

# 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

BOB BRADY FOR CONGRESS

ADDRESS (number and street) 12518 Chilton Road

Check if different than previously reported. (ACC) Philadelphia PA 19154

2. **FEC IDENTIFICATION NUMBER** ▼

C C00333740

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

PA 01

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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

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

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

Election on MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

01 / 01 / 2015 through 03 / 31 / 2015

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

Type or Print Name of Treasurer Louis J Farinella

Signature of Treasurer Louis J Farinella [Electronically Filed] Date

MM / DD / YYYY

04 / 14 / 2015

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								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**BOB BRADY FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	98850.00	103600.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	98850.00	103600.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	48501.76	82669.89
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	48501.76	82669.89
8. Cash on Hand at Close of Reporting Period (from Line 27).....	596675.03	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	5000.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**BOB BRADY FOR CONGRESS**

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

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).....	29350.00	34100.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	29350.00	34100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	69500.00	69500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	98850.00	103600.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	82.62	138.62
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	98932.62	103738.62

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	48501.76	82669.89
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	3229.00	3380.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	51730.76	86049.89

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	549473.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	98932.62
25. SUBTOTAL (add Line 23 and Line 24).....	648405.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	51730.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	596675.03

**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 36
	<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)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. James Anderson**

Mailing Address 205 Lurgan Road

City State Zip Code  
New Hope PA 18938

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

Name of Employer Occupation  
Anderson Construction CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 09 / 2015

**Transaction ID : SA11AI.10347**

Amount of Each Receipt this Period  
2600.00  
Contribution

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

Mailing Address 205 Lurgan Road

City State Zip Code  
New Hope PA 18938

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

Name of Employer Occupation  
Anderson Construction CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 09 / 2015

**Transaction ID : SA11AI.10348**

Amount of Each Receipt this Period  
2600.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Mr. William J. Avery**

Mailing Address PO Box 136

City State Zip Code  
Gwynedd PA 19437

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

Name of Employer Occupation  
N/A Retired

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  
03 / 09 / 2015

**Transaction ID : SA11AI.10380**

Amount of Each Receipt this Period  
1000.00  
Contribution

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

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

6200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 36
	<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)  
**BOB BRADY FOR CONGRESS**

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

Mailing Address 4015 Fidler Street

City Philadelphia State PA Zip Code 19114

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

Name of Employer Borski Associates, LLC Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : SA11AI.10374**

Amount of Each Receipt this Period  
 500.00

Contribution

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

Mailing Address 489 Briston Pike

City Bensalem State PA Zip Code 19020-6336

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

Name of Employer None Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : SA11AI.10356**

Amount of Each Receipt this Period  
 2600.00

Contribution

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

Mailing Address 489 Bristol Pike

City Bensalem State PA Zip Code 19020

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

Name of Employer Chickie & Pete's Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : SA11AI.10358**

Amount of Each Receipt this Period  
 2300.00

Contribution

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

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

5400.00

**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 36
	<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)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Peter Ciarrocchi**

Mailing Address 489 Bristol Pike

City Bensalem State PA Zip Code 19020

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

Name of Employer: Chickie & Pete's Occupation: Owner

Receipt For: 2018  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 03 / 09 / 2015

**Transaction ID : SA11AI.10359**

Amount of Each Receipt this Period: 300.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Dominick A. Cipollini**

Mailing Address PO Box 202

City Cheltenham State PA Zip Code 19012-0202

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

Name of Employer: Keystone Outdoor Advertising Occupation: Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 400.00

Date of Receipt: 03 / 09 / 2015

**Transaction ID : SA11AI.10354**

Amount of Each Receipt this Period: 400.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Dominick A. Cipollini**

Mailing Address PO Box 202

City Cheltenham State PA Zip Code 19012-0202

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

Name of Employer: Keystone Outdoor Advertising Occupation: Executive

Receipt For: 2018  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 03 / 09 / 2015

**Transaction ID : SA11AI.10355**

Amount of Each Receipt this Period: 2200.00

Contribution

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

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

2900.00

**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 36
	<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)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Peter DePaul**

Mailing Address 1750 Walton Road  
PO Box 1647

City State Zip Code  
Blue Bell PA 19422-0465

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

Name of Employer Occupation  
The DePaul Group 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  
03 / 09 / 2015

**Transaction ID : SA11AI.10388**

Amount of Each Receipt this Period  
1000.00  
Contribution

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

Mailing Address 1500 Market Street  
Ste 3500E

City State Zip Code  
Philadelphia PA 19102-2101

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

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  
03 / 09 / 2015

**Transaction ID : SA11AI.10384**

Amount of Each Receipt this Period  
1000.00  
Contribution

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

Mailing Address 69 N 2nd Street

City State Zip Code  
Philadelphia PA 19106

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

Name of Employer Occupation  
Economy Restaurant Supply Co-Owner

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  
03 / 09 / 2015

**Transaction ID : SA11AI.10378**

Amount of Each Receipt this Period  
1000.00  
Contribution

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

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

3000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 36
	<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)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Fozan E. Ehmedi**

Mailing Address 16 Vanessa Court

City State Zip Code  
Cherry Hill NJ 08003

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

Name of Employer Occupation  
Cousin's Supermarket 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  
 01 / 08 / 2015

**Transaction ID : SA11AI.10341**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

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

Mailing Address 1735 Market Street  
Suite 600

City State Zip Code  
Philadelphia PA 19103

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

Name of Employer Occupation  
Fineman Krekstein & Harris Attorney

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  
 03 / 09 / 2015

**Transaction ID : SA11AI.10373**

Amount of Each Receipt this Period  
 500.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Richard M. Golomb**

Mailing Address 517 Righters Mill Road

City State Zip Code  
Penn Valley PA 19072

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

Name of Employer Occupation  
Golomb & Honik Attorney

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  
 03 / 09 / 2015

**Transaction ID : SA11AI.10381**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 36
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mr. Kenneth Lawrence Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 09 / 2015	
Mailing Address 351 Knoll Road		<b>Transaction ID : SA11AI.10371</b>	
City Plymouth Meeting	State PA	Zip Code 19462	Amount of Each Receipt this Period Contribution 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Sr. Vice-President	Occupation Temple University		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Robert Leipziger</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 09 / 2015	
Mailing Address 1391 Taylor Drive		<b>Transaction ID : SA11AI.10376</b>	
City Langhorne	State PA	Zip Code 19047	Amount of Each Receipt this Period Contribution 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Rob's Auto	Occupation Owner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Sandra Muller</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 09 / 2015	
Mailing Address 1433 Revelation Drive		<b>Transaction ID : SA11AI.10370</b>	
City Meadow Brook	State PA	Zip Code 19046	Amount of Each Receipt this Period Contribution 750.00
FEC ID number of contributing federal political committee. C			
Name of Employer Muller, Inc.	Occupation Owner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 36
	<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)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Nowakowski**

Mailing Address 7 Chestnut Lane

City State Zip Code  
New Hope PA 18938

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

Name of Employer Occupation  
United Color Manufacturing Owner

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  
03 / 09 / 2015

**Transaction ID : SA11AI.10361**

Amount of Each Receipt this Period  
Contribution 2000.00

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

Mailing Address 724 Sedgewick Court

City State Zip Code  
Sewell NJ 08080

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

Name of Employer Occupation  
Self Real Estate Executive

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  
03 / 09 / 2015

**Transaction ID : SA11AI.10389**

Amount of Each Receipt this Period  
Contribution 1000.00

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

Mailing Address 8610 Thomas Mill Drive

City State Zip Code  
Philadelphia PA 19128

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

Name of Employer Occupation  
Thomas Mill Associates Owner

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  
03 / 09 / 2015

**Transaction ID : SA11AI.10372**

Amount of Each Receipt this Period  
Contribution 500.00

**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 12 OF 36
	<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)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Nicholas Saponara**

Mailing Address 5838 Hudson Road

City Bensalem State PA Zip Code 19120

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

Name of Employer Self Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : SA11AI.10377**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Bayard Thayer Storey**

Mailing Address 1919 Brandywine Street

City Philadelphia State PA Zip Code 19130-3202

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

Name of Employer University of Pennsylvania Occupation Prof. Emeritus

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : SA11AI.10353**

Amount of Each Receipt this Period  
 2600.00  
 Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

3600.00

29350.00

**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 13 OF 36
	<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)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial) CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS AND JOINERS		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 29 / 2015
A. Mailing Address 101 Constitution Ave NW Tenth Floor West		Transaction ID : SA11C.10343
City Washington	State DC Zip Code 20001	
FEC ID number of contributing federal political committee.	C C00001016	Amount of Each Receipt this Period Contribution 5000.00
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS AND JOINERS		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 29 / 2015
B. Mailing Address 101 Constitution Ave NW Tenth Floor West		Transaction ID : SA11C.10344
City Washington	State DC Zip Code 20001	
FEC ID number of contributing federal political committee.	C C00001016	Amount of Each Receipt this Period Contribution 5000.00
Name of Employer	Occupation	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10000.00	

Full Name (Last, First, Middle Initial) COMPOSITION ROOFERS LOCAL UNION #30 POLITICAL ACTION & EDUCATION FUND		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 09 / 2015
C. Mailing Address 6447 TORRESDALE AVENUE		Transaction ID : SA11C.10368
City PHILADELPHIA	State PA Zip Code 19135	
FEC ID number of contributing federal political committee.	C C00125534	Amount of Each Receipt this Period Contribution 2000.00
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 36
	<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)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DUANE MORRIS GOVERNMENT COMMITTEE**

Mailing Address 30 South 17th Street  
One Liberty Place

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00364133

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : SA11C.10360**

Amount of Each Receipt this Period  
 Contribution 2500.00

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

Mailing Address 753 State Ave.  
Suite 565

City Kansas City State KS Zip Code 66101

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : SA11C.10387**

Amount of Each Receipt this Period  
 Contribution 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES POLITICAL ACTION TOGETHER POLITICAL COMM**

Mailing Address 1750 New York Avenue, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2015

**Transaction ID : SA11C.10390**

Amount of Each Receipt this Period  
 Contribution 5000.00

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

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

8500.00

**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 36
<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)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**IRONWORKERS LOCAL 401 POLITICAL ACTION FUND**

Mailing Address 11600 NORCOM ROAD

City PHILADELPHIA State PA Zip Code 19154

FEC ID number of contributing federal political committee. **C** C00163535

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : SA11C.10362**

Amount of Each Receipt this Period  
 2000.00

Contribution

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

Mailing Address 1375 VIRGINIA DR.

City FT. WASHINGTON State PA Zip Code 19034

FEC ID number of contributing federal political committee. **C** C00136739

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : SA11C.10349**

Amount of Each Receipt this Period  
 5000.00

Contribution

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

Mailing Address 905 16TH STREET NW 2ND FLOOR

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00568964

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015

**Transaction ID : SA11C.10391**

Amount of Each Receipt this Period  
 5000.00

Contribution

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

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

12000.00

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

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

FOR LINE NUMBER: PAGE 16 OF 36  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LIUNA BUILDING AMERICA**

Mailing Address 905 16TH STREET NW 2ND FLOOR

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C C00568964**

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 Y Y  
03 / 13 / 2015

**Transaction ID : SA11C.10393**

Amount of Each Receipt this Period  
Contribution 5000.00

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL ELEVATOR CONSTRUCTORS PAC/ INT'L UNION OF ELEVATOR CONSTRUCTORS (NEC PAC)

Mailing Address 7154 COLUMBIA GATEWAY DRIVE

City State Zip Code  
COLUMBIA MD 21046

FEC ID number of contributing federal political committee. **C C00383950**

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  
03 / 09 / 2015

**Transaction ID : SA11C.10385**

Amount of Each Receipt this Period  
Contribution 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**PHILADELPHIA FEDERAL CREDIT UNION PAC (PFCU-PAC)**

Mailing Address 12800 TOWNSEND ROAD

City State Zip Code  
PHILADELPHIA PA 19154

FEC ID number of contributing federal political committee. **C C00360206**

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  
03 / 09 / 2015

**Transaction ID : SA11C.10382**

Amount of Each Receipt this Period  
Contribution 1000.00

**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 17 OF 36  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
SEIU COPE (SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION)

**A.** Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004036

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : SA11C.10351**

Amount of Each Receipt this Period  
 Contribution 5000.00

Full Name (Last, First, Middle Initial)  
SHEET METAL WORKER'S INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE PAL

**B.** Mailing Address 1750 NEW YORK AVE NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C70001136

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : SA11C.10345**

Amount of Each Receipt this Period  
 Contribution 5000.00

Full Name (Last, First, Middle Initial)  
SHEET METAL WORKER'S INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE PAL

**C.** Mailing Address 1750 NEW YORK AVE NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C70001136

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : SA11C.10346**

Amount of Each Receipt this Period  
 Contribution 5000.00

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

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

15000.00

**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 18 OF 36
	<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)  
**BOB BRADY FOR CONGRESS**

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

Mailing Address 1700 Broadway 2nd Floor

City State Zip Code  
New York NY 10019

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : SA11C.10350**

Amount of Each Receipt this Period  
 Contribution 5000.00

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

Mailing Address 8000 EAST JEFFERSON

City State Zip Code  
DETROIT MI 48214

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : SA11C.10352**

Amount of Each Receipt this Period  
 Contribution 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE**

Mailing Address Three Park Place

City State Zip Code  
Annapolis MD 21401

FEC ID number of contributing federal political committee. **C C00012476**

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  
 01 / 23 / 2015

**Transaction ID : SA11C.10342**

Amount of Each Receipt this Period  
 Contribution 5000.00

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

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

15000.00

69500.00

**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 19 OF 36			
	<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) <b>A. Ally Financial</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015
Mailing Address PO Box 380902		Amount of Each Disbursement this Period 1148.29 <b>Transaction ID : SB17.10274</b>
City Bloomington	State MN	
Zip Code 55438-0902	Purpose of Disbursement Auto Lease	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" 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: PA District: 01	

Full Name (Last, First, Middle Initial) <b>B. Ally Financial</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2015
Mailing Address PO Box 380902		Amount of Each Disbursement this Period 910.72 <b>Transaction ID : SB17.10286</b>
City Bloomington	State MN	
Zip Code 55438-0902	Purpose of Disbursement Auto Lease	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" 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: PA District: 01	

Full Name (Last, First, Middle Initial) <b>c. Ally Financial</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2015
Mailing Address PO Box 380902		Amount of Each Disbursement this Period 1148.29 <b>Transaction ID : SB17.10288</b>
City Bloomington	State MN	
Zip Code 55438-0902	Purpose of Disbursement Auto Lease	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" 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: PA District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3207.30
<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 20 OF 36			
	<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) <b>A. Ally Financial</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address PO Box 380902		Amount of Each Disbursement this Period 1148.29 <b>Transaction ID : SB17.10291</b>
City Bloomington	State MN	
Zip Code 55438-0902	Purpose of Disbursement Auto Lease	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" 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: PA District: 01	

Full Name (Last, First, Middle Initial) <b>B. Ally Financial</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address PO Box 380902		Amount of Each Disbursement this Period 910.72 <b>Transaction ID : SB17.10292</b>
City Bloomington	State MN	
Zip Code 55438-0902	Purpose of Disbursement Auto Lease	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" 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: PA District: 01	

Full Name (Last, First, Middle Initial) <b>c. Ally Financial</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address PO Box 380902		Amount of Each Disbursement this Period 910.72 <b>Transaction ID : SB17.10317</b>
City Bloomington	State MN	
Zip Code 55438-0902	Purpose of Disbursement Auto Lease	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" 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: PA District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2969.73
<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 21 OF 36			
	<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) <b>A. Ally Financial</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address PO Box 380902		Amount of Each Disbursement this Period 1148.29 <b>Transaction ID : SB17.10327</b>
City Bloomington	State MN	
Zip Code 55438-0902	Purpose of Disbursement Auto Lease	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" 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: PA District: 01	

Full Name (Last, First, Middle Initial) <b>B. Ms Linda August</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address 2401 Pennsylvania Avenue 6B23		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : SB17.10279</b>
City Philadelphia	State PA	
Zip Code 19130	Purpose of Disbursement Fundraising Consulting February 2015	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" 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: PA District: 01	

Full Name (Last, First, Middle Initial) <b>c. Ms Linda August</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2015
Mailing Address 2401 Pennsylvania Avenue 6B23		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : SB17.10280</b>
City Philadelphia	State PA	
Zip Code 19130	Purpose of Disbursement Fundraising Consulting March 2015	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" 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: PA District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8148.29
<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 22 OF 36			
	<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) <b>A. Ms Linda August</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2015
Mailing Address 2401 Pennsylvania Avenue 6B23		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : SB17.10311</b>
City Philadelphia State PA Zip Code 19130	Purpose of Disbursement Fundraising Consulting April 2015	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Category/ Type
Office Sought: <input checked="" 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: PA District: 01		

Full Name (Last, First, Middle Initial) <b>B. Ms Linda August</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015
Mailing Address 2401 Pennsylvania Avenue 6B23		Amount of Each Disbursement this Period 670.77 <b>Transaction ID : SB17.10319</b>
City Philadelphia State PA Zip Code 19130	Purpose of Disbursement Reimbursement for Event Supplies	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Category/ Type
Office Sought: <input checked="" 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: PA District: 01		

Full Name (Last, First, Middle Initial) <b>c. Capital Grille</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address 1338 Chestnut Street		Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : SB17.10334</b> <b>[MEMO ITEM]</b>
City Philadelphia State PA Zip Code 19107	Purpose of Disbursement Christmas Gifts	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Category/ Type
Office Sought: <input checked="" 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: PA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4170.77
<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 23 OF 36	
	<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) <b>A. First National Bank VISA</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2015
Mailing Address PO Box 2557		Amount of Each Disbursement this Period 11123.30 <b>Transaction ID : SB17.10275</b>
City Omaha	State NE Zip Code 68103	
Purpose of Disbursement VISA Payment		Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		
Office Sought: <input checked="" 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: PA District: 01		

Full Name (Last, First, Middle Initial) <b>B. First National Bank VISA</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address PO Box 2557		Amount of Each Disbursement this Period 897.50 <b>Transaction ID : SB17.10294</b>
City Omaha	State NE Zip Code 68103	
Purpose of Disbursement VISA Payment		Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		
Office Sought: <input checked="" 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: PA District: 01		

Full Name (Last, First, Middle Initial) <b>c. First National Bank VISA</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address PO Box 2557		Amount of Each Disbursement this Period 5394.89 <b>Transaction ID : SB17.10293</b>
City Omaha	State NE Zip Code 68103	
Purpose of Disbursement VISA Payment		Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		
Office Sought: <input checked="" 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: PA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17415.69
<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 24 OF 36	
	<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) <b>A. Flame Magazine Phila IAFF Local #22</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2015
Mailing Address 415-427 N 5th Street Floor 1		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.10301</b>
City Philadelphia	State PA Zip Code 19123	
Purpose of Disbursement Advertisement	Category/Type	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		
Office Sought: <input checked="" 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: PA District: 01		

Full Name (Last, First, Middle Initial) <b>B. House Gift Shop</b>		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address Longworth House Office Bldg B218 Independence Ave & CS. Capitol St		Amount of Each Disbursement this Period 225.35 <b>Transaction ID : SB17.10335</b> <b>[MEMO ITEM]</b>
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Gifts	Category/Type	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		
Office Sought: <input checked="" 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: PA District: 01		

Full Name (Last, First, Middle Initial) <b>c. Kimco Realty Corporation</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2015
Mailing Address 170 West Ridgely Road Suite 210		Amount of Each Disbursement this Period 4800.00 <b>Transaction ID : SB17.10278</b>
City Lutherville Timoni	State MD Zip Code 21093	
Purpose of Disbursement Rent	Category/Type	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		
Office Sought: <input checked="" 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: PA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5550.00
<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 25 OF 36			
	<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) <b>A. Maggiano</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2014
Mailing Address 205 Mall Blvd		Amount of Each Disbursement this Period 495.51
City King of Prussia	State PA	
Zip Code 19406	Purpose of Disbursement Meeting	Transaction ID : SB17.10336
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Category/ Type	
Office Sought: <input checked="" 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)	[MEMO ITEM]
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>B. Marlyn Service Garage</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2015
Mailing Address 6560 Haverford Avenue		Amount of Each Disbursement this Period 318.60
City Philadelphia	State PA	
Zip Code 19151	Purpose of Disbursement Car Repair	Transaction ID : SB17.10337
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Category/ Type	
Office Sought: <input checked="" 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)	[MEMO ITEM]
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>c. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2015
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 100.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Membership Dues	Transaction ID : SB17.10318
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Category/ Type	
Office Sought: <input checked="" 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: PA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	100.00
<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 26 OF 36	
	<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) <b>A. New Jersey EZ Pass</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2015
Mailing Address PO Box 52003		Amount of Each Disbursement this Period 630.00
City Newark	State NJ	
Zip Code 07101-8203	Purpose of Disbursement Tolls	Transaction ID : SB17.10338
Candidate Name BOB BRADY FOR CONGRESS	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	[MEMO ITEM]
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President	State: PA District: 01	

Full Name (Last, First, Middle Initial) <b>B. Sirius XM Satellite Radio</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2015
Mailing Address PO Box 9001399		Amount of Each Disbursement this Period 206.88
City Louisville	State KY	
Zip Code 40290-1399	Purpose of Disbursement Satellite Radio	Transaction ID : SB17.10326
Candidate Name BOB BRADY FOR CONGRESS	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President	State: PA District: 01	

Full Name (Last, First, Middle Initial) <b>c. Smart Devine</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 1600 Market Street 32nd Floor		Amount of Each Disbursement this Period 1323.00
City Philadelphia	State PA	
Zip Code 19103	Purpose of Disbursement Accounting Services	Transaction ID : SB17.10298
Candidate Name BOB BRADY FOR CONGRESS	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President	State: PA District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1529.88
<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 27 OF 36			
	<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) <b>A. Smart Devine</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 1600 Market Street 32nd Floor		Amount of Each Disbursement this Period 686.00 <b>Transaction ID : SB17.10299</b>
City Philadelphia State PA Zip Code 19103	Purpose of Disbursement Accounting Services	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" 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: PA District: 01		

Full Name (Last, First, Middle Initial) <b>B. Smart Devine</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address 1600 Market Street 32nd Floor		Amount of Each Disbursement this Period 122.50 <b>Transaction ID : SB17.10320</b>
City Philadelphia State PA Zip Code 19103	Purpose of Disbursement Accounting Services	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" 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: PA District: 01		

Full Name (Last, First, Middle Initial) <b>c. State Farm Insurance Co.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address One State Farm Drive		Amount of Each Disbursement this Period 1019.01 <b>Transaction ID : SB17.10284</b>
City Concordville State PA Zip Code 19339	Purpose of Disbursement Auto Insurance	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" 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: PA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1827.51
<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 28 OF 36	
	<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) <b>A. State Farm Insurance Co.</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2015
Mailing Address One State Farm Drive		Amount of Each Disbursement this Period 732.21 <b>Transaction ID : SB17.10296</b>
City Concordville	State PA	
Zip Code 19339	Purpose of Disbursement Auto Insurance	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" 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: PA District: 01	

Full Name (Last, First, Middle Initial) <b>B. Sunoco Service Station1</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2015
Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543		Amount of Each Disbursement this Period 585.58 <b>Transaction ID : SB17.10340</b> <b>[MEMO ITEM]</b>
City Aberdeen	State MD	
Zip Code 21001	Purpose of Disbursement Fuel	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" 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: PA District: 01	

Full Name (Last, First, Middle Initial) <b>c. The Prime Rib</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2015
Mailing Address 1701 Locust Street		Amount of Each Disbursement this Period 4711.56 <b>Transaction ID : SB17.10339</b> <b>[MEMO ITEM]</b>
City Philadelphia	State PA	
Zip Code 19103	Purpose of Disbursement Event	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" 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: PA District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	732.21
<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 29 OF 36			
	<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) <b>A. The Public Record</b>		Date of Disbursement
Mailing Address 1323 S Broad Street		M M / D D / Y Y Y Y 01 / 06 / 2015
City Philadelphia	State PA	Zip Code 19147
Purpose of Disbursement Advertisement	Amount of Each Disbursement this Period 400.00	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Transaction ID : SB17.10276	
Office Sought: <input checked="" 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: PA District: 01	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. The Public Record</b>		Date of Disbursement
Mailing Address 1323 S Broad Street		M M / D D / Y Y Y Y 01 / 22 / 2015
City Philadelphia	State PA	Zip Code 19147
Purpose of Disbursement Advertisement	Amount of Each Disbursement this Period 800.00	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Transaction ID : SB17.10283	
Office Sought: <input checked="" 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: PA District: 01	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. The Public Record</b>		Date of Disbursement
Mailing Address 1323 S Broad Street		M M / D D / Y Y Y Y 03 / 04 / 2015
City Philadelphia	State PA	Zip Code 19147
Purpose of Disbursement Advertisement	Amount of Each Disbursement this Period 400.00	
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Transaction ID : SB17.10297	
Office Sought: <input checked="" 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: PA District: 01	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1600.00
<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 30 OF 36	
	<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) <b>A. The Public Record</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2015
Mailing Address 1323 S Broad Street		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.10310</b>
City Philadelphia	State PA Zip Code 19147	
Purpose of Disbursement Advertisement		Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		
Office Sought: <input checked="" 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: PA District: 01		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 143.34 <b>Transaction ID : SB17.10273</b>
City Lehigh Valley	State PA Zip Code 18002	
Purpose of Disbursement Cellular Telephone		Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		
Office Sought: <input checked="" 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: PA District: 01		

Full Name (Last, First, Middle Initial) <b>c. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 151.44 <b>Transaction ID : SB17.10289</b>
City Lehigh Valley	State PA Zip Code 18002	
Purpose of Disbursement Cellular Telephone		Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>		
Office Sought: <input checked="" 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: PA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	694.78
<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 31 OF 36	
	<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) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 165.88 <b>Transaction ID : SB17.10290</b>
City Lehigh Valley	State PA	
Zip Code 18002	Purpose of Disbursement Cellular Telephone	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" 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: PA District: 01	

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	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	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).....	165.88
<b>TOTAL</b> This Period (last page this line number only).....	48112.04

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 36	
	<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) <b>A. Fralinger Strign Band</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 39 Crimson Court East		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21.10306</b>
City Sewell	State NJ	
Zip Code 08080	Purpose of Disbursement Donation	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" 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: PA District: 01	

Full Name (Last, First, Middle Initial) <b>B. Friends of Rich Fitzgerald</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2015
Mailing Address PO Box 23175		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21.10302</b>
City Pittsburgh	State PA	
Zip Code 15222	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" 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: PA District: 01	

Full Name (Last, First, Middle Initial) <b>c. PNC Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : SB21.10328</b>
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement Service Charge	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" 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: PA District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1060.00
<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 33 OF 36			
	<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) <b>A. PNC Bank</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 10.00 <b>Transaction ID : SB21.10268</b>
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement MM Service Charge	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" 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: PA District: 01	

Full Name (Last, First, Middle Initial) <b>B. PNC Bank</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 69.00 <b>Transaction ID : SB21.10333</b>
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement Service Charge	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" 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: PA District: 01	

Full Name (Last, First, Middle Initial) <b>c. PNC Bank</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2015
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 10.00 <b>Transaction ID : SB21.10269</b>
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement MM Service Charge	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" 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: PA District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	89.00
<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 34 OF 36			
	<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) <b>A. PNC Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : SB21.10331</b>
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement Service Charge	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" 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: PA District: 01	

Full Name (Last, First, Middle Initial) <b>B. South Philly Vikings</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015
Mailing Address 1815 S. 11th Street		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.10277</b>
City Philadelphia	State PA	
Zip Code 19148	Purpose of Disbursement Donation	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" 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: PA District: 01	

Full Name (Last, First, Middle Initial) <b>c. Stewards Benefit Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2015
Mailing Address 2980 Southampton Road		Amount of Each Disbursement this Period 275.00 <b>Transaction ID : SB21.10305</b>
City Philadelphia	State PA	
Zip Code 19154	Purpose of Disbursement Advertisement / Donation	Category/ Type
Candidate Name <b>BOB BRADY FOR CONGRESS</b>	Office Sought: <input checked="" 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: PA District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1335.00
<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 35 OF 36	
	<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**

**A. Teamsters Local 830 Scholarship Fund**

Full Name (Last, First, Middle Initial)  
Mailing Address 2980 Southampton Road

City Philadelphia State PA Zip Code 19154

Purpose of Disbursement Advertisement / Donation

Candidate Name **BOB BRADY FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: PA District: 01

Date of Disbursement: 03 / 13 / 2015

Amount of Each Disbursement this Period: 300.00

Transaction ID : SB21.10314

**B. Women's Democratic Club of Delaware County**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 204

City Ridley Park State PA Zip Code 19078

Purpose of Disbursement Donation

Candidate Name **BOB BRADY FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: PA District: 01

Date of Disbursement: 01 / 22 / 2015

Amount of Each Disbursement this Period: 210.00

Transaction ID : SB21.10281

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: / /

Amount of Each Disbursement this Period:

**SUBTOTAL** of Disbursements This Page (optional)..... 510.00

**TOTAL** This Period (last page this line number only)..... 2994.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**BOB BRADY FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Democratic Campaign Committee of Philadelphia**

Mailing Address 1421 Walnut Street

City State Zip Code  
Philadelphia PA 19102

Nature of Debt (Purpose):  
Loan

Outstanding Balance Beginning This Period **5000.00** **Transaction ID : SD9.4599**

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **5000.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

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