

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

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

BOB BRADY FOR CONGRESS

ADDRESS (number and street)

ONE LOGAN SQUARE, SUITE 2020

Check if different than previously reported. (ACC)

PHILADELPHIA

PA

19103

2. FEC IDENTIFICATION NUMBER

C00333740

CITY

STATE

ZIP CODE

STATE DISTRICT

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

PA 1

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

In the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period 04 01 2003 through 06 30 2003

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 MICHAEL G. HORSEY, CPA

Signature of Treasurer Electronically Filed by MICHAEL G. HORSEY, CPA Date 11 13 2003

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

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

BOB BRADY FOR CONGRESS

Report Covering the Period: From: ^M 0 ^M 4 ^D 0 ^D 1 ^Y 2 ^Y 0 ^Y 0 ^Y 3 To: ^M 0 ^M 6 ^D 3 ^D 0 ^Y 2 ^Y 0 ^Y 0 ^Y 3

	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(a)).....	10500.00	33170.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	10500.00	31170.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	10580.88	40890.14
(b) Total Offsets to Operating Expenditures (from Line 14).....	33500.00	33500.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	-22919.12	7390.14
8. Cash on Hand at Close of Reporting Period (from Line 27).....	462380.39	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	5000.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

Write or Type Committee Name
BOB BRADY FOR CONGRESS

Report Covering the Period: From: M M D J Y 0 4 0 1 2 0 0 3 To: V V U J Y 0 6 3 0 2 0 0 3

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1500.00	
(ii) Unitemized.....	0.00	
(iii) TOTAL of contributions from individuals..... ▶	1500.00	15670.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	9000.00	17500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	10500.00	33170.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	33500.00	33500.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	1375.91	3881.81
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	45375.91	70551.81

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10580.88	40890.14
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(b) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2000.00
21. OTHER DISBURSEMENTS.....	11350.00	29330.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>]	21930.88	72220.14

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	438935.36
24. TOTAL RECEIPTS THIS PERIOD (from Line 15, page3).....	45375.91
25. SUBTOTAL (add Line 23 and Line 24).....	484311.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21930.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	462380.39

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate		Candidate ID Number
Robert A. Brady		H8PA01153
Name of Principal Campaign Committee		Committee ID Number
BOB BRADY FOR CONGRESS		C C00333740
Committee Address		
ONE LOGAN SQUARE, SUITE 2929		
City	State	ZIP
PHILADELPHIA	PA	19103-
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	70551.81	0.00
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00
3. Gross receipts minus the candidate's personal contributions	70551.81	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 10	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 11d	<input type="checkbox"/> 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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Laborers Political League		Date of Receipt M / D / Y 06 / 03 / 2003
Mailing Address 905 Sixteenth Street, NW		Transaction ID: 0713200327C972
City	State	Zip Code
Washington	DC	20006-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer NOT APPLICABLE	Occupation NOT APPLICABLE	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Dealers Election Action Committee		Date of Receipt M / D / Y 06 / 19 / 2003
Mailing Address 8400 West Park Drive		Transaction ID: 0713200327C977
City	State	Zip Code
Mc Lean	VA	22102-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer NOT APPLICABLE	Occupation NOT APPLICABLE	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. General Dynamics Voluntary Political		Date of Receipt M / D / Y 06 / 19 / 2003
Mailing Address Contribution Plan 3190 Fairview Park Drive		Transaction ID: 0713200327C978
City	State	Zip Code
Falls Church	VA	22042-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer NOT APPLICABLE	Occupation NOT APPLICABLE	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 10	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Federation of State, County and		Date of Receipt
Mailing Address Municipal Employees-AFL-CIO 4031 Executive Park Drive		M / D / Y 06 / 30 / 2008
City	State	Zip Code
Harrisburg	PA	17111-1588
FEC ID number of contributing federal political committee.		Transaction ID: 0713200327C979
C		Amount of Each Receipt this Period
		2500.00
Name of Employer	Occupation	Receipt
		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)
Receipt For: 2004	Election Cycle-to-Date ▼	
X Primary General		
Other (specify) ▼	2500.00	

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	9000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 10	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Samuel Evans		Date of Receipt M / D / Y 06 / 03 / 2003
Mailing Address 117 South 17th Street STE 1200		Transaction ID: 0713200327C970
City Philadelphia	State PA	Zip Code 19103-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer AFNA	Occupation Chairman	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Slavo Medarov		Date of Receipt M / D / Y 06 / 03 / 2003
Mailing Address 5 Ferris Drive		Transaction ID: 0713200327C971
City Clifton	State NJ	Zip Code 07013-1544
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Contractor	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Alan Zalger		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 203 CORNELL DRIVE		Transaction ID: 0713200327C981
City Bryn Mawr	State PA	Zip Code 19010-2117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANN EPPARD ASSOCIATES, LT-D.	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	1500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 10			
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Developmental Basketball League, Inc.		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 940 E McPherson		Transaction ID: 1113200354C1089
City Philadelphia	State PA	Zip Code 19150-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33500.00
Name of Employer	Occupation	Offsets to Operating Expenditure Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 33500.00	

SUBTOTAL of Receipts This Page (optional)	▶	33500.00
TOTAL This Period (last page this line number only)	▶	33500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 10

(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PNC Bank		Date of Receipt
Mailing Address P. O. Box 535230		MM / DD / YYYY 04 / 30 / 2003
City	State	Zip Code
Pittsburgh	PA	15253-
FEC ID number of contributing federal political committee.		Transaction ID: 0713200327C973
C		Amount of Each Receipt this Period
		454.65
Name of Employer NOT APPLICABLE		Other Receipt
Occupation NOT APPLICABLE		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004	Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
Other (specify) ▼	2060.55	

Full Name (Last, First, Middle Initial) B. PNC Bank		Date of Receipt
Mailing Address P. O. Box 535230		MM / DD / YYYY 05 / 31 / 2003
City	State	Zip Code
Pittsburgh	PA	15253-
FEC ID number of contributing federal political committee.		Transaction ID: 0713200327C984
C		Amount of Each Receipt this Period
		470.49
Name of Employer NOT APPLICABLE		Other Receipt
Occupation NOT APPLICABLE		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004	Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
Other (specify) ▼	3431.04	

Full Name (Last, First, Middle Initial) C. PNC Bank		Date of Receipt
Mailing Address P. O. Box 535230		MM / DD / YYYY 06 / 30 / 2003
City	State	Zip Code
Pittsburgh	PA	15253-
FEC ID number of contributing federal political committee.		Transaction ID: 0713200327C983
C		Amount of Each Receipt this Period
		450.77
Name of Employer NOT APPLICABLE		Other Receipt
Occupation NOT APPLICABLE		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004	Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
Other (specify) ▼	3881.81	

SUBTOTAL of Receipts This Page (optional) ► **1375.91**

TOTAL This Period (last page this line number only) ► **1375.91**

**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 11 / 10
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ford Motor Credit Co.		Transaction ID: D713200327E52D Date of Disbursement 04 / 21 / 2003	
Mailing Address P.O. BOX 220555 BA			
City Pittsburgh	State PA	Zip Code 15257-2555	Amount of Each Disbursement this Period 918.42 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement LEASE PAYMENT		Category/ Type	
Candidate Name		LEASE PAYMENT	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Ford Motor Credit Co.		Transaction ID: D713200327E53D Date of Disbursement 05 / 22 / 2003	
Mailing Address P.O. BOX 220555 BA			
City Pittsburgh	State PA	Zip Code 15257-2555	Amount of Each Disbursement this Period 918.42 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement LEASE PAYMENT		Category/ Type	
Candidate Name		LEASE PAYMENT	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Ford Motor Credit Co.		Transaction ID: D713200327E534 Date of Disbursement 06 / 23 / 2003	
Mailing Address P.O. BOX 220555 BA			
City Pittsburgh	State PA	Zip Code 15257-2555	Amount of Each Disbursement this Period 918.42 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement LEASE PAYMENT		Category/ Type	
Candidate Name		LEASE PAYMENT	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	2755.26
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 12 / 18
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: D713200327E546	
Mailing Address P.O. BOX 7278		Date of Disbursement 05 / 30 / 2003	
City Philadelphia	State PA	Zip Code 19101-7278	Amount of Each Disbursement this Period 54.40
Purpose of Disbursement TELEPHONE		Category/ Type	
Candidate Name			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		TELEPHONE
State: District			

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: D713200327E536	
Mailing Address P.O. BOX 7278		Date of Disbursement 06 / 25 / 2003	
City Philadelphia	State PA	Zip Code 19101-7278	Amount of Each Disbursement this Period 56.42
Purpose of Disbursement TELEPHONE		Category/ Type	
Candidate Name			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		TELEPHONE
State: District			

Full Name (Last, First, Middle Initial) C. Philadelphia Public Record, Inc.		Transaction ID: D713200327E529	
Mailing Address 1330 Ritner Street		Date of Disbursement 05 / 22 / 2003	
City Philadelphia	State PA	Zip Code 19148-	Amount of Each Disbursement this Period 300.00
Purpose of Disbursement ADVERTISEMENT		Category/ Type	
Candidate Name			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		ADVERTISEMENT
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	410.82
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 13 / 19
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Strassheim Printing Co. Inc.		Transaction ID: D713200327E547 Date of Disbursement 06 / 27 / 2003	
Mailing Address 305 N. 15th Street			
City Philadelphia	State PA	Zip Code 19102-1002	Amount of Each Disbursement this Period 880.10 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PRINTING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		PRINTING
State: District			

Full Name (Last, First, Middle Initial) B. The National Democratic Club		Transaction ID: D713200327E524 Date of Disbursement 04 / 15 / 2003	
Mailing Address 30 Ivy Street S.E.			
City Washington	State DC	Zip Code 20003-4071	Amount of Each Disbursement this Period 25.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement MEMBERSHIP DUES		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		MEMBERSHIP DUES
State: District			

Full Name (Last, First, Middle Initial) C. The National Democratic Club		Transaction ID: D713200327E522 Date of Disbursement 04 / 15 / 2003	
Mailing Address 30 Ivy Street S.E.			
City Washington	State DC	Zip Code 20003-4071	Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TOURAMENT		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		TOURAMENT
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	1905.10
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 14 / 19
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. The National Democratic Club		Transaction ID: D713200327E544 Date of Disbursement 05 / 14 / 2003	
Mailing Address 30 Ivy Street S.E.			
City Washington	State DC	Zip Code 20003-4071	Amount of Each Disbursement this Period 25.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement MEMBERSHIP DUES		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		MEMBERSHIP DUES
State: District			

Full Name (Last, First, Middle Initial) B. The National Democratic Club		Transaction ID: D713200327E531 Date of Disbursement 06 / 10 / 2003	
Mailing Address 30 Ivy Street S.E.			
City Washington	State DC	Zip Code 20003-4071	Amount of Each Disbursement this Period 25.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement MEMBERSHIP DUES		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		MEMBERSHIP DUES
State: District			

Full Name (Last, First, Middle Initial) C. Post Master of Philadelphia		Transaction ID: D713200327E535 Date of Disbursement 06 / 25 / 2003	
Mailing Address 100 S. BROAD STREET			
City Philadelphia	State PA	Zip Code 19110-9997	Amount of Each Disbursement this Period 370.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement POSTAGE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		POSTAGE
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	420.00
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)

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

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Star Publications		Transaction ID: D713200327E525	
Mailing Address 2500 Girard Ave.		Date of Disbursement 05 / 07 / 2003	
City Philadelphia	State PA	Zip Code 19123-	Amount of Each Disbursement this Period 180.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement ADVERTISEMENT		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		ADVERTISEMENT
State: District			

Full Name (Last, First, Middle Initial) B. John O. Goldhahn		Transaction ID: D713200327E521	
Mailing Address 734 Darby Crescent Road		Date of Disbursement 04 / 08 / 2003	
City Prospect Park	State PA	Zip Code 19076-	Amount of Each Disbursement this Period 3600.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement RENT		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		RENT
State: District			

Full Name (Last, First, Middle Initial) C. Cheltenham Printing Company		Transaction ID: D713200327E541	
Mailing Address 212 Beecher Avenue		Date of Disbursement 04 / 29 / 2003	
City Cheltenham	State PA	Zip Code 19012-	Amount of Each Disbursement this Period 536.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PRINTING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		PRINTING
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	4316.00
TOTAL This Period (last page this line number only)	▶	9807.18

**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 16 / 19
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mary Mason Community Foundation		Transaction ID: D713200327E528 Date of Disbursement 05 / 07 / 2003
Mailing Address The Wanamaker Bldg. Suite 800		Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia	State PA Zip Code 19107-	
Purpose of Disbursement TICKETS / CONTRIBUTION	Category/ Type	
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District	Other	

Full Name (Last, First, Middle Initial) B. Friends of Congressman Tim Holden		Transaction ID: D713200327E537 Date of Disbursement 06 / 12 / 2003
Mailing Address 31 PEARLE STREET		Amount of Each Disbursement this Period 2000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Saint Clair	State PA Zip Code 17970-	
Purpose of Disbursement CONTRIBUTION	Category/ Type	
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District	Other	

Full Name (Last, First, Middle Initial) C. Sister Clara Muhammed School		Transaction ID: D713200327E528 Date of Disbursement 04 / 11 / 2003
Mailing Address 4700 WYALUSING AVENUE		Amount of Each Disbursement this Period 1250.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia	State PA Zip Code 19131-	
Purpose of Disbursement CONTRIBUTION/TICKETS	Category/ Type	
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District	Other	

SUBTOTAL of Disbursements This Page (optional)	▶	4250.00
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 17 / 19
	<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)
 BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Committee to Elect Mike McAleer		Transaction ID: D713200327E519 Date of Disbursement 04 / 23 / 2003	
Mailing Address 1240 Turon Road			
City Philadelphia State PA Zip Code 19154-	Amount of Each Disbursement this Period 5000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement CONTRIBUTION Candidate Name	Category/ Type		
Office Sought: House Senate President State: District	Disbursement For: 2004 Primary General X Other (specify) ▼ Other		

Full Name (Last, First, Middle Initial) B. Citizens for Bishop		Transaction ID: D713200327E532 Date of Disbursement 06 / 09 / 2003	
Mailing Address 1991 North 63rd Street			
City Philadelphia State PA Zip Code 19151-	Amount of Each Disbursement this Period 500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement CONTRIBUTION Candidate Name	Category/ Type		
Office Sought: House Senate President State: District	Disbursement For: 2004 Primary General X Other (specify) ▼ Other		

Full Name (Last, First, Middle Initial) C. 18th Ward		Transaction ID: D713200327E533 Date of Disbursement 06 / 09 / 2003	
Mailing Address 1326 E. Montgomery Avenue			
City Philadelphia State PA Zip Code 19125-	Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement CONTRIBUTION Candidate Name	Category/ Type		
Office Sought: House Senate President State: District	Disbursement For: 2004 Primary General X Other (specify) ▼ Other		

SUBTOTAL of Disbursements This Page (optional)	6500.00
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)

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

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NAME OF COMMITTEE (In Full)
 BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Penelope Dolan		Transaction ID: D713200327E545 Date of Disbursement 05 / 16 / 2003		
Mailing Address 1481 Wilt Street		Amount of Each Disbursement this Period 400.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Philadelphia	State PA			Zip Code 19125-
Purpose of Disbursement CONTRIBUTION				Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼			
State: District	Other			

SUBTOTAL of Disbursements This Page (optional)	▶	400.00
TOTAL This Period (last page this line number only)	▶	11150.00

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 10 / 10
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Transaction ID: LS0731200159E89

LOAN SOURCE Full Name (Last, First, Middle Initial) Democratic Campaign Committee of Phila. Mailing Address 1421 Walnut Street City Philadelphia State PA ZIP Code 19102	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other
--	---

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
122000.00	117000.00	5000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	MM DD YYYY	MM DD YYYY	Rate % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	05 14 1998	20031231	.0000 % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	5000.00
TOTALS This Period (last page in this line only)	5000.00

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