

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Megan for Congress

ADDRESS (number and street)

P.O. Box 6051

Check if different than previously reported. (ACC)

Philadelphia

PA

19114

2. FEC IDENTIFICATION NUMBER ▼

C C00560185

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

PA

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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

Type or Print Name of Treasurer Dr. Maria D McColgan

Signature of Treasurer Dr. Maria D McColgan

*[Electronically Filed]*

Date

/  /

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

Office Use Only

FEC FORM 3  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Megan for Congress**

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

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 17256.46                | 17256.46                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 17256.46                | 17256.46                           |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 3040.18                 | 3040.18                            |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 3040.18                 | 3040.18                            |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 14216.28                |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 0.00                    |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Megan for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

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

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 3040.18                       | 3040.18                            |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 3040.18                       | 3040.18                            |

**III. CASH SUMMARY**

|   |          |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 0.00     |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 17256.46 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 17256.46 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 3040.18  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 14216.28 |

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

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

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NAME OF COMMITTEE (In Full)  
**Megan for Congress**

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

Mailing Address 828 Creek View Drive

City State Zip Code  
Blue Bell PA 19422

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

Name of Employer Occupation  
Self MD

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4221**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 23 Eton Drive

City State Zip Code  
Sewell NJ 08080

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

Name of Employer Occupation  
Requested Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4161**

Amount of Each Receipt this Period  
250.00

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

Mailing Address P.O. Box 8

City State Zip Code  
Johnstown PA 15907

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

Name of Employer Occupation  
Arthur J Gallagher Insurance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4138**

Amount of Each Receipt this Period  
250.00

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

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

750.00

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

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

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NAME OF COMMITTEE (In Full)  
**Megan for Congress**

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

Mailing Address 552 Eklud Lane

City Johnstown State PA Zip Code 15905

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

Name of Employer Arthur J Gallagher Occupation Insurance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4119**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 755 White Oak Road

City Denver State PA Zip Code 17517

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : SA11AI.4147**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 314 Wickham len Drive

City Richmond State VA Zip Code 23238

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

Name of Employer Biomet Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4227**

Amount of Each Receipt this Period  
 1000.00  
 on line contribution

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

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NAME OF COMMITTEE (In Full)  
**Megan for Congress**

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

Mailing Address 4 Thackery Rd

City hainesport State NJ Zip Code 08036

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

Name of Employer St Jude Medical Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4131**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 12 Cricklewood Lane

City Norwalk State CT Zip Code 06851

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : SA11AI.4167**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 121 Canterbury Lane

City Blue Bell State PA Zip Code 19422

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.4145**

Amount of Each Receipt this Period  
500.00

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

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

3350.00

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

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NAME OF COMMITTEE (In Full)  
**Megan for Congress**

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

Mailing Address 1116 Seagull Park Road

City West Palm Beach State FL Zip Code 33411

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4209**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 9640 Wissinoming Street

City Philadelphia State PA Zip Code 19114

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

Name of Employer Tenet Occupation Pediatrician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4252**

Amount of Each Receipt this Period  
 146.28

In-kind -

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

Mailing Address 9640 Wissinoming Street

City Philadelphia State PA Zip Code 19114

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

Name of Employer Tenet Occupation Pediatrician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4242**

Amount of Each Receipt this Period  
 500.00

on-line contributing

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

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

1146.28



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

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

FOR LINE NUMBER: PAGE 9 OF 12  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Megan for Congress**

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

Mailing Address 9640 Wissinoming Street

City Philadelphia State PA Zip Code 19114

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

Name of Employer Tenet Occupation Pediatrician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **726.28**

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

**Transaction ID : SA11AI.4253**

Amount of Each Receipt this Period  
**18.00**

In-kind - Telephone

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

Mailing Address 15051 Trevose Road

City Philadelphia State PA Zip Code 19116

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

Name of Employer EchertSeamans Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : SA11AI.4140**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 145 N River Road

City Pennsville State NJ Zip Code 08070

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

Name of Employer Requested information Occupation Requested Information

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

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

**Transaction ID : SA11AI.4113**

Amount of Each Receipt this Period  
**2500.00**

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

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

**2768.00**

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

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NAME OF COMMITTEE (In Full)  
**Megan for Congress**

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Eric L Solivan</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 26 / 2014 |
| Mailing Address 320 Walnut Street<br>G4   |                                  | <b>Transaction ID : SA11AI.4201</b>                      |
| City<br>Philadelphia  | State<br>PA                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>250.00             |
| Name of Employer Requested  | Occupation Requested             |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00 |  |

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. David Somers</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 26 / 2014 |
| Mailing Address 68 Red Rose Drive   |                                  | <b>Transaction ID : SA11AI.4177</b>                      |
| City<br>Levittown   | State<br>PA                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>300.00             |
| Name of Employer Requested  | Occupation Requested             |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>325.00 |  |

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Shira Theriault</b>  |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 26 / 2014 |
| Mailing Address 230 hillair Cir   |                                  | <b>Transaction ID : SA11AI.4183</b>                      |
| City<br>White Plains  | State<br>NY                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>250.00             |
| Name of Employer Requested  | Occupation Requested             |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00 |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 800.00 |
| <b>TOTAL</b> 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:<br>(check only one)   | PAGE 11 OF 12 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Megan for Congress**

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

Mailing Address 428 Oak Drive

City Indiana State PA Zip Code 15701

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

Name of Employer Jack W Drilling Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11Al.4240**

Amount of Each Receipt this Period  
 1000.00  
 on-line contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**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

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

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

1000.00

12814.28

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 12 OF 12                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Megan for Congress**

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

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

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

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>2885.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... | <b>2885.00</b> |