

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Pennsylvania Democratic Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee:	Mailing Address	
	City	State      ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee <b>[MEMO ITEM]</b> Bob Casey For Pennsylvania Committee		Purpose of Expenditure Fees	<input type="checkbox"/> Category/Type
Mailing Address 22 North Third Street			
City Harrisburg	State PA	ZIP Code 17101	
Name of Federal Candidate Supported Bob Casey	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6	State: PA District: _____
Aggregate General Election Expenditure for this Candidate ▶ <input type="text" value="0.00"/>		Amount <input type="text" value="44.00"/>	
<b>Transaction ID:</b> 25-17-00023-00044		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee <b>[MEMO ITEM]</b> Bob Casey For Pennsylvania Committee		Purpose of Expenditure Federal State & Unemployment Taxes	<input type="checkbox"/> Category/Type
Mailing Address 22 North Third Street			
City Harrisburg	State PA	ZIP Code 17101	
Name of Federal Candidate Supported Bob Casey	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6	State: PA District: _____
Aggregate General Election Expenditure for this Candidate ▶ <input type="text" value="0.00"/>		Amount <input type="text" value="787.94"/>	
<b>Transaction ID:</b> 25-17-00023-00045		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee <b>[MEMO ITEM]</b> Bob Casey For Pennsylvania Committee		Purpose of Expenditure Worker's Compensation	<input type="checkbox"/> Category/Type
Mailing Address 22 North Third Street			
City Harrisburg	State PA	ZIP Code 17101	
Name of Federal Candidate Supported Bob Casey	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6	State: PA District: _____
Aggregate General Election Expenditure for this Candidate ▶ <input type="text" value="0.00"/>		Amount <input type="text" value="19.95"/>	
<b>Transaction ID:</b> 25-17-00023-00046		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

<b>SUBTOTAL</b> of Expenditures This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="3262.86"/>