



**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

**Committee to Elect Marc Duome**

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))....	8451.00	8451.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8451.00	8451.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	3744.73	3744.73
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3744.73	3744.73
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6706.27	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	2000.00	

**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

**Committee to Elect Marc Duome**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5200.00	5200.00
(ii) Unitemized.....	3251.00	3251.00
(iii) TOTAL of contributions from individuals ▶	8451.00	8451.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8451.00	8451.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	2000.00	2000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	2000.00	2000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	10451.00	10451.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3744.73	3744.73
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	3744.73	3744.73

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10451.00
25. SUBTOTAL (add Line 23 and Line 24).....	10451.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3744.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6706.27

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

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

FOR LINE NUMBER: PAGE 5 OF 11  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
**Committee to Elect Marc Duome**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Steven Cohen**

Mailing Address 75 Florence Dr

City Richboro State PA Zip Code 18954

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

Name of Employer Self Occupation Physician

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  
**02 / 08 / 2016**

**Transaction ID : SA11AI.4177**

Amount of Each Receipt this Period  
**150.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Steven Cohen**

Mailing Address 75 Florence Dr

City Richboro State PA Zip Code 18954

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

Name of Employer Self Occupation Physician

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 / 28 / 2016**

**Transaction ID : SA11AI.4178**

Amount of Each Receipt this Period  
**50.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Chris Frankel**

Mailing Address 240 Middletown Blvd,  
#200

City Langhorne State PA Zip Code 19047

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

Name of Employer Self Occupation Physician

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  
**02 / 29 / 2016**

**Transaction ID : SA11AI.4166**

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).....

**950.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Marc Duome**

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

Mailing Address 172 Middletown Blvd.  
Ste 203

City Langhorne State PA Zip Code 19047

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

Name of Employer Self Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2016

**Transaction ID : SA11AI.4168**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Richard Leshner**

Mailing Address 1205 Langhorne-Newtown  
#308

City Langhorne State PA Zip Code 19047

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

Name of Employer Newtown Cardiology Associates Occupation Physician

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  
 02 / 15 / 2016

**Transaction ID : SA11AI.4183**

Amount of Each Receipt this Period  
150.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Dr Steven Mazlin**

Mailing Address 940 Town Center Dr.

City Langhorne State PA Zip Code 19047

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

Name of Employer Self Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

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

**Transaction ID : SA11AI.4161**

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).....

3150.00

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

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

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Marc Duome**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Rakesh Shah**

Mailing Address 1203 Langhorne-Newtown Rd  
Ste. 320

City Langhorne State PA Zip Code 19047

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

Name of Employer Comprehensive Cardiology Occupation Physician

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  
04 / 01 / 2016

**Transaction ID : SA11AI.4237**

Amount of Each Receipt this Period  
300.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Ashish Sitapara**

Mailing Address 770 Newtown-Yardley Rd  
#220A

City Newtown State PA Zip Code 18940

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

Name of Employer Signature Medicine Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

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

**Transaction ID : SA11AI.4206**

Amount of Each Receipt this Period  
300.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Steven Urbaniak**

Mailing Address 940 Town Center Dr.

City Langhorne State PA Zip Code 19047

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

Name of Employer Oxford Neurology Occupation Physician

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 / 29 / 2016

**Transaction ID : SA11AI.4163**

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).....

1100.00

5200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 11
	<input 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)  
**Committee to Elect Marc Duome**

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

Mailing Address 5972 Stump Rd

City Pipersville State PA Zip Code 18947

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

Name of Employer Liberty Health Group Occupation Business Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2050.00

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

**Transaction ID : SA13B.4109**

Amount of Each Receipt this Period  
 2000.00

Memo Item

**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 M / D 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 M / D 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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 11			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Marc Duome**

Full Name (Last, First, Middle Initial) <b>A. Pennsylvania Leadership Conference</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2016
Mailing Address 5405 Jonestown Rd., Ste 110			Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Memo Item
City Harrisburg	State PA	Zip Code 17112	
Purpose of Disbursement		Category/Type 007	Transaction ID : SB17.4103
Candidate Name <b>Committee to Elect Marc Duome</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: PA District: 08			

Full Name (Last, First, Middle Initial) <b>B. Staples</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2016
Mailing Address 10 W Rd			Amount of Each Disbursement this Period 213.38 <input type="checkbox"/> Memo Item
City Newtown	State PA	Zip Code 18940	
Purpose of Disbursement		Category/Type 006	Transaction ID : SB17.4106
Candidate Name <b>Committee to Elect Marc Duome</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: PA District: 08			

Full Name (Last, First, Middle Initial) <b>c. Staples</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2016
Mailing Address 10 W Rd			Amount of Each Disbursement this Period 74.23 <input type="checkbox"/> Memo Item
City Newtown	State PA	Zip Code 18940	
Purpose of Disbursement		Category/Type 001	Transaction ID : SB17.4108
Candidate Name <b>Committee to Elect Marc Duome</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: PA District: 08			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	687.61
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 11			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Marc Duome**

Full Name (Last, First, Middle Initial) <b>A. Temperance House</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2016
Mailing Address State St.		Amount of Each Disbursement this Period 1260.00
City Newtown	State PA	
Zip Code 18940	Purpose of Disbursement 003	<input type="checkbox"/> Memo Item
Candidate Name <b>Committee to Elect Marc Duome</b>	Category/Type	<b>Transaction ID : SB17.4102</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 08		

Full Name (Last, First, Middle Initial) <b>B. Union Signs &amp; Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016
Mailing Address 1 South Eastern Ave.		Amount of Each Disbursement this Period 732.50
City Joliet	State IL	
Zip Code 60433	Purpose of Disbursement 004	<input type="checkbox"/> Memo Item
Candidate Name <b>Committee to Elect Marc Duome</b>	Category/Type	<b>Transaction ID : SB17.4100</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 08		

Full Name (Last, First, Middle Initial) <b>c. Vistaprint</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2016
Mailing Address 275 Wyman Sr		Amount of Each Disbursement this Period 40.51
City Waltham	State ME	
Zip Code 02451	Purpose of Disbursement 006	<input type="checkbox"/> Memo Item
Candidate Name <b>Committee to Elect Marc Duome</b>	Category/Type	<b>Transaction ID : SB17.4104</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 08		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2033.01
<b>TOTAL</b> This Period (last page this line number only).....	2720.62

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Committee to Elect Marc Duome** Transaction ID : **SC/10.4109**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Francine Duome</b>	<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5972 Stump Rd		

City Pipersville	State PA	ZIP Code 18947
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Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
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**TERMS**

Date Incurred M 02 / D 01 / Y 2016	Date Due M / D / Y 12/31/2016	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	----------------------------------	-------------------------------	---

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	[ ] 2000.00
<b>TOTALS</b> This Period (last page in this line only).....	[ ] 2000.00

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