500.00 <input type="checkbox"/> Memo Item Transaction ID : D534571
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Fundraising Fee Candidate Name Category/Type	
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) c. Rep Brendan Boyle		Date of Disbursement MM / DD / YYYY 02 / 03 / 2016
Mailing Address 15040 Kelvin Ave.		Amount of Each Disbursement this Period 2801.40 <input type="checkbox"/> Memo Item Transaction ID : D534554
City Philadelphia State PA Zip Code 19116	Purpose of Disbursement Travel Reimbursement Candidate Name Rep Brendan Boyle Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 13	

SUBTOTAL of Disbursements This Page (optional).....	19801.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 82			
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. Rep Brendan Boyle		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016
Mailing Address 15040 Kelvin Ave.		Amount of Each Disbursement this Period 210.00 <input type="checkbox"/> Memo Item Transaction ID : D534555
City Philadelphia State PA Zip Code 19116	Purpose of Disbursement Travel Reimbursement	
Candidate Name Rep Brendan Boyle	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Rep Brendan Boyle		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016
Mailing Address 15040 Kelvin Ave.		Amount of Each Disbursement this Period 123.20 <input type="checkbox"/> Memo Item Transaction ID : D534578
City Philadelphia State PA Zip Code 19116	Purpose of Disbursement Reimbursement for Gifts Given	
Candidate Name Rep Brendan Boyle	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Rep Brendan Boyle		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2016
Mailing Address 15040 Kelvin Ave.		Amount of Each Disbursement this Period 80.00 <input type="checkbox"/> Memo Item Transaction ID : D534642
City Philadelphia State PA Zip Code 19116	Purpose of Disbursement Reimbursement for Tickets Purchased	
Candidate Name Rep Brendan Boyle	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	413.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 82			
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. E-Z Pass			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016		
Mailing Address 7631 Derry Street			Amount of Each Disbursement this Period 105.00		
City Harrisburg	State PA	Zip Code 17111	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Automobile Expense		Category/ Type	Transaction ID : D534550		
Candidate Name	Office Sought: <input 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:	District:				

Full Name (Last, First, Middle Initial) B. E-Z Pass			Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2016		
Mailing Address 7631 Derry Street			Amount of Each Disbursement this Period 105.00		
City Harrisburg	State PA	Zip Code 17111	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Automobile Expense		Category/ Type	Transaction ID : D534551		
Candidate Name	Office Sought: <input 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:	District:				

Full Name (Last, First, Middle Initial) C. E-Z Pass			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2016		
Mailing Address 7631 Derry Street			Amount of Each Disbursement this Period 105.00		
City Harrisburg	State PA	Zip Code 17111	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Automobile Expense		Category/ Type	Transaction ID : D535117		
Candidate Name	Office Sought: <input 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:	District:				

SUBTOTAL of Disbursements This Page (optional).....	315.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 82	
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. Esurance		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address P.O. Box 6476		Amount of Each Disbursement this Period 1132.00
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Campaign Automobile Insurance	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534546
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. ExxonMobil		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2016
Mailing Address 5959 Las Colinas Boulevard		Amount of Each Disbursement this Period 43.20
City Irving	State TX	
Zip Code 75039	Purpose of Disbursement Automobile Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534548
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. ExxonMobil		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016
Mailing Address 5959 Las Colinas Boulevard		Amount of Each Disbursement this Period 29.50
City Irving	State TX	
Zip Code 75039	Purpose of Disbursement Automobile Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D535116
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	1204.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 82			
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. FirstData		M M / D D / Y Y Y Y 04 / 04 / 2016	
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period	
City Atlanta	State GA	Zip Code 30342-1651	224.49
Purpose of Disbursement Merchant Bank Fees		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : D535126	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. FirstData		M M / D D / Y Y Y Y 04 / 04 / 2016	
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period	
City Atlanta	State GA	Zip Code 30342-1651	195.33
Purpose of Disbursement Merchant Bank Fees		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : D535127	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. FirstData		M M / D D / Y Y Y Y 04 / 04 / 2016	
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period	
City Atlanta	State GA	Zip Code 30342-1651	30.35
Purpose of Disbursement Merchant Bank Fees		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : D535128	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	450.17
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 82			
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. FirstData		M M / D D / Y Y Y Y 01 / 04 / 2016	
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period	
City Atlanta	State GA	Zip Code 30342-1651	9.73
Purpose of Disbursement Merchant Bank Fees		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : D534580	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. FirstData		M M / D D / Y Y Y Y 01 / 04 / 2016	
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period	
City Atlanta	State GA	Zip Code 30342-1651	299.76
Purpose of Disbursement Merchant Bank Fees		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : D534581	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. FirstData		M M / D D / Y Y Y Y 01 / 04 / 2016	
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period	
City Atlanta	State GA	Zip Code 30342-1651	519.12
Purpose of Disbursement Merchant Bank Fees		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : D534582	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	828.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 82			
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. FirstData		M M / D D / Y Y Y Y 02 / 03 / 2016	
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period	
City Atlanta	State GA	Zip Code 30342-1651	7.30
Purpose of Disbursement Merchant Bank Fees		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : D534583	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. FirstData		M M / D D / Y Y Y Y 02 / 03 / 2016	
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period	
City Atlanta	State GA	Zip Code 30342-1651	163.50
Purpose of Disbursement Merchant Bank Fees		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : D534584	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. FirstData		M M / D D / Y Y Y Y 02 / 03 / 2016	
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period	
City Atlanta	State GA	Zip Code 30342-1651	695.52
Purpose of Disbursement Merchant Bank Fees		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : D534585	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	866.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 82			
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. FirstData		M M / D D / Y Y Y Y 03 / 03 / 2016	
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period	
City Atlanta	State GA	Zip Code 30342-1651	440.44
Purpose of Disbursement Merchant Bank Fees		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : D534586	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. FirstData		M M / D D / Y Y Y Y 03 / 03 / 2016	
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period	
City Atlanta	State GA	Zip Code 30342-1651	132.95
Purpose of Disbursement Merchant Bank Fees		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : D534587	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. FirstData		M M / D D / Y Y Y Y 03 / 03 / 2016	
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period	
City Atlanta	State GA	Zip Code 30342-1651	22.25
Purpose of Disbursement Merchant Bank Fees		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : D534588	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	595.64
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 82			
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. Ford Credit		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2016
Mailing Address PO Box 542000		Amount of Each Disbursement this Period 569.00
City Omaha	State NE Zip Code 68154-8000	
Purpose of Disbursement Automobile Lease	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D534562

Full Name (Last, First, Middle Initial) B. Ford Credit		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2016
Mailing Address PO Box 542000		Amount of Each Disbursement this Period 569.00
City Omaha	State NE Zip Code 68154-8000	
Purpose of Disbursement Automobile Lease	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D534563

Full Name (Last, First, Middle Initial) c. Ford Credit		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016
Mailing Address PO Box 542000		Amount of Each Disbursement this Period 569.00
City Omaha	State NE Zip Code 68154-8000	
Purpose of Disbursement Automobile Lease	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D535119

SUBTOTAL of Disbursements This Page (optional).....	1707.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 82	
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. Four Seasons		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address 10100 Dream Tree Blvd		Amount of Each Disbursement this Period 8527.50
City Orlando	State FL	
Zip Code 32836	Purpose of Disbursement Travel Deposit	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534653
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Hotwire.com		Date of Disbursement MM / DD / YYYY 02 / 02 / 2016
Mailing Address 655 Montgomery St Ste 600		Amount of Each Disbursement this Period 289.90
City San Francisco	State CA	
Zip Code 94111	Purpose of Disbursement Lodging	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534650
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Huntingdon Valley Country Club		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address 2294 Country Club Drive		Amount of Each Disbursement this Period 1259.99
City Huntingdon Valley	State PA	
Zip Code 19006	Purpose of Disbursement Fundraising Event Catering	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534575
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	10077.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 82			
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. Hyatt Hotels			Date of Disbursement MM / DD / YYYY 02 / 02 / 2016		
Mailing Address 71 S Wacker Dr.			Amount of Each Disbursement this Period 80.00		
City Chicago	State IL	Zip Code 60606	<input type="checkbox"/> Memo Item Transaction ID : D534648		
Purpose of Disbursement Lodging		Category/ Type			
Candidate Name					
Office Sought:	<input 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:	District:				

Full Name (Last, First, Middle Initial) B. Hyatt Hotels			Date of Disbursement MM / DD / YYYY 02 / 02 / 2016		
Mailing Address 71 S Wacker Dr.			Amount of Each Disbursement this Period 130.00		
City Chicago	State IL	Zip Code 60606	<input type="checkbox"/> Memo Item Transaction ID : D534649		
Purpose of Disbursement Lodging		Category/ Type			
Candidate Name					
Office Sought:	<input 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:	District:				

Full Name (Last, First, Middle Initial) C. Hyatt Hotels			Date of Disbursement MM / DD / YYYY 01 / 22 / 2016		
Mailing Address 71 S Wacker Dr.			Amount of Each Disbursement this Period 1500.00		
City Chicago	State IL	Zip Code 60606	<input type="checkbox"/> Memo Item Transaction ID : D534646		
Purpose of Disbursement Lodging		Category/ Type			
Candidate Name					
Office Sought:	<input 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:	District:				

SUBTOTAL of Disbursements This Page (optional)	1710.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 82			
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. Intuit			Date of Disbursement MM / DD / YYYY 02 / 12 / 2016		
Mailing Address 2632 Marine Way			Amount of Each Disbursement this Period 26.96		
City Mountain View	State CA	Zip Code 94043	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Tax Documents		Category/ Type			
Candidate Name		Transaction ID : D534589			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) B. Jetblue			Date of Disbursement MM / DD / YYYY 02 / 04 / 2016		
Mailing Address 776 N Terminal Dr			Amount of Each Disbursement this Period 252.25		
City Salt Lake City	State UT	Zip Code 84116	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Travel		Category/ Type			
Candidate Name		Transaction ID : D534675			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) c. Michael Lavanga			Date of Disbursement MM / DD / YYYY 03 / 28 / 2016		
Mailing Address 1501 Wilson St			Amount of Each Disbursement this Period 3000.00		
City Pottstown	State PA	Zip Code 19464-4459	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Field Consultant		Category/ Type			
Candidate Name		Transaction ID : D535120			
Office Sought: <input 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: District:					

SUBTOTAL of Disbursements This Page (optional).....	3279.21
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 82			
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. NGP VAN Inc.			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016		
Mailing Address 1101 15th St. NW			Amount of Each Disbursement this Period 700.00		
City Washington	State DC	Zip Code 20005	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Software		Candidate Name	Transaction ID : D535136		
Office Sought: <input 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:	District:	Category/Type			

Full Name (Last, First, Middle Initial) B. NGP VAN Inc.			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2016		
Mailing Address 1101 15th St. NW			Amount of Each Disbursement this Period 700.00		
City Washington	State DC	Zip Code 20005	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Software		Candidate Name	Transaction ID : D535137		
Office Sought: <input 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:	District:	Category/Type			

Full Name (Last, First, Middle Initial) C. NGP VAN Inc.			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016		
Mailing Address 1101 15th St. NW			Amount of Each Disbursement this Period 700.00		
City Washington	State DC	Zip Code 20005	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Software		Candidate Name	Transaction ID : D534637		
Office Sought: <input 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:	District:	Category/Type			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 82	
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. NGP VAN Inc.		Date of Disbursement MM / DD / YYYY 02 / 02 / 2016
Mailing Address 1101 15th St. NW		Amount of Each Disbursement this Period 700.00
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Software	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534638
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. NYC Taxi		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016
Mailing Address 3202 Queens Blvd		Amount of Each Disbursement this Period 18.96
City Long Island City	State NY	
Zip Code 11101-2319	Purpose of Disbursement Transportation	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534665
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. NYC Taxi		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016
Mailing Address 3202 Queens Blvd		Amount of Each Disbursement this Period 17.76
City Long Island City	State NY	
Zip Code 11101-2319	Purpose of Disbursement Transportation	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534666
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	736.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 82			
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2016
Mailing Address 3202 Queens Blvd		Amount of Each Disbursement this Period 21.96
City Long Island City	State NY	
Zip Code 11101-2319	Purpose of Disbursement Transportation	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D534667
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 3202 Queens Blvd		Amount of Each Disbursement this Period 9.60
City Long Island City	State NY	
Zip Code 11101-2319	Purpose of Disbursement Transportation	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D534668
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 3202 Queens Blvd		Amount of Each Disbursement this Period 24.10
City Long Island City	State NY	
Zip Code 11101-2319	Purpose of Disbursement Transportation	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D534669
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	55.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 OF 82	
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. NYC Taxi		Date of Disbursement MM / DD / YYYY 02 / 24 / 2016
Mailing Address 3202 Queens Blvd		Amount of Each Disbursement this Period 22.25
City Long Island City	State NY	
Zip Code 11101-2319	Purpose of Disbursement Transportation	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D534670
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Paychex, Inc.		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 54.00
City Rochester	State NY	
Zip Code 14625-2311	Purpose of Disbursement Payroll Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D534626
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Paychex, Inc.		Date of Disbursement MM / DD / YYYY 02 / 10 / 2016
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 145.75
City Rochester	State NY	
Zip Code 14625-2311	Purpose of Disbursement Payroll Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D534627
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	222.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 82	
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. Paychex, Inc.		Date of Disbursement MM / DD / YYYY 03 / 10 / 2016
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 54.00
City Rochester	State NY	
Zip Code 14625-2311	Purpose of Disbursement Payroll Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534628
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Pennsylvania Democratic Party		Date of Disbursement MM / DD / YYYY 03 / 21 / 2016
Mailing Address 300 N 2nd st		Amount of Each Disbursement this Period 2700.00
City Harrisburg	State PA	
Zip Code 17101	Purpose of Disbursement Contribution In-Kind	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D535937
Office Sought: <input 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)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) C. Smith Edwards Dunlap Co.		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address 2867 E. Allegheny Ave.		Amount of Each Disbursement this Period 2937.23
City Philadelphia	State PA	
Zip Code 19134	Purpose of Disbursement Printing	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534619
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	5691.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 82			
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. Sonoma		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016
Mailing Address 223 Pennsylvania Ave SE		Amount of Each Disbursement this Period 55.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Fundraiser Catering	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D535124
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Sonoma		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016
Mailing Address 223 Pennsylvania Ave SE		Amount of Each Disbursement this Period 723.90
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Fundraiser Catering	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D535125
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address P.O. Box 321		Amount of Each Disbursement this Period 20.00
City Essington	State PA	
Zip Code 19029	Purpose of Disbursement Automobile Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D535118
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	798.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 82	
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016
Mailing Address P.O. Box 321		Amount of Each Disbursement this Period 21.57
City Essington	State PA	
Zip Code 19029	Purpose of Disbursement Automobile Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D535114
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016
Mailing Address P.O. Box 321		Amount of Each Disbursement this Period 5.96
City Essington	State PA	
Zip Code 19029	Purpose of Disbursement Automobile Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D535115
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2016
Mailing Address P.O. Box 321		Amount of Each Disbursement this Period 21.35
City Essington	State PA	
Zip Code 19029	Purpose of Disbursement Automobile Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D534549
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	48.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 82			
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016
Mailing Address P.O. Box 321		Amount of Each Disbursement this Period 19.07
City Essington	State PA	
Zip Code 19029	Purpose of Disbursement Automobile Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534561
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. The Baupost Group, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2016
Mailing Address 10 St. James Ave. Suite 1700		Amount of Each Disbursement this Period 445.05
City Boston	State MA	
Zip Code 02116	Purpose of Disbursement Fundraiser Catering	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D535123
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. The Philadelphia Public Record		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2016
Mailing Address 1323 S. Broad Street		Amount of Each Disbursement this Period 1235.00
City Philadelphia	State PA	
Zip Code 19147	Purpose of Disbursement Advertisement	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534545
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	1699.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 74 OF 82	
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. The Ritz Carlton		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016
Mailing Address 4445 Willard Avenue, Suite 800		Amount of Each Disbursement this Period 56.60
City Chevy Chase	State MD	
Zip Code 20815	Purpose of Disbursement Lodging	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534651
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. The Ritz Carlton		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016
Mailing Address 4445 Willard Avenue, Suite 800		Amount of Each Disbursement this Period 24.00
City Chevy Chase	State MD	
Zip Code 20815	Purpose of Disbursement Lodging	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534652
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. The Ritz Carlton		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2016
Mailing Address 4445 Willard Avenue, Suite 800		Amount of Each Disbursement this Period 390.11
City Chevy Chase	State MD	
Zip Code 20815	Purpose of Disbursement Lodging	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534656
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	470.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 OF 82	
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. The Ritz Carlton		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2016
Mailing Address 4445 Willard Avenue, Suite 800		Amount of Each Disbursement this Period 5.01
City Chevy Chase	State MD	
Zip Code 20815	Purpose of Disbursement Lodging	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534657
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Twenty-First Century Group, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2016
Mailing Address 434 New Jersey Ave. SE		Amount of Each Disbursement this Period 675.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Fundraising Catering and Venue	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534576
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 10000 Roosevelt Blvd #4		Amount of Each Disbursement this Period 381.44
City Philadelphia	State PA	
Zip Code 19116	Purpose of Disbursement Telephone	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534620
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	1061.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 82			
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. Verizon Wireless			Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016		
Mailing Address 10000 Roosevelt Blvd #4			Amount of Each Disbursement this Period 196.05		
City Philadelphia	State PA	Zip Code 19116	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Telephone		Category/ Type			
Candidate Name		Transaction ID : D534621			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) B. Verizon Wireless			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016		
Mailing Address 10000 Roosevelt Blvd #4			Amount of Each Disbursement this Period 210.15		
City Philadelphia	State PA	Zip Code 19116	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Telephone		Category/ Type			
Candidate Name		Transaction ID : D534622			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) C. Verizon Wireless			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016		
Mailing Address 10000 Roosevelt Blvd #4			Amount of Each Disbursement this Period 193.85		
City Philadelphia	State PA	Zip Code 19116	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Telephone		Category/ Type			
Candidate Name		Transaction ID : D535134			
Office Sought: <input 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: District:					

SUBTOTAL of Disbursements This Page (optional).....	600.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 82	
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. Wawa		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address Red Roof, 260 W. Baltimore Pike		Amount of Each Disbursement this Period 18.08
City Media	State PA	
Purpose of Disbursement Food and Meals		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Wawa		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address Red Roof, 260 W. Baltimore Pike		Amount of Each Disbursement this Period 2.27
City Media	State PA	
Purpose of Disbursement Automobile Expense		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Wawa		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016
Mailing Address Red Roof, 260 W. Baltimore Pike		Amount of Each Disbursement this Period 19.36
City Media	State PA	
Purpose of Disbursement Automobile Expense		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	39.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 82			
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. Rep Brendan Boyle		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016
Mailing Address 15040 Kelvin Ave.		Amount of Each Disbursement this Period 78.00
City Philadelphia	State PA	
Zip Code 19116	Purpose of Disbursement Reimbursement for Transportation	<input type="checkbox"/> Memo Item
Candidate Name Rep Brendan Boyle	Category/Type	Transaction ID : D534629
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: 13	

Full Name (Last, First, Middle Initial) B. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 78.00
City Washington	State DC	
Zip Code 20002-4285	Purpose of Disbursement Travel Expense	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D535135
Office Sought: <input 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:	District:	

Full Name (Last, First, Middle Initial) c. Victoria Cram		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address 9758 Susan Rd		Amount of Each Disbursement this Period 300.00
City Philadelphia	State PA	
Zip Code 19115-2928	Purpose of Disbursement Reimbursement for Filing Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D534632
Office Sought: <input 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:	District:	

SUBTOTAL of Disbursements This Page (optional).....	378.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 82			
	<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)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016		
Mailing Address 3000 Chestnut St			Amount of Each Disbursement this Period 71.00		
City Philadelphia	State PA	Zip Code 19104-5003	Category/Type		
Purpose of Disbursement PO Box Fee					
Candidate Name		Memo Item <input checked="" type="checkbox"/>			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>				
State:	District:	Transaction ID : D534633			

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	Category/Type		
Purpose of Disbursement					
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>				
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	Category/Type		
Purpose of Disbursement					
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>				
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	73315.39

**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 80 OF 82
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. 42nd Democratic Ward		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2016
Mailing Address 4831 N 5th Street		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Memo Item Transaction ID : D534579
City Philadelphia	State PA Zip Code 19120	
Purpose of Disbursement Advertisement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Ceasefire PA PAC		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address 111 South Independence Mall East		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Memo Item Transaction ID : D534699
City Philadelphia	State PA Zip Code 19106	
Purpose of Disbursement Tickets	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. Democratic Congressional Campaign Committee		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2016
Mailing Address 430 S Capitol Street, SE		Amount of Each Disbursement this Period 20000.00 <input type="checkbox"/> Memo Item Transaction ID : D535122
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Political Donation	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	20550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 82
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. Friends of Kevin Boyle		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 8035 Burholme Ave		Amount of Each Disbursement this Period 125000.00 <input type="checkbox"/> Memo Item
City Philadelphia	State PA	
Zip Code 19111-1862	Purpose of Disbursement Nonfederal Political Contribution	Transaction ID : D535121
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Friends of Kevin Boyle		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2016
Mailing Address 8035 Burholme Ave		Amount of Each Disbursement this Period 100000.00 <input type="checkbox"/> Memo Item
City Philadelphia	State PA	
Zip Code 19111-1862	Purpose of Disbursement Nonfederal Political Contribution	Transaction ID : D534573
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Montgomery County Democratic Women's Leadership Initiative		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016
Mailing Address PO Box 3		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Memo Item
City Fort Washington	State PA	
Zip Code 19034	Purpose of Disbursement Donation	Transaction ID : D534572
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	225250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 82 OF 82	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Citizens for Boyle

Full Name (Last, First, Middle Initial) A. The Congressional Club			Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016	
Mailing Address 2001 New Hampshire Ave NW			Amount of Each Disbursement this Period 500.00	
City Washington	State DC	Zip Code 20009	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Tickets Purchased		Category/ Type		
Candidate Name		Transaction ID : D534644		
Office Sought: <input 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: 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	Memo Item <input type="checkbox"/>	
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	Memo Item <input type="checkbox"/>	
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).....	500.00
TOTAL This Period (last page this line number only).....	246300.00