

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Citizens for Boyle

ADDRESS (number and street)

499 S. Capitol St. SW

Suite 422

Check if different than previously reported. (ACC)

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

C C00543363

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

PA

13

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer Lindsay F. Angerholzer

Signature of Treasurer Lindsay F. Angerholzer

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Citizens for Boyle**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	<input type="text" value="155990.85"/>	<input type="text" value="887637.46"/>
(b) Total Contribution Refunds (from Line 20(d)) .....	<input type="text" value="0.00"/>	<input type="text" value="1320.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text" value="155990.85"/>	<input type="text" value="886317.46"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	<input type="text" value="70490.87"/>	<input type="text" value="383082.14"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="689.64"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="70490.87"/>	<input type="text" value="382392.50"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="493404.36"/>	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Citizens for Boyle**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	36650.00	288014.50
(ii) Unitemized.....	990.85	11842.51
(iii) TOTAL of contributions from individuals ▶	37640.85	299857.01
(b) Political Party Committees.....	0.00	2708.67
(c) Other Political Committees (such as PACs).....	118350.00	583850.00
(d) The Candidate.....	0.00	1221.78
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	155990.85	887637.46
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	689.64
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	940.92	3216.51
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	156931.77	891543.61

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	70490.87	383082.14
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	40000.00
(b) Of All Other Loans .....	0.00	5481.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	45481.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	320.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1320.00
21. OTHER DISBURSEMENTS .....	89845.00	381006.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	160335.87	810889.14

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	496808.46
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	156931.77
25. SUBTOTAL (add Line 23 and Line 24).....	653740.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	160335.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	493404.36

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Scott H. Anderson**

Mailing Address 1106 El Centro Ave.

City: Oakland State: CA Zip Code: 94602

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

Name of Employer: Soul Focus Sports Occupation: Company Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 05 / 13 / 2016

**Transaction ID : C10670401**

Amount of Each Receipt this Period: 2500.00

Memo Item

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

Mailing Address 6754B Surreywood Lane

City: Bethesda State: MD Zip Code: 20817

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

Name of Employer: Foundation to Support Animal Protectio Occupation: Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 05 / 13 / 2016

**Transaction ID : C10670402**

Amount of Each Receipt this Period: 2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Anthony Diasio**

Mailing Address 132 Summer Ridge Drive

City: Lansdale State: PA Zip Code: 19446

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

Name of Employer: Fox Chase Cancer Center Occupation: Vice President - Finance

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 25 / 2016

**Transaction ID : C10665903**

Amount of Each Receipt this Period: 250.00

Memo Item

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

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

5250.00

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

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

FOR LINE NUMBER: PAGE 6 OF 79  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Christopher Drumm**

Mailing Address 8 Moredun Place

City Philadelphia State PA Zip Code 19115

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

Name of Employer AmeriHealth Caritas Occupation VP of Government and External Affairs

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C10665904**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item

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

Mailing Address 708 Scarborough Way

City Alexandria State VA Zip Code 22314-6211

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

Name of Employer 121 Strategies & Gov Affairs Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

**Transaction ID : C10665356**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Hasan Eygoren**

Mailing Address 7015 Ridge Ave. Apt 6

City Philadelphia State PA Zip Code 19128

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

Name of Employer The Peace Island Institute Occupation Program Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C10665906**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

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

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

\_\_\_\_\_ 1250.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Fisher**

Mailing Address 106 Hampton Ln

City State Zip Code  
Blue Bell PA 19422-2605

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

Name of Employer Occupation  
Fox Chase Cancer Center President & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C10665907**

Amount of Each Receipt this Period  
 750.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Thomas P. Forkin Jr.**

Mailing Address 3349 Wellington St

City State Zip Code  
Philadelphia PA 19149-1615

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

Name of Employer Occupation  
Magnetic Metals Corp. Business administrator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2016

**Transaction ID : C10665232**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Joseph Galdo**

Mailing Address 781 Broadmoor Road

City State Zip Code  
Huntingdon Valley PA 19006

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

Name of Employer Occupation  
Self Tax Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C10665909**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

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

Mailing Address 2401 Pennsylvania Ave  
Apt 18 B 30

City Philadelphia State PA Zip Code 19130-3002

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

Name of Employer Self - Accountant Occupation Certified Public Accountant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

**Transaction ID : C10679095**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 9 Pebble Ln

City Cherry Hill State NJ Zip Code 08002-1555

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

Name of Employer Cantor Fitzgerald Occupation Software Developer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C10665913**

Amount of Each Receipt this Period  
750.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Sukru Kilic**

Mailing Address 9 Pebble Ln

City Cherry Hill State NJ Zip Code 08002-1555

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

Name of Employer Cantor Fitzgerald Occupation Software Developer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C10665914**

Amount of Each Receipt this Period  
750.00

Memo Item

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

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

1750.00



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

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

FOR LINE NUMBER: PAGE 9 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

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

Mailing Address 12270 Townsend Road

City Philadelphia State PA Zip Code 19154

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

Name of Employer Holt's Cigar Company Occupation CEO & President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

**Transaction ID : C10679096**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 1321 Kirks Ln

City Dresher State PA Zip Code 19025-1105

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

Name of Employer Northwest Physical Therapy Occupation Physical Therapist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C10665917**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Laura McAllister Johnson**

Mailing Address 5945 Broadway Street

City San Antonio State TX Zip Code 78209

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

Name of Employer King Ranch Occupation Rancher

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2016

**Transaction ID : C10670418**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

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

3250.00

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

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

FOR LINE NUMBER: PAGE 10 OF 79  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Cody McCone**

Mailing Address 131 83rd Street

City State Zip Code  
Brooklyn NY 11209

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

Name of Employer Occupation  
O'Dwyer & Bernstien, LLP Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2016

**Transaction ID : C10677694**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

Mailing Address 771 Bard Avenue

City State Zip Code  
Staten Island NY 10310

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

Name of Employer Occupation  
Columbia Law School Lecturer in Law

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2016

**Transaction ID : C10677695**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**John P. Nolan**

Mailing Address 270 First Avenue  
Apt. 1H

City State Zip Code  
New York NY 10009

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

Name of Employer Occupation  
Dragon Rouge Managing Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2016

**Transaction ID : C10677699**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 11 OF 79  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Niall O'Dowd**

Mailing Address 875 Sixth Avenue

City State Zip Code  
New York NY 10001

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

Name of Employer Occupation  
Irish Central Publisher

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

**Transaction ID : C10665284**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Brian O'Dwyer Esq.**

Mailing Address 52 Duane St  
FI 5

City State Zip Code  
New York NY 10007-1229

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

Name of Employer Occupation  
O'Dwyer & Bernstien, LLP Senior Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

**Transaction ID : C10665286**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Brian O'Dwyer Esq.**

Mailing Address 52 Duane St  
FI 5

City State Zip Code  
New York NY 10007-1229

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

Name of Employer Occupation  
O'Dwyer & Bernstien, LLP Senior Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2016

**Transaction ID : C10677702**

Amount of Each Receipt this Period  
 2700.00

Memo Item

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

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

4700.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 12 OF 79

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Murat Odemis**

Mailing Address 522 Red Coat Lane

City Phoenixville State PA Zip Code 19460

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

Name of Employer Turnberry Solutions Occupation Business Analyst

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C10665918**

Amount of Each Receipt this Period  
 750.00

Memo Item

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

Mailing Address 522 Red Coat Lane

City Phoenixville State PA Zip Code 19460

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

Name of Employer Turnberry Solutions Occupation Business Analyst

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C10665919**

Amount of Each Receipt this Period  
 750.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Sait Onal**

Mailing Address 2007 Wynfield Dr

City Lancaster State PA Zip Code 17601-4967

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

Name of Employer Transamerica Occupation District Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C10665920**

Amount of Each Receipt this Period  
 450.00

Memo Item

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

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

1950.00

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

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

FOR LINE NUMBER: PAGE 13 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Sait Onal**

Mailing Address 2007 Wynfield Dr

City Lancaster State PA Zip Code 17601-4967

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

Name of Employer Transamerica Occupation District Manager

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt **04 / 25 / 2016**

**Transaction ID : C10665921**

Amount of Each Receipt this Period **750.00**

Memo Item

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

Mailing Address 2007 Wynfield Dr

City Lancaster State PA Zip Code 17601-4967

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

Name of Employer Transamerica Occupation District Manager

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt **04 / 25 / 2016**

**Transaction ID : C10665922**

Amount of Each Receipt this Period **300.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Jannette Patterson**

Mailing Address 225 Central Park West #1214

City New York State NY Zip Code 10024

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

Name of Employer The Corcoran Group Occupation Real Estate Broker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **05 / 13 / 2016**

**Transaction ID : C10670404**

Amount of Each Receipt this Period **1000.00**

Memo Item

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

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

**2050.00**

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

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

FOR LINE NUMBER: PAGE 14 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Neville Pattinson**

Mailing Address 375 Branch Creek Trl

City State Zip Code  
Liberty Hill TX 78642-3789

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

Name of Employer Occupation  
Gemalto Inc SVP Government Affairs

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 20 / 2016**

**Transaction ID : C10665355**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

Mailing Address 815 Pardee Ln

City State Zip Code  
Wyncote PA 19095-1609

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

Name of Employer Occupation  
Revere Suburban Realty Chief Executive

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2950.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 22 / 2016**

**Transaction ID : C10665592**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Philip Rinaldi**

Mailing Address 1735 Market Street, 10th Floor

City State Zip Code  
Philadelphia PA 19103

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

Name of Employer Occupation  
Philadelphia Energy Solutions CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 23 / 2016**

**Transaction ID : C10679097**

Amount of Each Receipt this Period  
**500.00**

Memo Item

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Julie L. Robertson**

Mailing Address 2549 Knox St. NE

City Atlanta State GA Zip Code 30317

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

Name of Employer Self Occupation Publishing

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2016

**Transaction ID : C10670403**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

Mailing Address 1343 Ascot Pl

City Philadelphia State PA Zip Code 19116-1501

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

Name of Employer self Occupation attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
811.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

**Transaction ID : C10679098**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Peter Schorsch**

Mailing Address 1644 Warner Rd

City Jenkintown State PA Zip Code 19046-1915

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

Name of Employer International Education Opportunities Occupation Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C10665929**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

3450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

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

Mailing Address 215 S. Broad Street  
Suite 500

City Philadelphia State PA Zip Code 19107

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

Name of Employer Green, Silverstein & Groff Occupation Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C10665927**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 3513 Bradley Ln

City Chevy Chase State MD Zip Code 20815-3259

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

Name of Employer Cornerstone Government Affairs Occupation Government Relations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2016

**Transaction ID : C10665179**

Amount of Each Receipt this Period  
2200.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Michael Thevar**

Mailing Address 126 Newport Ln

City North Wales State PA Zip Code 19454-1458

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

Name of Employer Omni health Services Occupation Self Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2016

**Transaction ID : C10673394**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

2950.00



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

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

FOR LINE NUMBER: PAGE 17 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Ferhan Tunagur**

Mailing Address 2227 Kater St.

City Philadelphia State PA Zip Code 19146

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

Name of Employer Rutgers University Occupation Instructor

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C10665931**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Jane Velez-Mitchell**

Mailing Address 333 W 56th Street Apt. 3H

City New York State NY Zip Code 10019

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

Name of Employer Self Occupation Author

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2016

**Transaction ID : C10670416**

Amount of Each Receipt this Period  
2700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Anna J. Ware**

Mailing Address PO Box 13253

City Atlanta State GA Zip Code 30324

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

Name of Employer Self Occupation Activist

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2016

**Transaction ID : C10670400**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

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

5700.00

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

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

FOR LINE NUMBER: PAGE 18 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Law Offices of R Emmett Madden**

Mailing Address 101 Greenwood Ave

City State Zip Code  
Jenkintown PA 19046

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C10665915**

Amount of Each Receipt this Period  
100.00

Memo Item

PARTNERSHIP--partners below if itemized

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

Mailing Address 101 Greenwood Ave 5th Fl

City State Zip Code  
Jenkintown PA 19046

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

Name of Employer Occupation  
Law Offices of R. Emmett Madden Lawyer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C10665916**

Amount of Each Receipt this Period  
100.00

Memo Item

\*

**C.** Full Name (Last, First, Middle Initial)  
**Stradley Ronon Stevens & Young, LLP**

Mailing Address 2005 Market St  
Ste 2600

City State Zip Code  
Philadelphia PA 19103-7018

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

**Transaction ID : C10679104**

Amount of Each Receipt this Period  
1000.00

Memo Item

PARTNERSHIP--partners below if itemized

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

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

1100.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 OF 79  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**William R. Sasso**

Mailing Address 2005 Market St  
Ste 2600

City Philadelphia State PA Zip Code 19103-7018

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

Name of Employer Stradley Ronan Occupation Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 24 / 2016

**Transaction ID : C10681142**

Amount of Each Receipt this Period  
1000.00

Memo Item

\*

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

0.00

36650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

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

Mailing Address **1 N. WAUKEGAN ROAD**

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

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 20 / 2016**

**Transaction ID : C10672454**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

Mailing Address **701 PENNSYLVANIA AVE. NW  
SUITE 800**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00340356**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2016**

**Transaction ID : C10681138**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**AMER POST WORK UN AFL-CIO PHIL PA AREA LOC COMM/POL ACT (PHIL PA AREA LOC APWU COMM/PO ACT**

Mailing Address **1300 L STREET NW**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00010322**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 18 / 2016**

**Transaction ID : C10665230**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

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

**3000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial)  
AMER POST WORK UN AFL-CIO PHIL PA AREA LOC COMM/POL ACT (PHIL PA AREA LOC APWU COMM/PO ACT)

**A.** Mailing Address 1300 L STREET NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010322

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2016

**Transaction ID : C10670391**

Amount of Each Receipt this Period  
 1500.00

Memo Item

Full Name (Last, First, Middle Initial)  
AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE (SKINPAC)

**B.** Mailing Address 1445 NEW YORK AVENUE NW  
STE 800

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

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

**Transaction ID : C10670421**

Amount of Each Receipt this Period  
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE (SKINPAC)

**C.** Mailing Address 1445 NEW YORK AVENUE NW  
STE 800

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

**Transaction ID : C10679099**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**

Mailing Address 1120 Connecticut Ave NW  
Ste 600

City Washington State DC Zip Code 20036-3971

FEC ID number of contributing federal political committee. **C C00004275**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2016

**Transaction ID : C10665461**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**

Mailing Address 1120 Connecticut Ave NW  
Ste 600

City Washington State DC Zip Code 20036-3971

FEC ID number of contributing federal political committee. **C C00004275**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C10665899**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1891 PRESTON WHITE DRIVE

City RESTON State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C C00343459**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : C10680448**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

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

Mailing Address 1015 15TH ST. NW  
SUITE 802

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2016

**Transaction ID : C10679092**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 80 F STREET, NW

City WASHINGTON State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2016

**Transaction ID : C10670389**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**American Federation of Teachers AFL-CIO Committee**

Mailing Address 555 NEW JERSEY AVENUE, NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00028860**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016

**Transaction ID : C10663438**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

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

7000.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 OF 79  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

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

Mailing Address **800 TENTH STREET, NW  
TWO CITYCENTER, SUITE 400**

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

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 25 / 2016**

**Transaction ID : C10665900**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **1000.00**

Memo Item

B. Full Name (Last, First, Middle Initial)  
**AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS POLITICAL ACTION COMMITTEE**

Mailing Address **PALLADIAN 1  
220 LEIGH FARM RD**

City **DURHAM** State **NC** Zip Code **27707**

FEC ID number of contributing federal political committee. **C C00077321**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 21 / 2016**

**Transaction ID : C10665463**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **1000.00**

Memo Item

C. Full Name (Last, First, Middle Initial)  
**AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS POLITICAL ACTION COMMITTEE**

Mailing Address **PALLADIAN 1  
220 LEIGH FARM RD**

City **DURHAM** State **NC** Zip Code **27707**

FEC ID number of contributing federal political committee. **C C00077321**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2016**

**Transaction ID : C10680447**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **1500.00**

Memo Item

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

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

**3500.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

A. Full Name (Last, First, Middle Initial)  
AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPY POLITICAL ACTION COMMITTEE (PT-PAC)

Mailing Address 1111 NORTH FAIRFAX ST.

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2016

**Transaction ID : C10670392**

Amount of Each Receipt this Period  
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)  
**American Society of Anesthesiologists PAC**

Mailing Address 1061 AMERICAN LANE

City SCHAUMBURG State IL Zip Code 60173

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C10666360**

Amount of Each Receipt this Period  
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)  
**AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES APAC**

Mailing Address 1575 I St NW

City Washington State DC Zip Code 20005-1105

FEC ID number of contributing federal political committee. **C** C00041566

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C10665901**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 26 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN TRAFFIC SAFETY SERVICES ASSOCIATION PAC**

Mailing Address 15 Riverside Pkwy  
Ste 100

City State Zip Code  
Fredericksburg VA 22406-1077

FEC ID number of contributing federal political committee. **C C00281717**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : C10680449**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**AMERISOURCEBERGEN CORPORATION POLITICAL ACTION COMMITTEE (ABC PAC)**

Mailing Address 1300 Morris Dr  
Ste 100

City State Zip Code  
Chesterbrook PA 19087-5559

FEC ID number of contributing federal political committee. **C C00400929**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2016

**Transaction ID : C10665462**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)**

Mailing Address 208 S. AKARD STREET  
SUITE 2701

City State Zip Code  
DALLAS TX 75202

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 24 / 2016

**Transaction ID : C10672455**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**CINTAS CORPORATION PARTNERS PAC**

Mailing Address **6800 CINTAS BOULEVARD**

City **MASON** State **OH** Zip Code **45040**

FEC ID number of contributing federal political committee. **C C00449165**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2016**

**Transaction ID : C10681139**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**COBHAM HOLDINGS INC - COBHAM ANALYTIC SOLUTIONS PAC**

Mailing Address **401 DIAMOND DR**

City **HUNTSVILLE** State **AL** Zip Code **35806**

FEC ID number of contributing federal political committee. **C C00347401**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2016**

**Transaction ID : C10680450**

Amount of Each Receipt this Period  
**2000.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION (LETTER CARRIERS POLITICAL ACTION FUND)**

Mailing Address **100 INDIANA AVE., N. W.**

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

FEC ID number of contributing federal political committee. **C C00023580**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 13 / 2016**

**Transaction ID : C10670398**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

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

**4000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

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

Mailing Address 1020 1st Ave

City King Of Prussia State PA Zip Code 19406-1310

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C10665902**

Amount of Each Receipt this Period  
 500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**CSX CORPORATION GOOD GOVERNMENT FUND**

Mailing Address 1331 Pennsylvania Ave NW  
Ste 560

City Washington State DC Zip Code 20004-1745

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016

**Transaction ID : C10663437**

Amount of Each Receipt this Period  
 2000.00

Memo Item

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

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

City WASHINGTON State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : C10677722**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 29 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2016

**Transaction ID : C10672456**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**ENDO PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (ENDO PAC)**

Mailing Address 1400 ATWATER DRIVE

City MALVERN State PA Zip Code 19355

FEC ID number of contributing federal political committee. **C C00452052**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2016

**Transaction ID : C10670393**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 1101 NEW YORK AVENUE, NW

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 15000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : C10677721**

Amount of Each Receipt this Period  
 5000.00

Memo Item

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**EXELON CORPORATION POLITICAL ACTION COMMITTEE (EXELON PAC)**

Mailing Address 101 CONSTITUTION AVENUE NW  
SUITE 400 EAST

City WASHINGTON State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C10665905**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**FIRSTENERGY CORP. POLITICAL ACTION COMMITTEE**

Mailing Address 76 SOUTH MAIN STREET

City AKRON State OH Zip Code 44308

FEC ID number of contributing federal political committee. **C C00140855**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2016

**Transaction ID : C10663435**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**FIRSTENERGY CORP. POLITICAL ACTION COMMITTEE**

Mailing Address 76 SOUTH MAIN STREET

City AKRON State OH Zip Code 44308

FEC ID number of contributing federal political committee. **C C00140855**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2016

**Transaction ID : C10663436**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**GLAXOSMITHKLINE LLC PAC (GSK PAC)**

Mailing Address **FIVE MOORE DRIVE**  
**PO BOX 13358**

City **RES. TRIANGLE PARK** State **NC** Zip Code **27709**

FEC ID number of contributing federal political committee. **C C00199703**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 25 / 2016**

**Transaction ID : C10666359**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address **101 CONSTITUTION AVE. NW**  
**SUITE 500 WEST**

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

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 25 / 2016**

**Transaction ID : C10665910**

Amount of Each Receipt this Period  
**3000.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**INDEPENDENCE BLUE CROSS PAC (IBC PAC)**

Mailing Address **1901 MARKET STREET**

City **PHILADELPHIA** State **PA** Zip Code **19103**

FEC ID number of contributing federal political committee. **C C00450056**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 11 / 2016**

**Transaction ID : C10665245**

Amount of Each Receipt this Period  
**500.00**

Memo Item

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

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

**4500.00**

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

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

FOR LINE NUMBER: PAGE 32 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**INDEPENDENCE BLUE CROSS PAC (IBC PAC)**

Mailing Address 1901 MARKET STREET

City PHILADELPHIA State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00450056

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2016

**Transaction ID : C10670395**

Amount of Each Receipt this Period  
 500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**INDEPENDENCE BLUE CROSS PAC (IBC PAC)**

Mailing Address 1901 MARKET STREET

City PHILADELPHIA State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00450056

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2016

**Transaction ID : C10670396**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**INDEPENDENCE BLUE CROSS PAC (IBC PAC)**

Mailing Address 1901 MARKET STREET

City PHILADELPHIA State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00450056

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2016

**Transaction ID : C10670397**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

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

2000.00



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

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

FOR LINE NUMBER: PAGE 33 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 1615 L STREET, NW  
SUITE 900

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 25 / 2016

**Transaction ID : C10665911**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION PAC

Mailing Address 1750 NEW YORK AVE NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 25 / 2016

**Transaction ID : C10665912**

Amount of Each Receipt this Period  
2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION AFL-CIO COMMITTEE ON POLITICAL EDUCATION

Mailing Address 5000 W Side Ave

City North Bergen State NJ Zip Code 07047-6439

FEC ID number of contributing federal political committee. **C** C00158576

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
8125.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : C10680452**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

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

8000.00

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

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

FOR LINE NUMBER: PAGE 34 OF 79  
(check only one)  
 11a 12    11b 13a    11c 13b    11d 14    15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**JOHNSON & JOHNSON POLITICAL ACTION COMMITTEE**

Mailing Address **ONE JOHNSON & JOHNSON PLAZA**

City **NEW BRUNSWICK** State **NJ** Zip Code **08933**

FEC ID number of contributing federal political committee. **C C00010983**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**06 / 13 / 2016**

**Transaction ID : C10677706**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**JOHNSON & JOHNSON POLITICAL ACTION COMMITTEE**

Mailing Address **ONE JOHNSON & JOHNSON PLAZA**

City **NEW BRUNSWICK** State **NJ** Zip Code **08933**

FEC ID number of contributing federal political committee. **C C00010983**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**06 / 30 / 2016**

**Transaction ID : C10680451**

Amount of Each Receipt this Period  
**2500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**K&L GATES LLP POLITICAL ACTION COMMITTEE (DC)**

Mailing Address **1601 K STREET, NW**

City **WASHINGTON** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C00213173**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**06 / 10 / 2016**

**Transaction ID : C10677693**

Amount of Each Receipt this Period  
**500.00**

Memo Item

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

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

**4000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

A. Full Name (Last, First, Middle Initial)  
**L-3 COMMUNICATIONS CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address **600 THIRD AVENUE**  
  
City **NEW YORK** State **NY** Zip Code **10016**

FEC ID number of contributing federal political committee. **C C00338087**

Name of Employer Occupation

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

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 22 / 2016**

**Transaction ID : C10665656**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

B. Full Name (Last, First, Middle Initial)  
**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC**

Mailing Address **905 16TH ST., N.W.  
SECOND FLOOR**  
  
City **WASHINGTON** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C00007922**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date **4000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 25 / 2016**

**Transaction ID : C10666363**

Amount of Each Receipt this Period  
**1500.00**

Memo Item

C. Full Name (Last, First, Middle Initial)  
**MARYLAND ASSOCIATION FOR CONCERNED CITIZENS POLITICAL ACTION COMMITTEE**

Mailing Address **P. O. BOX 32196**  
  
City **PIKESVILLE** State **MD** Zip Code **21282**

FEC ID number of contributing federal political committee. **C C00195024**

Name of Employer Occupation

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

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 21 / 2016**

**Transaction ID : C10665460**

Amount of Each Receipt this Period  
**2000.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**MERCK & CO., INC., EMPLOYEES POLITICAL ACTION COMMITTEE (MERCK PAC)**

Mailing Address **601 PENNSYLVANIA AVE., NW**  
**NORTH BUILDING, SUITE 1200**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00097485**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 25 / 2016**

**Transaction ID : C10672457**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PAC)**

Mailing Address **606 NORTH WASHINGTON STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00091561**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 10 / 2016**

**Transaction ID : C10677697**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

Mailing Address **1325 MASSACHUSETTS AVE., NW**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00238725**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**11000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 27 / 2016**

**Transaction ID : C10672458**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

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

**3000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 79			
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

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

Mailing Address 1727 KING ST  
SUITE 400

City ALEXANDRIA State VA Zip Code 22311

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C10666357**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Mailing Address 430 NORTH MICHIGAN AVENUE

City CHICAGO State IL Zip Code 60611

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C10665924**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1101 KING STREET  
SUITE 600

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00144766**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
12500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2016

**Transaction ID : C10677707**

Amount of Each Receipt this Period  
3000.00

Memo Item

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

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE (NECAPAC)

Mailing Address **3 BETHESDA METRO CENTER**  
**SUITE 1100**

City **BETHESDA** State **MD** Zip Code **20814**

FEC ID number of contributing federal political committee. **C C00113811**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 25 / 2016**

**Transaction ID : C10666365**

Amount of Each Receipt this Period  
**2500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**National Emergency Medicine PAC**

Mailing Address **1125 EXECUTIVE CIRCLE**

City **IRVING** State **TX** Zip Code **75038**

FEC ID number of contributing federal political committee. **C C00140061**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 25 / 2016**

**Transaction ID : C10666356**

Amount of Each Receipt this Period  
**1500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**National Emergency Medicine PAC**

Mailing Address **1125 EXECUTIVE CIRCLE**

City **IRVING** State **TX** Zip Code **75038**

FEC ID number of contributing federal political committee. **C C00140061**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 10 / 2016**

**Transaction ID : C10677698**

Amount of Each Receipt this Period  
**1500.00**

Memo Item

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

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

**5500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL RURAL LETTER CARRIERS' ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1630 DUKE STREET  
2ND FLOOR

City ALEXANDRIA    State VA    Zip Code 22314

FEC ID number of contributing federal political committee. **C C00072025**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 2500.00

Date of Receipt: **06 / 10 / 2016**  
**Transaction ID : C10677700**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL TREASURY EMPLOYEES POLITICAL ACTION COMMITTEE**

Mailing Address 1750 H STREET, NW

City WASHINGTON    State DC    Zip Code 20006

FEC ID number of contributing federal political committee. **C C00107128**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 1500.00

Date of Receipt: **04 / 26 / 2016**  
**Transaction ID : C10670390**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Philly United**

Mailing Address 3200 Magee Ave

City Philadelphia    State PA    Zip Code 19149-2615

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 350.00

Date of Receipt: **06 / 30 / 2016**  
**Transaction ID : C10680453**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 350.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **3850.00**

**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 40 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**PLANNED PARENTHOOD ACTION FUND INC. PAC**

Mailing Address 123 WILLIAM ST, 10TH FLOOR

City NEW YORK State NY Zip Code 10038

FEC ID number of contributing federal political committee. **C C00314617**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : C10680454**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**PROFESSIONAL AVIATION SAFETY SPECIALISTS PAC**

Mailing Address 1150 17TH STREET NW  
SUITE 702

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00286807**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C10665923**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**PRUDENTIAL FINANCIAL INC. FEDERAL POLITICAL ACTION COMMITTEE (AKA - PRUDENTIAL FEDERAL PAC)**

Mailing Address 751 BROAD STREET  
14TH FLOOR

City NEWARK State NJ Zip Code 07102

FEC ID number of contributing federal political committee. **C C00127779**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2016

**Transaction ID : C10671321**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

3000.00



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

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

FOR LINE NUMBER: PAGE 41 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**SANOPI PASTEUR INC. POLITICAL ACTION COMMITTEE**

Mailing Address **DISCOVERY DRIVE**

City **SWIFTWATER** State **PA** Zip Code **18370**

FEC ID number of contributing federal political committee. **C C00215236**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**04 / 19 / 2016**

**Transaction ID : C10665231**

Amount of Each Receipt this Period  
**1500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**SAP AMERICA INC PAC**

Mailing Address **3999 WEST CHESTER PIKE**

City **NEWTOWN SQUARE** State **PA** Zip Code **19703**

FEC ID number of contributing federal political committee. **C C00367375**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**06 / 30 / 2016**

**Transaction ID : C10680455**

Amount of Each Receipt this Period  
**1500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**SEAFARERS POLITICAL ACTIVITY DONATION - SEAFARERS INTERNATIONAL UNION OF NA-AGLIWD/NMU**

Mailing Address **5201 Auth Way**

City **Camp Springs** State **MD** Zip Code **20746-4211**

FEC ID number of contributing federal political committee. **C C00004325**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**05 / 24 / 2016**

**Transaction ID : C10672459**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

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

**4000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1155 F STREET, NW  
SUITE 400

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00284885**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C10666362**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**THE VANGUARD GROUP COMMITTEE FOR RESPONSIBLE GOVERNMENT**

Mailing Address 975 F STREET NW  
SUITE 500

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00410266**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : C10680457**

Amount of Each Receipt this Period  
2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**THE WILLIAMS COMPANIES, INC. POLITICAL ACTION COMMITTEE**

Mailing Address ONE WILLIAMS CENTER 47TH FLOOR

City TULSA State OK Zip Code 74172

FEC ID number of contributing federal political committee. **C C00040394**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2016

**Transaction ID : C10671320**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

8000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**TOYOTA MOTOR NORTH AMERICA INC PAC AKA TOYOTA/LEXUS PAC**

Mailing Address **601 THIRTEENTH STREET NW  
STE 910 S**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00542365**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 19 / 2016**

**Transaction ID : C10672460**

Amount of Each Receipt this Period  
**2500.00**

Memo Item

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

Mailing Address **501 THIRD ST. NW 9TH FLOOR**

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

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 25 / 2016**

**Transaction ID : C10665930**

Amount of Each Receipt this Period  
**2500.00**

Memo Item

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

Mailing Address **501 THIRD ST. NW 9TH FLOOR**

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

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2016**

**Transaction ID : C10680456**

Amount of Each Receipt this Period  
**2500.00**

Memo Item

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

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

**7500.00**

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

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

FOR LINE NUMBER: PAGE 44 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**UNITED MINE WORKERS OF AMERICA POWER PAC**

Mailing Address 18354 QUANTICO GATEWAY DRIVE #200

City State Zip Code  
TRIANGLE VA 22172

FEC ID number of contributing federal political committee. **C C00489203**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

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

**Transaction ID : C10670422**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**UNITED MINE WORKERS OF AMERICA POWER PAC**

Mailing Address 18354 QUANTICO GATEWAY DRIVE #200

City State Zip Code  
TRIANGLE VA 22172

FEC ID number of contributing federal political committee. **C C00489203**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2016

**Transaction ID : C10671318**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**WELLS FARGO AND COMPANY EMPLOYEE PAC (AKA WELLS FARGO EMPLOYEE PAC)**

Mailing Address SIXTH AND MARQUETTE  
MAC N9305-084

City State Zip Code  
MINNEAPOLIS MN 55479

FEC ID number of contributing federal political committee. **C C00034595**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 18 / 2016

**Transaction ID : C10672461**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

3000.00

118350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

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

Mailing Address 336 Pennsylvania Ave

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3168.81**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 29 / 2016**

**Transaction ID : C10670256**

Amount of Each Receipt this Period  
**309.20**

Memo Item

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

Mailing Address 336 Pennsylvania Ave

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3168.81**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 31 / 2016**

**Transaction ID : C10675702**

Amount of Each Receipt this Period  
**319.77**

Memo Item

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

Mailing Address 336 Pennsylvania Ave

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3168.81**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2016**

**Transaction ID : C10680464**

Amount of Each Receipt this Period  
**309.72**

Memo Item

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

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

**938.69**

**938.69**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Ampro Sports</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2016
Mailing Address 30 Bunting Lane		Amount of Each Disbursement this Period 543.90
City Clifton Heights	State PA	
Zip Code 19018	Purpose of Disbursement Shirts	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D538369</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 88.00
City Washington	State DC	
Zip Code 20002-4285	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D538376</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Amtrak</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2016
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 44.00
City Washington	State DC	
Zip Code 20002-4285	Purpose of Disbursement Travel Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D538378</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	675.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 16 / 2016</b>
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period <b>35.92</b>
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Travel Expense	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D538377</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 29 / 2016</b>
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period <b>8500.00</b>
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Fundraising Fee	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D538517</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 29 / 2016</b>
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period <b>1000.00</b>
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Bookkeeping	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D538518</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>9535.92</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period 25.00
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Telephone Expense	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D538519</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period 207.00
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Legal Fees	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D538520</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period 25.00
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Food and Meals	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D538521</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	257.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial)  
**A. Angerholzer Broz Consulting, LLC**

Mailing Address 499 S Capitol St SW  
Ste 422

City Washington State DC Zip Code 20003-4028

Purpose of Disbursement Accounting Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 16 / 2016

Amount of Each Disbursement this Period: 1000.00

Memo Item

Transaction ID : D538322

Full Name (Last, First, Middle Initial)  
**B. Angerholzer Broz Consulting, LLC**

Mailing Address 499 S Capitol St SW  
Ste 422

City Washington State DC Zip Code 20003-4028

Purpose of Disbursement Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 16 / 2016

Amount of Each Disbursement this Period: 450.00

Memo Item

Transaction ID : D538327

Full Name (Last, First, Middle Initial)  
**C. Angerholzer Broz Consulting, LLC**

Mailing Address 499 S Capitol St SW  
Ste 422

City Washington State DC Zip Code 20003-4028

Purpose of Disbursement Telephone Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 16 / 2016

Amount of Each Disbursement this Period: 25.00

Memo Item

Transaction ID : D538356

**SUBTOTAL** of Disbursements This Page (optional) ..... 1475.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 16 / 2016</b>
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period <b>28.35</b>
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Postage	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D538329</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 16 / 2016</b>
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period <b>49.77</b>
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Postage	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D538330</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 18 / 2016</b>
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period <b>500.00</b>
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Compliance Fee	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D536518</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>578.12</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 18 / 2016</b>
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period <b>1000.00</b>
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Accounting Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D536519</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 18 / 2016</b>
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period <b>8500.00</b>
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Fundraising Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D536520</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 18 / 2016</b>
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period <b>538.00</b>
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Fundraiser Event Catering	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D536525</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>10038.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 18 / 2016</b>
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period <b>1452.70</b>
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Fundraiser Event Catering	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D536526</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 18 / 2016</b>
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period <b>22.95</b>
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Postage	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D536527</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 18 / 2016</b>
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period <b>0.86</b>
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Postage	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D536528</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1476.51</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 18 / 2016</b>
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period <b>25.00</b>
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Telephone Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D536542</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 18 / 2016</b>
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period <b>22.95</b>
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Travel Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D536545</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 16 / 2016</b>
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period <b>8500.00</b>
City Washington State DC Zip Code 20003-4028	Purpose of Disbursement Fundraising Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D537136</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>8547.95</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. BP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 501 Westlake Park Boulevard		Amount of Each Disbursement this Period 6.50
City Houston State TX Zip Code 77079	Purpose of Disbursement Automobile Expense	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D536516</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 501 Westlake Park Boulevard		Amount of Each Disbursement this Period 26.03
City Houston State TX Zip Code 77079	Purpose of Disbursement Automobile Expense	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D536517</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Rep Brendan Boyle</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address 15040 Kelvin Ave.		Amount of Each Disbursement this Period 471.42
City Philadelphia State PA Zip Code 19116	Purpose of Disbursement Mileage Reimbursement	
Candidate Name <b>Rep Brendan Boyle</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D537156</b>
State: PA District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	503.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Bullfeathers</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016
Mailing Address 410 First Street SE		Amount of Each Disbursement this Period 520.00
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Catering	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D538328</b>

Full Name (Last, First, Middle Initial) <b>B. Charlie Palmer Steak DC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 101 Constitution Ave. NW		Amount of Each Disbursement this Period 682.50
City Washington	State DC Zip Code 20001	
Purpose of Disbursement Fundraiser Event Catering	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D536530</b>

Full Name (Last, First, Middle Initial) <b>C. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016
Mailing Address PO Box 3002		Amount of Each Disbursement this Period 57.87
City Southeastern	State PA Zip Code 19398	
Purpose of Disbursement Internet	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D537154</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1260.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Comcast</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2016	
Mailing Address PO Box 3002			Amount of Each Disbursement this Period 184.97	
City Southeastern	State PA	Zip Code 19398	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Internet		Category/ Type	Transaction ID : <b>D536541</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Comcast</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016	
Mailing Address PO Box 3002			Amount of Each Disbursement this Period 44.99	
City Southeastern	State PA	Zip Code 19398	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Internet		Category/ Type	Transaction ID : <b>D538357</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. COSI</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016	
Mailing Address 700 11th St NW			Amount of Each Disbursement this Period 6.78	
City Washington	State DC	Zip Code 20001	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Food and Meals		Category/ Type	Transaction ID : <b>D538347</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	236.74
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Del Frisco's Grille</b>			Date of Disbursement MM / DD / YYYY 04 / 22 / 2016		
Mailing Address 1201 Pennsylvania Ave. NW			Amount of Each Disbursement this Period 885.78		
City Washington	State DC	Zip Code 20004	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Fundraiser Event Catering		Category/ Type			
Candidate Name		Transaction ID : <b>D536529</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. E-Z Pass</b>			Date of Disbursement MM / DD / YYYY 05 / 02 / 2016		
Mailing Address 7631 Derry Street			Amount of Each Disbursement this Period 105.00		
City Harrisburg	State PA	Zip Code 17111	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Automobile Expense		Category/ Type			
Candidate Name		Transaction ID : <b>D537128</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>C. E-Z Pass</b>			Date of Disbursement MM / DD / YYYY 05 / 28 / 2016		
Mailing Address 7631 Derry Street			Amount of Each Disbursement this Period 105.00		
City Harrisburg	State PA	Zip Code 17111	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Automobile Expense		Category/ Type			
Candidate Name		Transaction ID : <b>D538316</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1095.78
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A. E-Z Pass**

Full Name (Last, First, Middle Initial)

Mailing Address 7631 Derry Street

City Harrisburg State PA Zip Code 17111

Purpose of Disbursement Automobile Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 16 / 2016

Amount of Each Disbursement this Period: 105.00

Memo Item

Transaction ID : D538318

**B. FirstData**

Full Name (Last, First, Middle Initial)

Mailing Address 5565 Glenridge Connector NE Ste 2000

City Atlanta State GA Zip Code 30342-1651

Purpose of Disbursement Merchant Bank Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 03 / 2016

Amount of Each Disbursement this Period: 24.35

Memo Item

Transaction ID : D538333

**C. FirstData**

Full Name (Last, First, Middle Initial)

Mailing Address 5565 Glenridge Connector NE Ste 2000

City Atlanta State GA Zip Code 30342-1651

Purpose of Disbursement Merchant Bank Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 03 / 2016

Amount of Each Disbursement this Period: 120.50

Memo Item

Transaction ID : D538334

**SUBTOTAL** of Disbursements This Page (optional) ..... 249.85

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. FirstData</b>		M M / D D / Y Y Y Y 06 / 03 / 2016	
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period	
City Atlanta State GA Zip Code 30342-1651		22.35	
Purpose of Disbursement Merchant Bank Fees		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : D538335	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016	
State: District:		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. FirstData</b>		M M / D D / Y Y Y Y 05 / 03 / 2016	
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period	
City Atlanta State GA Zip Code 30342-1651		105.84	
Purpose of Disbursement Merchant Bank Fees		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : D537144	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016	
State: District:		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. FirstData</b>		M M / D D / Y Y Y Y 06 / 03 / 2016	
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period	
City Atlanta State GA Zip Code 30342-1651		19.95	
Purpose of Disbursement Merchant Bank Fees		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : D538392	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016	
State: District:		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	148.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. FirstData</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 306.92
City Atlanta	State GA Zip Code 30342-1651	
Purpose of Disbursement Merchant Bank Fees	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : D538529</b>
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Ford Credit</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address PO Box 542000		Amount of Each Disbursement this Period 569.00
City Omaha	State NE Zip Code 68154-8000	
Purpose of Disbursement Automobile Lease	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : D536514</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Ford Credit</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2016
Mailing Address PO Box 542000		Amount of Each Disbursement this Period 569.00
City Omaha	State NE Zip Code 68154-8000	
Purpose of Disbursement Automobile Lease	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : D538319</b>
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1444.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Ford Credit</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2016
Mailing Address PO Box 542000		Amount of Each Disbursement this Period 789.00
City Omaha	State NE Zip Code 68154-8000	
Purpose of Disbursement Automobile Lease	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D538320</b>

Full Name (Last, First, Middle Initial) <b>B. Four Points by Sheraton</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016
Mailing Address 9461 Roosevelt Blvd.		Amount of Each Disbursement this Period 6895.45
City Philadelphia	State PA Zip Code 19114	
Purpose of Disbursement Election Night Venue	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D536547</b>

Full Name (Last, First, Middle Initial) <b>c. Green Major 16, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address 16192 Coastal Highway		Amount of Each Disbursement this Period 9600.00
City Lewes	State DE Zip Code 19958	
Purpose of Disbursement Consulting Fees	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D538380</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17284.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Hilton Hotels</b>		Date of Disbursement MM / DD / YYYY 06 / 08 / 2016
Mailing Address 7930 Jones Branch Drive		Amount of Each Disbursement this Period 251.17
City Mc Lean	State VA	
Zip Code 22102		<input type="checkbox"/> Category/ Type
Purpose of Disbursement Lodging		
Candidate Name		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	

Full Name (Last, First, Middle Initial) <b>B. Hyatt Hotels</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2016
Mailing Address 71 S Wacker Dr.		Amount of Each Disbursement this Period 27.26
City Chicago	State IL	
Zip Code 60606		<input type="checkbox"/> Category/ Type
Purpose of Disbursement Lodging		
Candidate Name		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	

Full Name (Last, First, Middle Initial) <b>c. Hyatt Hotels</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 71 S Wacker Dr.		Amount of Each Disbursement this Period 232.73
City Chicago	State IL	
Zip Code 60606		<input type="checkbox"/> Category/ Type
Purpose of Disbursement Lodging		
Candidate Name		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	511.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Daniel Lodise</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 1101 Morefield Rd		Amount of Each Disbursement this Period 4923.53
City Philadelphia	State PA	
Zip Code 19115-2501	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D538367</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Daniel Lodise</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2016
Mailing Address 1101 Morefield Rd		Amount of Each Disbursement this Period 1524.92
City Philadelphia	State PA	
Zip Code 19115-2501	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D538368</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NGP VAN Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016
Mailing Address 1101 15th St. NW		Amount of Each Disbursement this Period 700.00
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Software	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D538373</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7148.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 1101 15th St. NW		Amount of Each Disbursement this Period 450.00
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Software	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D538374</b>

Full Name (Last, First, Middle Initial) <b>B. NGP VAN Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2016
Mailing Address 1101 15th St. NW		Amount of Each Disbursement this Period 700.00
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Software	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D537157</b>

Full Name (Last, First, Middle Initial) <b>c. NYC Taxi</b>		Date of Disbursement MM / DD / YYYY 06 / 07 / 2016
Mailing Address 3202 Queens Blvd		Amount of Each Disbursement this Period 23.15
City Long Island City	State NY Zip Code 11101-2319	
Purpose of Disbursement Travel Expense	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D538364</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1173.15
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. NYC Taxi</b>		Date of Disbursement MM / DD / YYYY 06 / 07 / 2016
Mailing Address 3202 Queens Blvd		Amount of Each Disbursement this Period 17.25
City Long Island City	State NY	
Zip Code 11101-2319	Purpose of Disbursement Travel Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D538365</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 10 / 2016
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 66.50
City Rochester	State NY	
Zip Code 14625-2311	Purpose of Disbursement Payroll Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D538358</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2016
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 79.61
City Rochester	State NY	
Zip Code 14625-2311	Purpose of Disbursement Payroll Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D538359</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	163.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016	
Mailing Address 911 Panorama Trl S			Amount of Each Disbursement this Period 103.61	
City Rochester	State NY	Zip Code 14625-2311	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll Expense		Category/ Type		
Candidate Name		Transaction ID : <b>D538360</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016	
Mailing Address 911 Panorama Trl S			Amount of Each Disbursement this Period 2050.01	
City Rochester	State NY	Zip Code 14625-2311	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll Taxes		Category/ Type		
Candidate Name		Transaction ID : <b>D538361</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016	
Mailing Address 911 Panorama Trl S			Amount of Each Disbursement this Period 421.67	
City Rochester	State NY	Zip Code 14625-2311	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll Taxes		Category/ Type		
Candidate Name		Transaction ID : <b>D538362</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2575.29
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 54.00
City Rochester	State NY	
Zip Code 14625-2311	Purpose of Disbursement Payroll Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D536544</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Princeton Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016
Mailing Address 13050 Bustleton Ave. Suite G		Amount of Each Disbursement this Period 375.00
City Philadelphia	State PA	
Zip Code 19116	Purpose of Disbursement Fundraising Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D536521</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Princeton Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2016
Mailing Address 13050 Bustleton Ave. Suite G		Amount of Each Disbursement this Period 50.00
City Philadelphia	State PA	
Zip Code 19116	Purpose of Disbursement Fundraising Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D538323</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	479.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Princeton Strategies, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016	
Mailing Address 13050 Bustleton Ave. Suite G			Amount of Each Disbursement this Period 1000.00	
City Philadelphia	State PA	Zip Code 19116	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Fundraising Fee		Category/ Type	<b>Transaction ID : D538325</b>	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Sunoco</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2016	
Mailing Address P.O. Box 321			Amount of Each Disbursement this Period 16.61	
City Essington	State PA	Zip Code 19029	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Automobile Expense		Category/ Type	<b>Transaction ID : D538312</b>	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. Sunoco</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016	
Mailing Address P.O. Box 321			Amount of Each Disbursement this Period 1.47	
City Essington	State PA	Zip Code 19029	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Automobile Expense		Category/ Type	<b>Transaction ID : D538314</b>	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1018.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Sunoco</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016	
Mailing Address P.O. Box 321			Amount of Each Disbursement this Period 22.29	
City Essington	State PA	Zip Code 19029	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Automobile Expense		Candidate Name	Transaction ID : <b>D538315</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Sunoco</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2016	
Mailing Address P.O. Box 321			Amount of Each Disbursement this Period 18.22	
City Essington	State PA	Zip Code 19029	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Automobile Expense		Candidate Name	Transaction ID : <b>D536515</b>	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) <b>C. Sunoco</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016	
Mailing Address P.O. Box 321			Amount of Each Disbursement this Period 20.77	
City Essington	State PA	Zip Code 19029	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Automobile Expense		Candidate Name	Transaction ID : <b>D537130</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	61.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Sunoco</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2016
Mailing Address P.O. Box 321		Amount of Each Disbursement this Period 2.58
City Essington	State PA	
Zip Code 19029	Purpose of Disbursement Automobile Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D537131</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Liaison Capitol Hill</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2016
Mailing Address 415 New Jersey Avenue, NW		Amount of Each Disbursement this Period 1010.45
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Fundraiser Catering Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D537142</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US House of Representatives Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2016
Mailing Address Longworth Bulding		Amount of Each Disbursement this Period 194.25
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Gifts Given	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D538321</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1207.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2016	
Mailing Address 10000 Roosevelt Blvd #4			Amount of Each Disbursement this Period 193.27	
City Philadelphia	State PA	Zip Code 19116	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Telephone		Category/Type		
Candidate Name		Transaction ID : D537153		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016	
Mailing Address 10000 Roosevelt Blvd #4			Amount of Each Disbursement this Period 233.27	
City Philadelphia	State PA	Zip Code 19116	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Telephone		Category/Type		
Candidate Name		Transaction ID : D538388		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Wawa</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016	
Mailing Address Red Roof, 260 W. Baltimore Pike			Amount of Each Disbursement this Period 16.31	
City Media	State PA	Zip Code 19063	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Telephone Automobile Expense		Category/Type		
Candidate Name		Transaction ID : D538346		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	442.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Wawa</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016
Mailing Address Red Roof, 260 W. Baltimore Pike		Amount of Each Disbursement this Period 48.12 <input type="checkbox"/> Memo Item
City Media	State PA	
Purpose of Disbursement Automobile Expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : <b>D538523</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wawa</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2016
Mailing Address Red Roof, 260 W. Baltimore Pike		Amount of Each Disbursement this Period 4.48 <input type="checkbox"/> Memo Item
City Media	State PA	
Purpose of Disbursement Food and Meals		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : <b>D536533</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Wawa</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address Red Roof, 260 W. Baltimore Pike		Amount of Each Disbursement this Period 18.71 <input type="checkbox"/> Memo Item
City Media	State PA	
Purpose of Disbursement Automobile Expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : <b>D538311</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	48.12
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Wawa</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address Red Roof, 260 W. Baltimore Pike		Amount of Each Disbursement this Period 2.01
City Media	State PA	
Zip Code 19063	Purpose of Disbursement Food and Meals	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : D538351</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wawa</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address Red Roof, 260 W. Baltimore Pike		Amount of Each Disbursement this Period 19.40
City Media	State PA	
Zip Code 19063	Purpose of Disbursement Automobile Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : D538352</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo Bank, NA</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2016
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 3.00
City Portland	State OR	
Zip Code 97228-6995	Purpose of Disbursement Bank Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : D538338</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	24.41
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Bank, NA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 10.00
City Portland	State OR	
Zip Code 97228-6995	Purpose of Disbursement Bank Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D538339</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo Bank, NA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2016
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 10.00
City Portland	State OR	
Zip Code 97228-6995	Purpose of Disbursement Bank Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D538340</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo Bank, NA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2016
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 3.00
City Portland	State OR	
Zip Code 97228-6995	Purpose of Disbursement Bank Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D538341</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	23.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Bank, NA</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016		
Mailing Address PO Box 6995			Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Memo Item <b>Transaction ID : D536531</b>		
City Portland	State OR	Zip Code 97228-6995			
Purpose of Disbursement Bank Fee		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10.00
<b>TOTAL</b> This Period (last page this line number only).....	69694.03

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 79	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 29 / 2016</b>
Mailing Address <b>430 S Capitol Street, SE</b>		Amount of Each Disbursement this Period <b>10000.00</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003</b>	Purpose of Disbursement <b>Political Donation</b>	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D536546</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 23 / 2016</b>
Mailing Address <b>430 S Capitol Street, SE</b>		Amount of Each Disbursement this Period <b>10000.00</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003</b>	Purpose of Disbursement <b>Political Donation</b>	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D538390</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 26 / 2016</b>
Mailing Address <b>430 S Capitol Street, SE</b>		Amount of Each Disbursement this Period <b>10000.00</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003</b>	Purpose of Disbursement <b>Political Donation</b>	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D538391</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>30000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 79
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Friends of Kevin Boyle</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 8035 Burholme Ave		Amount of Each Disbursement this Period 14700.00 <input type="checkbox"/> Memo Item <b>Transaction ID : D536523</b>
City Philadelphia	State PA Zip Code 19111-1862	
Purpose of Disbursement Nonfederal Political Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Friends of Kevin Boyle</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2016
Mailing Address 8035 Burholme Ave		Amount of Each Disbursement this Period 32800.00 <input type="checkbox"/> Memo Item <b>Transaction ID : D536524</b>
City Philadelphia	State PA Zip Code 19111-1862	
Purpose of Disbursement Nonfederal Political Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Friends of the 57th Ward</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 9217 Andover Rd		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item <b>Transaction ID : D538527</b>
City Philadelphia	State PA Zip Code 19114-3818	
Purpose of Disbursement Nonfederal Political Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	48500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 OF 79	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Friends of the 66A Ward</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 3824 Chalfont Drive		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item <b>Transaction ID : D538526</b>
City Philadelphia	State PA Zip Code 19114	
Purpose of Disbursement Nonfederal Political Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Nelms for the Northeast</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 14200 Bustleton Avenue		Amount of Each Disbursement this Period 10000.00 <input type="checkbox"/> Memo Item <b>Transaction ID : D536522</b>
City Philadelphia	State PA Zip Code 19116	
Purpose of Disbursement Nonfederal Political Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. North Wales Area Library</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2016
Mailing Address 233 S. Swartley Street		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Memo Item <b>Transaction ID : D537134</b>
City North Wales	State PA Zip Code 19454	
Purpose of Disbursement Charitable Donation		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 79 OF 79	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. North Wales Area Library</b>			Date of Disbursement M M / D D / Y Y Y Y <b>06 / 22 / 2016</b>	
Mailing Address <b>233 S. Swartley Street</b>			Amount of Each Disbursement this Period <b>145.00</b>	
City <b>North Wales</b>	State <b>PA</b>	Zip Code <b>19454</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>Charitable Donation</b>		Category/ Type	<b>Transaction ID : D538531</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>145.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>89745.00</b>