

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
BOB BRADY FOR CONGRESS

ADDRESS (number and street) 12518 Chilton Road
 Check if different than previously reported. (ACC)
Philadelphia PA 19154

2. **FEC IDENTIFICATION NUMBER** C00333740
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 01 01 2009 through 03 31 2009

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 Louis J Farinella
Signature of Treasurer Electronically Filed by Louis J Farinella Date 08 05 2009

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

BOB BRADY FOR CONGRESS

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	0.00	0.00
(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)).....	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	58959.04	107256.13
(b) Total Offsets to Operating Expenditures (from Line 14).....	140.69	140.69
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	58818.35	107115.44
8. Cash on Hand at Close of Reporting Period (from Line 27).....	484377.89	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	5000.00	
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
BOB BRADY FOR CONGRESS

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	0.00	0.00
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(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))	0.00	0.00
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.).....	140.69	140.69
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	1110.30	2171.32
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	1250.99	2312.01

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	58959.04	107256.13
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.....	2600.00	2800.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	61559.04	110056.13

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	544685.94
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	1250.99
25. SUBTOTAL (add Line 23 and Line 24).....	545936.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	61559.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	484377.89

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 21
(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)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PNC Bank
Mailing Address PO Box 535230
City Pittsburgh State PA Zip Code 15253
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1472.37
Date of Receipt: 01 / 31 / 2009
Transaction ID: SA15.4486
Amount of Each Receipt this Period: 411.35
Other Receipt

B. Full Name (Last, First, Middle Initial)
PNC Bank
Mailing Address PO Box 535230
City Pittsburgh State PA Zip Code 15253
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1818.47
Date of Receipt: 02 / 28 / 2009
Transaction ID: SA15.4487
Amount of Each Receipt this Period: 346.10
Other Receipt

C. Full Name (Last, First, Middle Initial)
PNC Bank
Mailing Address PO Box 535230
City Pittsburgh State PA Zip Code 15253
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2171.32
Date of Receipt: 03 / 31 / 2009
Transaction ID: SA15.4488
Amount of Each Receipt this Period: 352.85
Other Receipt

SUBTOTAL of Receipts This Page (optional) ► 1110.30
TOTAL This Period (last page this line number only) ► 1110.30

**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)

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

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

NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) AOL Service Mailing Address C/O 12518 Chilton Road City Philadelphia State PA Zip Code 19154 Purpose of Disbursement Internet Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4489 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9	Amount of Each Disbursement this Period 32.90
B.	Full Name (Last, First, Middle Initial) AOL Service Mailing Address C/O 12518 Chilton Road City Philadelphia State PA Zip Code 19154 Purpose of Disbursement Internet Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4490 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 9	Amount of Each Disbursement this Period 32.90
C.	Full Name (Last, First, Middle Initial) AOL Service Mailing Address C/O 12518 Chilton Road City Philadelphia State PA Zip Code 19154 Purpose of Disbursement Internet Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4491 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 9	Amount of Each Disbursement this Period 32.90

SUBTOTAL of Disbursements This Page (optional)	98.70
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)

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

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

NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Aristotle International, Inc.

Transaction ID: SB17.4522
Date of Disbursement

Mailing Address 205 Pennsylvania Avenue SE

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	9

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

2100.00

Purpose of Disbursement
Software Support

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Aristotle International, Inc.

Transaction ID: SB17.4523
Date of Disbursement

Mailing Address 205 Pennsylvania Avenue SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	0	9

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

2100.00

Purpose of Disbursement
Software Support

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Ms Linda August

Transaction ID: SB17.4495
Date of Disbursement

Mailing Address One Bala Avenue Suite 305

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	9

City Bala Cynwyd State PA Zip Code 19004

Amount of Each Disbursement this Period

4875.00

Purpose of Disbursement
Fundraising Consultant

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

9075.00

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)

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

Any Information copied from such Reports and Statements and 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)
BOB BRADY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Ms Linda August Mailing Address One Bala Avenue Suite 305 City Bala Cynwyd State PA Zip Code 19004 Purpose of Disbursement Fundraising Consultant Candidate Name Category/Type 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:	Transaction ID: SB17.4496 Date of Disbursement 01 / 12 / 2009 Amount of Each Disbursement this Period 4875.00
B.	Full Name (Last, First, Middle Initial) Ms Linda August Mailing Address One Bala Avenue Suite 305 City Bala Cynwyd State PA Zip Code 19004 Purpose of Disbursement Fundraising Consultant Candidate Name Category/Type 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:	Transaction ID: SB17.4497 Date of Disbursement 01 / 13 / 2009 Amount of Each Disbursement this Period 4875.00
C.	Full Name (Last, First, Middle Initial) Ms Linda August Mailing Address One Bala Avenue Suite 305 City Bala Cynwyd State PA Zip Code 19004 Purpose of Disbursement Reimbursement for Postage Candidate Name Category/Type 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:	Transaction ID: SB17.4498 Date of Disbursement 03 / 16 / 2009 Amount of Each Disbursement this Period 1806.00

SUBTOTAL of Disbursements This Page (optional) ▶

11556.00

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)

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

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

NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Ms Linda August Mailing Address One Bala Avenue Suite 305 City Bala Cynwyd State PA Zip Code 19004 Purpose of Disbursement Fundraising Consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4499 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period 14625.00
B.	Full Name (Last, First, Middle Initial) Chrysler Financial Mailing Address PO Box 9001921 City Louisville State KY Zip Code 40290 Purpose of Disbursement Auto Lease Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4513 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 9	Amount of Each Disbursement this Period 545.11
C.	Full Name (Last, First, Middle Initial) Chrysler Financial Mailing Address PO Box 9001921 City Louisville State KY Zip Code 40290 Purpose of Disbursement Auto Lease Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4514 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 9	Amount of Each Disbursement this Period 545.11

SUBTOTAL of Disbursements This Page (optional)	15715.22
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 10 / 21

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

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

NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Chrysler Financial</p> <p>Mailing Address PO Box 9001921</p> <p>City Louisville State KY Zip Code 40290</p> <p>Purpose of Disbursement Auto Lease</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4515</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="545.11"/></p>
<p>B. Full Name (Last, First, Middle Initial) First National Bank VISA</p> <p>Mailing Address PO Box 2557</p> <p>City Omaha State NE Zip Code 68103</p> <p>Purpose of Disbursement Credit Card Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4500</p> <p>Date of Disbursement</p> <p><input type="text" value="01"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1130.51"/></p>
<p>C. Full Name (Last, First, Middle Initial) First National Bank VISA</p> <p>Mailing Address PO Box 2557</p> <p>City Omaha State NE Zip Code 68103</p> <p>Purpose of Disbursement Credit Card Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4501</p> <p>Date of Disbursement</p> <p><input type="text" value="01"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3617.76"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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)

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

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

NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) First National Bank VISA Mailing Address PO Box 2557 City Omaha State NE Zip Code 68103 Purpose of Disbursement Credit Card Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4502 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 780.41
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) GMAC Mailing Address PO Box 78234 City Phoenix State AZ Zip Code 85062 Purpose of Disbursement Auto Lease Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4492 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1169.34
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) GMAC Mailing Address PO Box 78234 City Phoenix State AZ Zip Code 85062 Purpose of Disbursement Auto Lease Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4493 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1169.34
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3119.09

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)

17 18 19a 19b
 20a 20b 20c 21

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

NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) GMAC	Transaction ID: SB17.4494
	Mailing Address PO Box 78234	Date of Disbursement MM / DD / YYYY <input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Phoenix State AZ Zip Code 85062	Amount of Each Disbursement this Period <input type="text" value="1169.34"/>
	Purpose of Disbursement Auto Lease	Category/ Type <input type="text"/>
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:		
B.	Full Name (Last, First, Middle Initial) Marilyn Service Garage	Transaction ID: SB17.4516
	Mailing Address 6560 Haverford Avenue	Date of Disbursement MM / DD / YYYY <input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Philadelphia State PA Zip Code 19151	Amount of Each Disbursement this Period <input type="text" value="38.47"/>
	Purpose of Disbursement Auto Repair	Category/ Type <input type="text"/>
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:		
C.	Full Name (Last, First, Middle Initial) Marilyn Service Garage	Transaction ID: SB17.4517
	Mailing Address 6560 Haverford Avenue	Date of Disbursement MM / DD / YYYY <input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City Philadelphia State PA Zip Code 19151	Amount of Each Disbursement this Period <input type="text" value="91.42"/>
	Purpose of Disbursement Auto Lease	Category/ Type <input type="text"/>
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) ►

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 13 / 21

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

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

NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Marilyn Service Garage	Transaction ID: SB17.4518 Date of Disbursement 03 / 24 / 2009
	Mailing Address 6560 Haverford Avenue	Amount of Each Disbursement this Period 38.50
	City Philadelphia State PA Zip Code 19151	
	Purpose of Disbursement Auto Repair	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Philadelphia Public Record, Inc.	Transaction ID: SB17.4524 Date of Disbursement 03 / 06 / 2009
	Mailing Address 1330 Ritner Street	Amount of Each Disbursement this Period 400.00
	City Philadelphia State PA Zip Code 19148	
	Purpose of Disbursement Advertisement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Philadelphia Public Record, Inc.	Transaction ID: SB17.4526 Date of Disbursement 03 / 12 / 2009
	Mailing Address 1330 Ritner Street	Amount of Each Disbursement this Period 1200.00
	City Philadelphia State PA Zip Code 19148	
	Purpose of Disbursement Advertisement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1638.50
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 14 / 21

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

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

NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Philadelphia Tribune Mailing Address 520 South 16th Street City Philadelphia State PA Zip Code 19146 Purpose of Disbursement Subscription Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4531 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 9	Amount of Each Disbursement this Period 102.30
B.	Full Name (Last, First, Middle Initial) PNC Bank Mailing Address PO Box 535230 City Pittsburgh State PA Zip Code 15253 Purpose of Disbursement Bank Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4503 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 9	Amount of Each Disbursement this Period 15.00
C.	Full Name (Last, First, Middle Initial) PNC Bank Mailing Address PO Box 535230 City Pittsburgh State PA Zip Code 15253 Purpose of Disbursement Bank Service Charge - MM Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4504 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 9	Amount of Each Disbursement this Period 10.00

SUBTOTAL of Disbursements This Page (optional)	127.30
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 15 / 21

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

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

NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) PNC Bank</p> <p>Mailing Address PO Box 535230</p> <p>City Pittsburgh State PA Zip Code 15253</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4505</p> <p>Date of Disbursement 02 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 15.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) PNC Bank</p> <p>Mailing Address PO Box 535230</p> <p>City Pittsburgh State PA Zip Code 15253</p> <p>Purpose of Disbursement Bank Service Charge - MM</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4506</p> <p>Date of Disbursement 02 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 10.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) PNC Bank</p> <p>Mailing Address PO Box 535230</p> <p>City Pittsburgh State PA Zip Code 15253</p> <p>Purpose of Disbursement Bank Service Charge - MM</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4507</p> <p>Date of Disbursement 03 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 10.00</p>

SUBTOTAL of Disbursements This Page (optional)	35.00
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)

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

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

NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: SB17.4508 Date of Disbursement
	Mailing Address PO Box 535230	<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City Pittsburgh State PA Zip Code 15253	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="15.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: SB17.4509 Date of Disbursement
	Mailing Address PO Box 535230	<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City Pittsburgh State PA Zip Code 15253	Amount of Each Disbursement this Period
	Purpose of Disbursement Form 1120 0 Pol Tax Payment	<input type="text" value="1288.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Radisson Plaza Warwick Hotel	Transaction ID: SB17.4535 Date of Disbursement
	Mailing Address 1701 Locust Street	<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Philadelphia State PA Zip Code 19103	Amount of Each Disbursement this Period
	Purpose of Disbursement Event Deposit	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3803.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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

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

NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Schnader Harrison Segal & Lewis LLP	Transaction ID: SB17.4527 Date of Disbursement																			
	Mailing Address 1600 Market Street Suite 300	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
	City Philadelphia State PA Zip Code 19103	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Legal Fees	<table border="1"><tr><td>3841.54</td></tr></table>	3841.54																		
3841.54																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Scoop USA	Transaction ID: SB17.4532 Date of Disbursement																			
	Mailing Address PO Box 14013 942 North Watts Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	7		2	0	0	9												
	City Philadelphia State PA Zip Code 19122	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Advertisement	<table border="1"><tr><td>400.00</td></tr></table>	400.00																		
400.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) State Farm Insurance Co.	Transaction ID: SB17.4519 Date of Disbursement																			
	Mailing Address One State Farm Drive	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	3		2	0	0	9												
	City Concordville State PA Zip Code 19339	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Auto Insurance	<table border="1"><tr><td>605.41</td></tr></table>	605.41																		
605.41																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional) ▶

4846.95

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 18 / 21

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

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

NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) State Farm Insurance Co.</p> <p>Mailing Address One State Farm Drive</p> <p>City Concordville State PA Zip Code 19339</p> <p>Purpose of Disbursement Auto Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4521</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="921.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Stewards Benefit Committee</p> <p>Mailing Address 2980 Southampton Road</p> <p>City Philadelphia State PA Zip Code 19154</p> <p>Purpose of Disbursement Advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4510</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="350.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Strassheim Graphic design & Press Corp.</p> <p>Mailing Address 333 N. 15th Street</p> <p>City Philadelphia State PA Zip Code 19102</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4512</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="496.48"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1767.48"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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)

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

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

NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 25505 City Lehigh Valley State PA Zip Code 18002 Purpose of Disbursement Mobile Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4536 Date of Disbursement 01 / 08 / 2009	Amount of Each Disbursement this Period 198.85
B.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 25505 City Lehigh Valley State PA Zip Code 18002 Purpose of Disbursement Mobile Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4537 Date of Disbursement 01 / 30 / 2009	Amount of Each Disbursement this Period 195.67
C.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 25505 City Lehigh Valley State PA Zip Code 18002 Purpose of Disbursement Mobile Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4538 Date of Disbursement 03 / 03 / 2009	Amount of Each Disbursement this Period 189.67

SUBTOTAL of Disbursements This Page (optional) ▶	584.19
TOTAL This Period (last page this line number only) ▶	58959.04

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)

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

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

NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KATHY DAHLKEMPER FOR CONGRESS

Mailing Address PO Box 1045

City Erie State PA Zip Code 16512

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 03

Transaction ID: SB21.4610

Date of Disbursement

03 / 06 / 2009

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
Saints John Neuman & Maria Goretti HS

Mailing Address 1736 South Tenth Street

City Philadelphia State PA Zip Code 19148

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.4612

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

600.00

SUBTOTAL of Disbursements This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

2600.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 / 21	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Democratic Campaign Committee of Philadelphia			Nature of Debt (Purpose): Loan
Mailing Address 1421 Walnut Street			
City Philadelphia	State PA	ZIP Code 19102	

Outstanding Balance Beginning This Period		Transaction ID: SD9.4599	
5000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	5000.00	

1) SUBTOTALS This Period This Page (optional).....	5000.00
2) TOTALS This Period (last page this line number only).....	5000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	5000.00