

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2014"/> | <input type="text" value="23792.53"/> | <input type="text" value="23792.53"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="19573.04"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="4646.50"/> | <input type="text" value="13370.50"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="24219.54"/> | <input type="text" value="37163.03"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="10880.85"/> | <input type="text" value="23824.34"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="13338.69"/> | <input type="text" value="13338.69"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---------------------------------------|---|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 1360.00 | 4332.50 |
| (ii) Unitemized | 2911.50 | 8663.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 4271.50 | 12995.50 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 4271.50 | 12995.50 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 375.00 | 375.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 4646.50 | 13370.50 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 4646.50 | 13370.50 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 222.85 | 646.35 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 222.85 | 646.35 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 750.00 | 3500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. 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 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 9908.00 | 19677.99 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 10880.85 | 23824.34 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 10880.85 | 23824.34 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 4271.50 | 12995.50 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 4271.50 | 12995.50 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 222.85 | 646.35 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 222.85 | 646.35 |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 6 OF 20 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Jill Adelman
Full Name (Last, First, Middle Initial)

Mailing Address 68 Longwood Drive

City Sicklerville State NJ Zip Code 08081

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

Name of Employer Temple University Hospital Occupation Nurse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 180.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2014

Transaction ID : SA11AI.5932

Amount of Each Receipt this Period
 60.00

payroll deduction

B. Myles Aion
Full Name (Last, First, Middle Initial)

Mailing Address 2809 W. Girard Ave.

City Philadelphia State PA Zip Code 19130

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

Name of Employer PASNAP Occupation Organizer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014

Transaction ID : SA11AI.5933

Amount of Each Receipt this Period
 150.00

payroll deduction

C. Dawn Andonian
Full Name (Last, First, Middle Initial)

Mailing Address 537 Crotzer Ave.

City Folcroft State PA Zip Code 19032

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

Name of Employer Mercy Fitzgerald Hospital Occupation Registered Nurse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2014

Transaction ID : SA11AI.5934

Amount of Each Receipt this Period
 75.00

payroll deduction

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 285.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 20 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Janis Blakely | | Date of Receipt MM / DD / YYYY 08 / 11 / 2014 Transaction ID : SA11AI.5935 |
| Mailing Address 1308 Willow Ave Apt A-2 | | Amount of Each Receipt this Period 40.00 credit card contribution |
| City Elkins Park | State PA | Zip Code 19027 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Temple University Hospital | Occupation Nurse | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 160.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Phyllis Brown | | Date of Receipt MM / DD / YYYY 09 / 10 / 2014 Transaction ID : SA11AI.5936 |
| Mailing Address 1727 Graham Lane | | Amount of Each Receipt this Period 90.00 credit card contribution |
| City LaMott | State PA | Zip Code 19027 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Temple University Hospital | Occupation Nurse | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Susan Chadwick | | Date of Receipt MM / DD / YYYY 08 / 11 / 2014 Transaction ID : SA11AI.5937 |
| Mailing Address 4 Pin Oak Ln. | | Amount of Each Receipt this Period 60.00 credit card contribution |
| City Horsham | State PA | Zip Code 19044 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Temple University Hospital | Occupation Registered Nurse | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 190.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 8 OF 20 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Mr. William Cruice
Full Name (Last, First, Middle Initial)

Mailing Address 7413 Mountain Avenue

| | | |
|---------------------|-------------|-------------------|
| City Elkins Park | State PA | Zip Code 19027 |
|---------------------|-------------|-------------------|

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

| | |
|----------------------------|-----------------------------|
| Name of Employer PASNAP | Occupation Exec Director |
|----------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 22 | / | 2014 |

Transaction ID : SA11AI.5938

Amount of Each Receipt this Period

| |
|-------|
| 60.00 |
|-------|

 payroll deduction

B. Curtis Dahn
Full Name (Last, First, Middle Initial)

Mailing Address 819 Heberton St.

| | | |
|--------------------|-------------|-------------------|
| City Pittsburgh | State PA | Zip Code 15206 |
|--------------------|-------------|-------------------|

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

| | |
|----------------------------|------------------------------------|
| Name of Employer PASNAP | Occupation Staff Representative |
|----------------------------|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
180.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 22 | / | 2014 |

Transaction ID : SA11AI.5939

Amount of Each Receipt this Period

| |
|-------|
| 60.00 |
|-------|

 payroll deduction

C. Sherri Freeman
Full Name (Last, First, Middle Initial)

Mailing Address 924 Gilder Dr.

| | | |
|--------------------|-------------|-------------------|
| City New Castle | State DE | Zip Code 19720 |
|--------------------|-------------|-------------------|

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

| | |
|---|--------------------------------|
| Name of Employer Mercy Fitzgerald Hospital | Occupation Registered Nurse |
|---|--------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
180.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 09 | / | 2014 |

Transaction ID : SA11AI.5940

Amount of Each Receipt this Period

| |
|-------|
| 60.00 |
|-------|

 payroll deduction

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 180.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 20 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Andrew Gaffney
Full Name (Last, First, Middle Initial)

Mailing Address 1000 Amber Ct.

City Green Lane State PA Zip Code 19054

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

Name of Employer PASNAP Occupation Staff Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **807.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014

Transaction ID : SA11AI.5941

Amount of Each Receipt this Period
 255.00

payroll deduction

B. Helen Hasbrouck
Full Name (Last, First, Middle Initial)

Mailing Address 521 N. Olive St.

City Media State PA Zip Code 19063

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

Name of Employer Crozer Chester Medical Center Occupation Registered Nurse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **180.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.5942

Amount of Each Receipt this Period
 60.00

payroll deduction

C. Teresa Marcavage
Full Name (Last, First, Middle Initial)

Mailing Address 208 Indiana Avenue

City Shenandoah State PA Zip Code 17976

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

Name of Employer PASNAP Occupation Staff Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014

Transaction ID : SA11AI.5943

Amount of Each Receipt this Period
 90.00

payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **405.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 20 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Paul Muller
Full Name (Last, First, Middle Initial)

Mailing Address 413 Maple St., Apt. C-27

| | | |
|----------------------|-------------|-------------------|
| City Conshohocken | State PA | Zip Code 19428 |
|----------------------|-------------|-------------------|

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

| | |
|----------------------------|------------------------------------|
| Name of Employer PASNAP | Occupation Staff Representative |
|----------------------------|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 22 | / | 2014 |

Transaction ID : SA11AI.5944

Amount of Each Receipt this Period

| |
|--------|
| 120.00 |
|--------|

 payroll deduction

B. Emily Rodriguez
Full Name (Last, First, Middle Initial)

Mailing Address 2164 N. Franklin St.

| | | |
|----------------------|-------------|-------------------|
| City Philadelphia | State PA | Zip Code 19122 |
|----------------------|-------------|-------------------|

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

| | |
|----------------------------|---|
| Name of Employer PASNAP | Occupation Communications & Government Relations |
|----------------------------|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
180.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 22 | / | 2014 |

Transaction ID : SA11AI.5945

Amount of Each Receipt this Period

| |
|-------|
| 60.00 |
|-------|

 payroll deduction

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

Mailing Address 422 Militia Hill Rd.

| | | |
|-------------------------|-------------|-------------------|
| City Fort Washington | State PA | Zip Code 19034 |
|-------------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer Penn. Assoc. of Staff Nurses | Occupation Staff Representative |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
180.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 22 | / | 2014 |

Transaction ID : SA11AI.5946

Amount of Each Receipt this Period

| |
|-------|
| 60.00 |
|-------|

 payroll deduction

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 240.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 11 OF 20
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name (Last, First, Middle Initial)
Jessica Weil

Mailing Address 3 Nathans Place

City West Conshohocken State PA Zip Code 19428

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

Name of Employer PASNAP Occupation Organizer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
180.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2014

Transaction ID : SA11AI.5947

Amount of Each Receipt this Period
 payroll deduction
 60.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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) ▼

Aggregate Year-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).....▶ | 60.00 |
| TOTAL This Period (last page this line number only).....▶ | 1360.00 |

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

| | | | |
|---|------------------------------|-----------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 12 OF 20 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input checked="" type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Friends to Elect Christine Tartaglione | | Date of Receipt |
| Mailing Address PO Box 28566 | | <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Philadelphia | PA | 19149 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA16.5998 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| | | <input type="text" value="250.00"/> |
| Receipt For: 2013 | Aggregate Year-to-Date ▼ | voided stale dated check |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | <input type="text" value="250.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Catherine Gribble | | Date of Receipt |
| Mailing Address 16 Bolling Cir. | | <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Chadds Ford | PA | 19317 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA16.5950 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| | | <input type="text" value="125.00"/> |
| Receipt For: 2012 | Aggregate Year-to-Date ▼ | voided stale dated check |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | <input type="text" value="125.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--------------------------------|--|
| Full Name (Last, First, Middle Initial) C. | | Date of Receipt |
| Mailing Address | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City | State | Zip Code |
| | | |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Amount of Each Receipt this Period |
| Name of Employer | Occupation | <input type="text"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="375.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value="375.00"/> |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

| | | | |
|---|--|--|--------------------------|
| Full Name (Last, First, Middle Initial) A. PNC Merchant Account | | Date of Disbursement MM / DD / YYYY 07 / 02 / 2014 | |
| Mailing Address 486 Norristown Road | | Transaction ID : SB21B.5968 | |
| City Blue Bell State PA Zip Code 19422 | Purpose of Disbursement merchant fee | Amount of Each Disbursement this Period 58.43 | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Full Name (Last, First, Middle Initial) B. PNC Merchant Account | | Date of Disbursement MM / DD / YYYY 07 / 02 / 2014 | |
| Mailing Address 486 Norristown Road | | Transaction ID : SB21B.5969 | |
| City Blue Bell State PA Zip Code 19422 | Purpose of Disbursement Merchant disc | Amount of Each Disbursement this Period 6.50 | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Full Name (Last, First, Middle Initial) C. PNC Merchant Account | | Date of Disbursement MM / DD / YYYY 07 / 02 / 2014 | |
| Mailing Address 486 Norristown Road | | Transaction ID : SB21B.5970 | |
| City Blue Bell State PA Zip Code 19422 | Purpose of Disbursement Merchant interchange | Amount of Each Disbursement this Period 1.47 | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| SUBTOTAL of Disbursements This Page (optional)..... ▶ | | 66.40 | |
| TOTAL This Period (last page this line number only)..... ▶ | | | |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. PNC Merchant Account | | Date of Disbursement MM / DD / YYYY 08 / 04 / 2014 | |
| Mailing Address 486 Norristown Road | | Transaction ID : SB21B.5973 | |
| City Blue Bell State PA Zip Code 19422 | Purpose of Disbursement Merchant fee | Category/Type 001 | Amount of Each Disbursement this Period 55.78 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | | |
| Full Name (Last, First, Middle Initial) B. PNC Merchant Account | | Date of Disbursement MM / DD / YYYY 08 / 04 / 2014 | |
| Mailing Address 486 Norristown Road | | Transaction ID : SB21B.5974 | |
| City Blue Bell State PA Zip Code 19422 | Purpose of Disbursement Merchant disc | Category/Type 001 | Amount of Each Disbursement this Period 6.50 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | | |
| Full Name (Last, First, Middle Initial) C. PNC Merchant Account | | Date of Disbursement MM / DD / YYYY 08 / 04 / 2014 | |
| Mailing Address 486 Norristown Road | | Transaction ID : SB21B.5975 | |
| City Blue Bell State PA Zip Code 19422 | Purpose of Disbursement Merchant interchange | Category/Type 001 | Amount of Each Disbursement this Period 1.47 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | | |
| SUBTOTAL of Disbursements This Page (optional)..... ▶ | | 63.75 | |
| TOTAL This Period (last page this line number only)..... ▶ | | | |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Full Name (Last, First, Middle Initial)

A. PNC Merchant Account

Mailing Address 486 Norristown Road

City Blue Bell State PA Zip Code 19422

Purpose of Disbursement
Merchant interchange

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2014

Transaction ID : SB21B.5978

Amount of Each Disbursement this Period

1.47

Full Name (Last, First, Middle Initial)

B. PNC Merchant Account

Mailing Address 486 Norristown Road

City Blue Bell State PA Zip Code 19422

Purpose of Disbursement
Merchant disc

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2014

Transaction ID : SB21B.5979

Amount of Each Disbursement this Period

6.50

Full Name (Last, First, Middle Initial)

C. PNC Merchant Account

Mailing Address 486 Norristown Road

City Blue Bell State PA Zip Code 19422

Purpose of Disbursement
Merchant fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2014

Transaction ID : SB21B.5980

Amount of Each Disbursement this Period

51.88

SUBTOTAL of Disbursements This Page (optional)..... ▶

59.85

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

190.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Cartwright for Congress | | Date of Disbursement MM / DD / YYYY 07 / 15 / 2014 |
| Mailing Address PO Box 1805 | | Transaction ID : SB23.5951 |
| City Plains | State PA | |
| Purpose of Disbursement campaign contribution | Category/ Type 011 | Amount of Each Disbursement this Period 500.00 |
| Candidate Name Cartwright for Congress | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: PA District: 17 | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Kevin Strouse for Congress | | Date of Disbursement MM / DD / YYYY 09 / 29 / 2014 |
| Mailing Address PO Box 186 | | Transaction ID : SB23.5952 |
| City Bensalem | State PA | |
| Purpose of Disbursement campaign contribution | Category/ Type 011 | Amount of Each Disbursement this Period 250.00 |
| Candidate Name Kevin Strouse for Congress | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: PA District: 08 | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement MM / DD / YYYY |
| Mailing Address | | |
| City | State | Zip Code |
| Purpose of Disbursement | Category/ Type | Amount of Each Disbursement this Period |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... ▶ | 750.00 |
| TOTAL This Period (last page this line number only)..... ▶ | 750.00 |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Hughes

Mailing Address PO Box 13031

City Philadelphia State PA Zip Code 19101

Purpose of Disbursement
campaign contribution

011

Candidate Name

Citizens for Hughes

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2014

Transaction ID : SB29.5954

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Citizens for John Yudichak

Mailing Address PO Box 545

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
campaign contribution

011

Candidate Name

Citizens for John Yudichak

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 14

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2014

Transaction ID : SB29.5955

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Committee to Elect Eddie Day Pashinski

Mailing Address 1109 Chicory Court

City Exeter State PA Zip Code 18643

Purpose of Disbursement
campaign contribution

011

Candidate Name

Committee to Elect Eddie Day Pashinski

Category/
Type

Office Sought: House
 Senate
 President
State: PA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2014

Transaction ID : SB29.5959

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Full Name (Last, First, Middle Initial)

A. DELCO AFL-CIO COPE

Mailing Address 3031 Walton Road
Suite 201

City Plymouth Meeting State PA Zip Code 19462

Purpose of Disbursement
PAC donation

012

Candidate Name
DELCO AFL-CIO COPE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2014

Transaction ID : **SB29.5964**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Eileen Cipriani

Mailing Address 1109 Chicory Ct.

City Exeter State PA Zip Code 18643

Purpose of Disbursement
campaign contribution

011

Candidate Name
Friends of Eileen Cipriani

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2014

Transaction ID : **SB29.5958**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Friends of Gene DiGirolamo

Mailing Address 6001 Bensalem Blvd.

City Bensalem State PA Zip Code 19020

Purpose of Disbursement
campaign contribution

011

Candidate Name
Friends of Gene DiGirolamo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2014

Transaction ID : **SB29.5953**

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Full Name (Last, First, Middle Initial)

A. Friends of Mary Jo Daley

Mailing Address PO Box 752

City Conshohocken State PA Zip Code 19428

Purpose of Disbursement
campaign contribution

011

Candidate Name

Friends of Mary Jo Daley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 29 | / | 2014 |

Transaction ID : **SB29.5962**

Amount of Each Disbursement this Period

| |
|--------|
| 250.00 |
|--------|

Full Name (Last, First, Middle Initial)

B. Friends of Nick Miccarelli

Mailing Address 901 11th Ave.

City Prospect Park State PA Zip Code 19076

Purpose of Disbursement
campaign contribution

011

Candidate Name

Friends of Nick Miccarelli

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 29 | / | 2014 |

Transaction ID : **SB29.5963**

Amount of Each Disbursement this Period

| |
|--------|
| 250.00 |
|--------|

Full Name (Last, First, Middle Initial)

C. Galloway for State Rep

Mailing Address 45 Valentine Ln.

City Levittown State PA Zip Code 19054

Purpose of Disbursement
campaign contribution

011

Candidate Name

Galloway for State Rep

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | / | 11 | / | 2014 |

Transaction ID : **SB29.5957**

Amount of Each Disbursement this Period

| |
|--------|
| 250.00 |
|--------|

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|--------|
| 750.00 |
|--------|

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

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Emily Rodriguez | | Date of Disbursement MM / DD / YYYY 09 / 09 / 2014 |
| Mailing Address 2164 N. Franklin St. | | Transaction ID : SB29.5986 |
| City Philadelphia | State PA | |
| Zip Code 19122 | Purpose of Disbursement Reimbursement for political event supplies | Amount of Each Disbursement this Period 338.14 |
| Candidate Name Tom Wolf for Governor | Category/Type 007 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Southern Cross Kitchen | | Date of Disbursement MM / DD / YYYY 09 / 08 / 2014 |
| Mailing Address 8 E. 1st St. | | Transaction ID : SB29.5984 |
| City Conshohocken | State PA | |
| Zip Code 19428 | Purpose of Disbursement Catering for political event | Amount of Each Disbursement this Period 466.40 |
| Candidate Name Tom Wolf for Governor | Category/Type 007 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Tom Wolf for Governor | | Date of Disbursement MM / DD / YYYY 09 / 08 / 2014 |
| Mailing Address PO Box 22454 | | Transaction ID : SB29.5960 |
| City Philadelphia | State PA | |
| Zip Code 19110 | Purpose of Disbursement campaign contribution | Amount of Each Disbursement this Period 5000.00 |
| Candidate Name Tom Wolf for Governor | Category/Type 011 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 5804.54 |
| TOTAL This Period (last page this line number only).....▶ | 9804.54 |