

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

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

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

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 07 01 2009 through 09 30 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 10 14 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.

Office Use Only											FEC FORM 3 (Revised 02/2003)
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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:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<hr/>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	71500.00	232800.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	71500.00	230300.00
<hr/>		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	44735.84	200576.18
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	140.69
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	44735.84	200435.49
<hr/>		
8. Cash on Hand at Close of Reporting Period (from Line 27).....	621223.44	
<hr/>		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	5000.00	
<hr/>		
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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	9

D	D
3	0

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	41750.00	137550.00
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	41750.00	137550.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	29750.00	95250.00
(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))	71500.00	232800.00
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.).....	0.00	140.69
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	594.39	3636.92
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	72094.39	236577.61

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	44735.84	200576.18
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	2500.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2500.00
21. OTHER DISBURSEMENTS.....	1600.00	4400.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	46335.84	207476.18

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	595464.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	72094.39
25. SUBTOTAL (add Line 23 and Line 24).....	667559.28
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	46335.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	621223.44

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

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

FOR LINE NUMBER: PAGE 5 / 39
(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

<p>A. Full Name (Last, First, Middle Initial) Mr. Joshua Ackil</p> <p>Mailing Address 1739 Harvard Street NW</p> <p>City State Zip Code Washington DC 20009</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Info Technology Industry Council Occupation Consultant</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2009</p> <p>Transaction ID: SA11AI.4754</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. Gary Barbera</p> <p>Mailing Address 7810 Roosevelt Blvd.</p> <p>City State Zip Code Philadelphia PA 19152</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Barbera Enterprises Occupation Owner</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2009</p> <p>Transaction ID: SA11AI.4748</p> <p>Amount of Each Receipt this Period 2400.00</p> <p>Receipt</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Donald R Caldwell</p> <p>Mailing Address 531 N. Rose Lane</p> <p>City State Zip Code Haverford PA 19041</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Cross Atlantic Capital Occupation Executive</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2009</p> <p>Transaction ID: SA11AI.4740</p> <p>Amount of Each Receipt this Period 2400.00</p> <p>Receipt</p>
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SUBTOTAL of Receipts This Page (optional)	5300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 39
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms Martha Casey

Mailing Address 1310 19th Street NW

City Washington State DC Zip Code 20036

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

Name of Employer O'Neill, Athy & Casey Occupation Partner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 08 / 2009
Transaction ID: SA11AI.4688
 Amount of Each Receipt this Period 500.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Isabel Chernyak

Mailing Address 9324 B Neil Road

City Philadelphia State PA Zip Code 19115

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

Name of Employer Occupation Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 100.00

Date of Receipt 09 / 25 / 2009
Transaction ID: SA11AI.4758
 Amount of Each Receipt this Period 100.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Ms Donna D'Andrea

Mailing Address 12 Sunset Blvd.

City Longport State NJ Zip Code 08403

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

Name of Employer D'Andrea Produce Occupation Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 09 / 18 / 2009
Transaction ID: SA11AI.4737
 Amount of Each Receipt this Period 2400.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Ms Donna D'Andrea	Date of Receipt MM / DD / YYYY 09 / 18 / 2009
	Mailing Address 12 Sunset Blvd.	Transaction ID: SA11AI.4739
	City State Zip Code Longport NJ 08403	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer D'Andrea Produce Occupation Executive Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 4800.00	

B.	Full Name (Last, First, Middle Initial) Mr. Frank D'Andrea	Date of Receipt MM / DD / YYYY 09 / 18 / 2009
	Mailing Address 12 Sunset Blvd.	Transaction ID: SA11AI.4731
	City State Zip Code Longport NJ 08403	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer D'Andrea Produce Occupation Executive Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 2400.00	

C.	Full Name (Last, First, Middle Initial) Mr. Frank D'Andrea	Date of Receipt MM / DD / YYYY 09 / 18 / 2009
	Mailing Address 12 Sunset Blvd.	Transaction ID: SA11AI.4733
	City State Zip Code Longport NJ 08403	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer D'Andrea Produce Occupation Executive Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 4800.00	

SUBTOTAL of Receipts This Page (optional)	7200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 39
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Ms Jana D'Andrea</p> <p>Mailing Address 1368 Venezia Avenue</p> <p>City State Zip Code Vineland NJ 08361</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: D'Andrea Produce Occupation: Executive</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2400.00</p>	<p>Date of Receipt 09 / 18 / 2009</p> <p>Transaction ID: SA11AI.4728</p> <p>Amount of Each Receipt this Period 2400.00</p> <p>Receipt</p>
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<p>B. Full Name (Last, First, Middle Initial) Ms Jana D'Andrea</p> <p>Mailing Address 1368 Venezia Avenue</p> <p>City State Zip Code Vineland NJ 08361</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: D'Andrea Produce Occupation: Executive</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 4800.00</p>	<p>Date of Receipt 09 / 18 / 2009</p> <p>Transaction ID: SA11AI.4730</p> <p>Amount of Each Receipt this Period 2400.00</p> <p>Receipt</p>
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<p>C. Full Name (Last, First, Middle Initial) Ms Mary D'Andrea</p> <p>Mailing Address 20 Sunset Blvd.</p> <p>City State Zip Code Longport NJ 08402</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Homemaker Occupation: Homemaker</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2400.00</p>	<p>Date of Receipt 09 / 18 / 2009</p> <p>Transaction ID: SA11AI.4734</p> <p>Amount of Each Receipt this Period 2400.00</p> <p>Receipt</p>
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SUBTOTAL of Receipts This Page (optional)	7200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 39
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms Mary D'Andrea

Mailing Address 20 Sunset Blvd.

City State Zip Code
Longport NJ 08402

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

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

Transaction ID: SA11AI.4736

Amount of Each Receipt this Period
2400.00

Receipt

B. Full Name (Last, First, Middle Initial)
Mr. Robert Diamond

Mailing Address 4700 Brandywine Street NW

City State Zip Code
Washington DC 20016

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

Name of Employer Occupation
Diamond & Associates Partner

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	9

Transaction ID: SA11AI.4684

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Mr. David S Germroth

Mailing Address PO Box 20652

City State Zip Code
Alexandria VA 22320

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

Name of Employer Occupation
PACE Government Relations Consultant

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	9

Transaction ID: SA11AI.4670

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **3400.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 39
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms Rebecca Halkias

Mailing Address 101 Constitution Avenue NW #900

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation
The C2 Group Partner

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 08 / 2009

Transaction ID: SA11AI.4680

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Mr. Kevin F Kelly

Mailing Address 7819 Montvale Way

City State Zip Code
McClean VA 22102

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

Name of Employer Occupation
Van Scoyoc Associates, In- c. VP

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 08 / 2009

Transaction ID: SA11AI.4678

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Mr. Jeffrey M Lawrence

Mailing Address 1350 Edgemont Avenue

City State Zip Code
Chester PA 19013

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

Name of Employer Occupation
V Systems Composites, Inc. Sr. Process Engineer

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 08 / 2009

Transaction ID: SA11AI.4666

Amount of Each Receipt this Period
1000.00

Receipts

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 39
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Local 13000 Communications Workers of America

Mailing Address 2124 Race Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 08 / 08 / 2009
Transaction ID: SA11AI.4716
Amount of Each Receipt this Period: 5000.00
Receipt

B. Full Name (Last, First, Middle Initial)
Mr. Edward Long

Mailing Address 430 N. Jackson Street

City Arlington State VA Zip Code 22201

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

Name of Employer Van Scoyoc Associates, Inc. Occupation VP

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 07 / 08 / 2009
Transaction ID: SA11AI.4682
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Mr. Mark Lopez

Mailing Address 7362 Claridge Street

City Philadelphia State PA Zip Code 19111

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

Name of Employer Self Occupation Consultant

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 100.00

Date of Receipt: 07 / 08 / 2009
Transaction ID: SA11AI.4694
Amount of Each Receipt this Period: 100.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► **5600.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 39
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Michael J Louderback
 Mailing Address PO Box 81048
 City RSM State CA Zip Code 92688
 Date of Receipt MM / DD / YYYY 07 / 08 / 2009
Transaction ID: SA11AI.4668
 Amount of Each Receipt this Period 1000.00
 Receipts
 Name of Employer V System Composite, Inc. Occupation CEO
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Mark Mazzie
 Mailing Address PO Box 1247
 City Southeastern State PA Zip Code 19399
 Date of Receipt MM / DD / YYYY 09 / 25 / 2009
Transaction ID: SA11AI.4750
 Amount of Each Receipt this Period 1000.00
 Receipt
 Name of Employer Ctr for Professional Innovation Occupation Director
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Keith Morrison
 Mailing Address 3358 Stuyuesant Place NW
 City Washington State DC Zip Code 20015
 Date of Receipt MM / DD / YYYY 07 / 08 / 2009
Transaction ID: SA11AI.4676
 Amount of Each Receipt this Period 500.00
 Receipt
 Name of Employer Van Scoyoc Associates, Inc. Occupation VP
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 39
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Jeffrey E Myers

Mailing Address 301 Hanby Circle

City Boothwyn State PA Zip Code 19061

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

Name of Employer Blank Rome LLP Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 04 / 2009
Transaction ID: SA11AI.4721
 Amount of Each Receipt this Period 500.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Ms Diane Layne Schumacher

Mailing Address 1615 L Street NW

City Washington State DC Zip Code 20036

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

Name of Employer Schumacher Partners Int'l LLC Occupation Managing Partner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 08 / 2009
Transaction ID: SA11AI.4672
 Amount of Each Receipt this Period 500.00
 Receipts

C. Full Name (Last, First, Middle Initial)
Mr. Randal P Schumacher

Mailing Address 1615 L Street NW

City Washington State DC Zip Code 20036

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

Name of Employer Schumacher Partners Int'l LLC Occupation Chairman

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 08 / 2009
Transaction ID: SA11AI.4674
 Amount of Each Receipt this Period 500.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 39
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Eric Settle

Mailing Address 829 Waverly Road

City State Zip Code
Bryn Mawr PA 19010

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

Name of Employer Occupation
Settle Strategies, LLC Consultant

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 08 / 2009

Transaction ID: SA11AI.4690

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 1101 30th Street NW #220

City State Zip Code
Washington DC 20007

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

Name of Employer Occupation
Ikon Public Affairs Manager

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 08 / 2009

Transaction ID: SA11AI.4686

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ms Tamara S Stine

Mailing Address 212 N. third Street #203

City State Zip Code
Harrisburg PA 17101

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

Name of Employer Occupation
Dublin Associates Consultant

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 08 / 2009

Transaction ID: SA11AI.4692

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 39
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Matthew Tanielian

Mailing Address **5615 Wilson Lane**

City **Bethesda** State **MD** Zip Code **20814**

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

Name of Employer Self Occupation **Consultant**

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt **09 / 25 / 2009**
Transaction ID: SA11AI.4752
 Amount of Each Receipt this Period **500.00**
 Receipt

B. Full Name (Last, First, Middle Initial)
Mr. Louis Trioli

Mailing Address **414 E. Rambo Street**

City **Bridgeport** State **PA** Zip Code **19405**

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

Name of Employer Occupation **Retired**

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **50.00**

Date of Receipt **09 / 25 / 2009**
Transaction ID: SA11AI.4756
 Amount of Each Receipt this Period **50.00**
 Receipt

C. Full Name (Last, First, Middle Initial)
Mr. David Watson

Mailing Address **432 Boxwood Road**

City **Bryn Mawr** State **PA** Zip Code **19010**

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

Name of Employer Comcast Corp Occupation **Executive**

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt **09 / 25 / 2009**
Transaction ID: SA11AI.4745
 Amount of Each Receipt this Period **1000.00**
 Receipt

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Mr. David Watson		Date of Receipt
	Mailing Address 432 Boxwood Road		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Bryn Mawr	PA	19010
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Comcast Corp		Occupation Executive
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="2000.00"/>	
		Transaction ID: SA11AI.4747	
		Amount of Each Receipt this Period <input type="text" value="1000.00"/>	
		Receipt	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="41750.00"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 39
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 07 / 08 / 2009
Transaction ID: SA11C.4707
 Amount of Each Receipt this Period: 1000.00
 Receipt

B. Full Name (Last, First, Middle Initial)
DAY & ZIMMERMANN INC FEDERAL PAC (AKA 'DAYPAC - FEDERAL')

Mailing Address 1500 Spring Garden Street

City Philadelphia State PA Zip Code 19130

FEC ID number of contributing federal political committee. **C** C00341271

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 07 / 08 / 2009
Transaction ID: SA11C.4699
 Amount of Each Receipt this Period: 2000.00
 Receipt

C. Full Name (Last, First, Middle Initial)
EXELON CORPORATION POLITICAL ACTION COMMITTEE (EXELONPAC)

Mailing Address 10 South Dearborn Street

City Chicago State IL Zip Code 60603

FEC ID number of contributing federal political committee. **C** C00141218

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 07 / 08 / 2009
Transaction ID: SA11C.4701
 Amount of Each Receipt this Period: 2000.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 5000.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 39
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
INT'L. ASSOCIATION OF BRIDGE, STRUCTURAL, ORNAMENTAL & REINFORCING IRON WORKERS (Date of Receipt)

Mailing Address 1750 New York Ave. NW
Suite 400

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00027359

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: M M / D D / Y Y Y Y Y
08 / 20 / 2009

Transaction ID: SA11C.4725

Amount of Each Receipt this Period
3000.00

Receipt

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF BOILERMAKERS CAMPAIGN ASSISTANCE FUND

Mailing Address 753 State Ave.
Suite 565

City State Zip Code
Kansas City KS 66101

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: M M / D D / Y Y Y Y Y
07 / 30 / 2009

Transaction ID: SA11C.4719

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF BOILERMAKERS CAMPAIGN ASSISTANCE FUND

Mailing Address 753 State Ave.
Suite 565

City State Zip Code
Kansas City KS 66101

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt: M M / D D / Y Y Y Y Y
08 / 25 / 2009

Transaction ID: SA11C.4742

Amount of Each Receipt this Period
2500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **6500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 39
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MACHINISTS NON PARTISAN POL LEAGUE OF THE INT'L ASSN OF MACHINISTS & AEROSPACE WORKERS
 Mailing Address 9000 Machinists Place
 City State Zip Code
 Upper Marlboro MD 20772
 FEC ID number of contributing federal political committee. **C** C00002469
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 05 / 2009
Transaction ID: SA11C.4717
 Amount of Each Receipt this Period
 5000.00
 Receipt

B. Full Name (Last, First, Middle Initial)
MANAGEMENT AND TRAINING CORPORATION POLITICAL ACTION COMMITTEE
 Mailing Address 500 NORTH MARKETPLACE DRIVE
 City State Zip Code
 CENTERVILLE UT 84403
 FEC ID number of contributing federal political committee. **C** C00208322
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 25 / 2009
Transaction ID: SA11C.4743
 Amount of Each Receipt this Period
 250.00
 Receipt

C. Full Name (Last, First, Middle Initial)
NELSON, MULLINS, RILEY & SCARBOROUGH FEDERAL POLITICAL COMMITTEE
 Mailing Address 1320 MAIN STREET, 17TH FLOOR
 PO BOX 11070
 City State Zip Code
 COLUMBIA SC 29201
 FEC ID number of contributing federal political committee. **C** C00278895
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 08 / 2009
Transaction ID: SA11C.4703
 Amount of Each Receipt this Period
 1000.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► **6250.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 39
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SOUTHWEST AIRLINES CO. FREEDOM FUND

Mailing Address P O Box 36611, HDQ 4GA

City State Zip Code
Dallas TX 75235

FEC ID number of contributing federal political committee. **C** C00341602

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 08 / 2009

Transaction ID: SA11C.4709

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
SUNOCO INC. POLITICAL ACTION COMMITTEE (SUN PAC)

Mailing Address 1735 Market Street
Suite LL

City State Zip Code
Philadelphia PA 19103

FEC ID number of contributing federal political committee. **C** C00025346

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 08 / 2009

Transaction ID: SA11C.4705

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
TRANSPORT WORKERS UNION POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 1700 Broadway 2nd Floor

City State Zip Code
New York NY 10019

FEC ID number of contributing federal political committee. **C** C00008268

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 08 / 2009

Transaction ID: SA11C.4696

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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

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

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

FOR LINE NUMBER: PAGE 21 / 39
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Mailing Address 8000 EAST JEFFERSON

City State Zip Code
DETROIT MI 48214

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 08 / 2009

Transaction ID: SA11C.4723

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	29750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 39
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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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 ▼ 3261.06
Date of Receipt: 07 / 31 / 2009
Transaction ID: SA15.4775
Amount of Each Receipt this Period: 218.53
Interest - MM

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 ▼ 3468.31
Date of Receipt: 08 / 31 / 2009
Transaction ID: SA15.4777
Amount of Each Receipt this Period: 207.25
Interest - MM

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 ▼ 3636.92
Date of Receipt: 09 / 30 / 2009
Transaction ID: SA15.4779
Amount of Each Receipt this Period: 168.61
Interest - MM

SUBTOTAL of Receipts This Page (optional) ► 594.39
TOTAL This Period (last page this line number only) ► 594.39

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 23 / 39

<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

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) AOL Service	Transaction ID: SB17.4659 Date of Disbursement
	Mailing Address C/O 12518 Chilton Road	<input type="text" value="07"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Philadelphia State PA Zip Code 19154	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Service	<input type="text" value="32.90"/>
	Candidate Name BOB BRADY FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AOL Service	Transaction ID: SB17.4660 Date of Disbursement
	Mailing Address C/O 12518 Chilton Road	<input type="text" value="08"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Philadelphia State PA Zip Code 19154	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Service	<input type="text" value="32.90"/>
	Candidate Name BOB BRADY FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AOL Service	Transaction ID: SB17.4663 Date of Disbursement
	Mailing Address C/O 12518 Chilton Road	<input type="text" value="09"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Philadelphia State PA Zip Code 19154	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Service	<input type="text" value="11.99"/>
	Candidate Name BOB BRADY FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="77.79"/>
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

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Ms Linda August</p> <p>Mailing Address One Bala Avenue Suite 305</p> <p>City Bala Cynwyd State PA Zip Code 19004</p> <p>Purpose of Disbursement Fundraising Consulting</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4623</p> <p>Date of Disbursement MM / DD / YYYY 07 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 9750.00</p>
<p>B. Full Name (Last, First, Middle Initial) Ms Linda August</p> <p>Mailing Address One Bala Avenue Suite 305</p> <p>City Bala Cynwyd State PA Zip Code 19004</p> <p>Purpose of Disbursement Reimbursement for Postage</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4634</p> <p>Date of Disbursement MM / DD / YYYY 07 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 220.00</p>
<p>C. Full Name (Last, First, Middle Initial) Ms Linda August</p> <p>Mailing Address One Bala Avenue Suite 305</p> <p>City Bala Cynwyd State PA Zip Code 19004</p> <p>Purpose of Disbursement Fundraising Consulting</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4657</p> <p>Date of Disbursement MM / DD / YYYY 09 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 14625.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

24595.00

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

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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 BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4621</p> <p>Date of Disbursement MM / DD / YYYY 07 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 545.11</p>
<p>B. 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 BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4639</p> <p>Date of Disbursement MM / DD / YYYY 08 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 545.11</p>
<p>C. 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 BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4650</p> <p>Date of Disbursement MM / DD / YYYY 09 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 545.11</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1635.33

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)

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<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

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Congressional Black Caucus Foundation, Inc.</p> <p>Mailing Address 1720 Massachusetts Avenue NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Contribution / Awards Dinner</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4770</p> <p>Date of Disbursement 09 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Congressional Black Caucus Institute</p> <p>Mailing Address 227 Massachusetts Avenue NE Suite 201</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4768</p> <p>Date of Disbursement 07 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</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 BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4619</p> <p>Date of Disbursement 07 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 874.12</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5374.12

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

<p>A. 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 BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4641</p> <p>Date of Disbursement 08 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1499.03</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 BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4652</p> <p>Date of Disbursement 09 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 841.12</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 BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4664</p> <p>Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1094.83</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3434.98

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

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
GMAC

Transaction ID: SB17.4620
Date of Disbursement

Mailing Address PO Box 78234

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	9

City Phoenix State AZ Zip Code 85062

Amount of Each Disbursement this Period

1169.34

Purpose of Disbursement
Auto Lease

--

Candidate Name
BOB BRADY FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 01

B.

Full Name (Last, First, Middle Initial)
GMAC

Transaction ID: SB17.4640
Date of Disbursement

Mailing Address PO Box 78234

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	9

City Phoenix State AZ Zip Code 85062

Amount of Each Disbursement this Period

1169.34

Purpose of Disbursement
Auto Lease

--

Candidate Name
BOB BRADY FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 01

C.

Full Name (Last, First, Middle Initial)
GMAC

Transaction ID: SB17.4651
Date of Disbursement

Mailing Address PO Box 78234

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

City Phoenix State AZ Zip Code 85062

Amount of Each Disbursement this Period

1169.34

Purpose of Disbursement
Auto Lease

--

Candidate Name
BOB BRADY FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 01

SUBTOTAL of Disbursements This Page (optional) ▶

3508.02

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

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**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

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Mr. Mark Lopez</p> <p>Mailing Address 7362 Claridge Street</p> <p>City Philadelphia State PA Zip Code 19111</p> <p>Purpose of Disbursement Returned Check</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4762</p> <p>Date of Disbursement 07 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 100.00</p>
<p>B. Full Name (Last, First, Middle Initial) MANAGEMENT AND TRAINING CORPORATION POLITICAL ACTION COMMITTEE</p> <p>Mailing Address 500 NORTH MARKETPLACE DRIVE</p> <p>City CENTERVILLE State UT Zip Code 84403</p> <p>Purpose of Disbursement Returned Check</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4763</p> <p>Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p>C. Full Name (Last, First, Middle Initial) Marilyn Service Garage</p> <p>Mailing Address 6560 Haverford Avenue</p> <p>City Philadelphia State PA Zip Code 19151</p> <p>Purpose of Disbursement Auto Repairs</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4617</p> <p>Date of Disbursement 07 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 155.11</p>

SUBTOTAL of Disbursements This Page (optional) ▶

505.11

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

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Marilyn Service Garage</p> <p>Mailing Address 6560 Haverford Avenue</p> <p>City Philadelphia State PA Zip Code 19151</p> <p>Purpose of Disbursement Auto Repair</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4636</p> <p>Date of Disbursement MM / DD / YYYY 07 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 38.50</p>
<p>B. Full Name (Last, First, Middle Initial) Marilyn Service Garage</p> <p>Mailing Address 6560 Haverford Avenue</p> <p>City Philadelphia State PA Zip Code 19151</p> <p>Purpose of Disbursement Auto Repair</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4653</p> <p>Date of Disbursement MM / DD / YYYY 09 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 54.50</p>
<p>C. Full Name (Last, First, Middle Initial) National Democratic Club</p> <p>Mailing Address 30 Ivy Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Membership Dues</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4627</p> <p>Date of Disbursement MM / DD / YYYY 07 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 40.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

133.00

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

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) National Democratic Club</p> <p>Mailing Address 30 Ivy Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Membership Dues</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4646</p> <p>Date of Disbursement 08 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p>B. Full Name (Last, First, Middle Initial) National Democratic Club</p> <p>Mailing Address 30 Ivy Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement membership dues</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4654</p> <p>Date of Disbursement 09 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p>C. Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address 2211 N. First Street</p> <p>City San Jose State CA Zip Code 95131</p> <p>Purpose of Disbursement Paypal Fees</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4760</p> <p>Date of Disbursement 09 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 192.35</p>

SUBTOTAL of Disbursements This Page (optional) ▶

272.35

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

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Philadelphia Public Record, Inc. Mailing Address 1323 S. Broad Street City Philadelphia State PA Zip Code 19147 Purpose of Disbursement Advertisement Candidate Name BOB BRADY FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4632 Date of Disbursement 07 / 14 / 2009	Amount of Each Disbursement this Period 400.00
B.	Full Name (Last, First, Middle Initial) Philadelphia Public Record, Inc. Mailing Address 1323 S. Broad Street City Philadelphia State PA Zip Code 19147 Purpose of Disbursement Advertisement Candidate Name BOB BRADY FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4633 Date of Disbursement 07 / 14 / 2009	Amount of Each Disbursement this Period 400.00
C.	Full Name (Last, First, Middle Initial) PNC Bank Mailing Address PO Box 535230 City Pittsburgh State PA Zip Code 15253 Purpose of Disbursement Service Charge Candidate Name BOB BRADY FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4658 Date of Disbursement 07 / 01 / 2009	Amount of Each Disbursement this Period 15.00

SUBTOTAL of Disbursements This Page (optional) ▶	815.00
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

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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 Service Charge - MM</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4776</p> <p>Date of Disbursement MM / DD / YYYY 07 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 10.00</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 Service Charge</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4661</p> <p>Date of Disbursement MM / DD / YYYY 08 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 58.00</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 Service Charge - MM</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4778</p> <p>Date of Disbursement MM / DD / YYYY 08 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 10.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

78.00

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

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: SB17.4662 Date of Disbursement
	Mailing Address PO Box 535230	<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Pittsburgh State PA Zip Code 15253	Amount of Each Disbursement this Period
	Purpose of Disbursement Service Charges	<input type="text" value="15.00"/>
	Candidate Name BOB BRADY FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: SB17.4780 Date of Disbursement
	Mailing Address PO Box 535230	<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Pittsburgh State PA Zip Code 15253	Amount of Each Disbursement this Period
	Purpose of Disbursement Service Charges - MM	<input type="text" value="10.00"/>
	Candidate Name BOB BRADY FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Port Richmond on Patrol & Civic Association	Transaction ID: SB17.4769 Date of Disbursement
	Mailing Address	<input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City Philadelphia State PA Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement Donation	<input type="text" value="500.00"/>
	Candidate Name BOB BRADY FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="525.00"/>
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

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
State Farm Insurance Co.

Transaction ID: SB17.4635
Date of Disbursement

Mailing Address One State Farm Drive

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

City State Zip Code
Concordville PA 19339

Amount of Each Disbursement this Period

545.01

Purpose of Disbursement
Auto Insurance

Category/ Type

Candidate Name
BOB BRADY FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 01

B.

Full Name (Last, First, Middle Initial)
State Farm Insurance Co.

Transaction ID: SB17.4774
Date of Disbursement

Mailing Address One State Farm Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	9

City State Zip Code
Concordville PA 19339

Amount of Each Disbursement this Period

909.08

Purpose of Disbursement
Auto Insurance

Category/ Type

Candidate Name
BOB BRADY FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 01

C.

Full Name (Last, First, Middle Initial)
Strassheim Graphic design & Press Corp.

Transaction ID: SB17.4618
Date of Disbursement

Mailing Address 333 N. 15th Street

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	9

City State Zip Code
Philadelphia PA 19102

Amount of Each Disbursement this Period

187.25

Purpose of Disbursement
Printing of Letterhead

Category/ Type

Candidate Name
BOB BRADY FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 01

SUBTOTAL of Disbursements This Page (optional) ▶

1641.34

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

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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

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 25505</p> <p>City Lehigh Valley State PA Zip Code 18002</p> <p>Purpose of Disbursement Mobile Phone</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4622</p> <p>Date of Disbursement MM / DD / YYYY 07 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 211.11</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 25505</p> <p>City Lehigh Valley State PA Zip Code 18002</p> <p>Purpose of Disbursement Mobile Phone</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4638</p> <p>Date of Disbursement MM / DD / YYYY 08 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 212.15</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 25505</p> <p>City Lehigh Valley State PA Zip Code 18002</p> <p>Purpose of Disbursement Mobile Phone</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4649</p> <p>Date of Disbursement MM / DD / YYYY 09 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 502.27</p>

SUBTOTAL of Disbursements This Page (optional) ▶

925.53

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

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: SB17.4665 Date of Disbursement
	Mailing Address PO Box 25505	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Lehigh Valley State PA Zip Code 18002	Amount of Each Disbursement this Period
	Purpose of Disbursement Mobile Phone	<input type="text" value="243.17"/>
	Candidate Name BOB BRADY FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Mr. Stanley White	Transaction ID: SB17.4625 Date of Disbursement
	Mailing Address 2060 West Chester Drive	<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City Silver Springs State MD Zip Code 20902	Amount of Each Disbursement this Period
	Purpose of Disbursement Air and Hotel Expense for Black Caucus meeting	<input type="text" value="972.10"/>
	Candidate Name BOB BRADY FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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 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

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Hoopstars Girls Basketball	Transaction ID: SB21.4644 Date of Disbursement
	Mailing Address 2933 South Broad Street	<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Philadelphia State PA Zip Code 19148	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution for Summer Camp	<input type="text" value="500.00"/>
	Candidate Name BOB BRADY FOR CONGRESS	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) St. Nicholas of Tolentine Church	Transaction ID: SB21.4655 Date of Disbursement
	Mailing Address 910 Watkins Street	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Philadelphia State PA Zip Code 19148	Amount of Each Disbursement this Period
	Purpose of Disbursement Sponsorship / Donation	<input type="text" value="500.00"/>
	Candidate Name BOB BRADY FOR CONGRESS	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Variety Children's Charity	Transaction ID: SB21.4642 Date of Disbursement
	Mailing Address 1520 Locust Street 2nd Floor	<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Philadelphia State PA Zip Code 19102	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution for Table at Event	<input type="text" value="600.00"/>
	Candidate Name BOB BRADY FOR CONGRESS	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1600.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1600.00"/>

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

(Use separate schedule(s) for each numbered line)	PAGE 39 / 39	
	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						
<table border="0"> <tr> <td>City</td> <td>State</td> <td>ZIP Code</td> </tr> <tr> <td>Philadelphia</td> <td>PA</td> <td>19102</td> </tr> </table>		City	State	ZIP Code	Philadelphia	PA
City	State	ZIP Code				
Philadelphia	PA	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