

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 17 A 3:22

1. NAME OF COMMITTEE (In full)

BOB BRADY FOR CONGRESS

ADDRESS (number and street) Check if different than previously reported.
ONE LOGAN SQUARE, SUITE 2929

CITY, STATE and ZIP CODE **PHILADELPHIA, PA 19103** STATE/DISTRICT _____

2. FEC IDENTIFICATION NUMBER
C00333740

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- July 15 Quarterly Report Thirtieth day report following the General Election on _____ in the State of _____
- October 15 Quarterly Report Termination Report
- January 31 Year End Report
- July 31 Mid-Year Report (Re-election Year Only)

This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-date
5. Covering Period <u>07/01/2000</u> through <u>09/30/2000</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$36415.00	\$314315.00
(b) Total Contribution Refunds (From Line 20(d))	\$3750.00	\$4750.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$32665.00	\$309565.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$16858.18	\$212534.79
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	\$16858.18	\$212534.79
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$252420.58	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$5000.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	

For further information:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9633
Local 202-218-3420

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

Type or Print Name of Treasurer Michael G. HORSEY

Signature of Treasurer Michael S. Horsey Date 10/13/00

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

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FEC FORM 3
(Revised 4/87)

Detailed Summary Page

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) BOB BRADY FOR CONGRESS	Report Covering the Period:	
	From: 07/01/2000	To: 09/30/2000
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)	\$12100.00	
(ii) Unitemized	\$1315.00	
(iii) Total of contributions from individual	\$13415.00	\$172265.00
(b) Political Party Committees	\$900.00	\$400.00
(c) Other Political Committees (such as PACs)	\$22700.00	\$141650.00
(d) The Candidate	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	\$38415.00	\$314315.00
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 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.)	\$1170.52	\$2589.52
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	\$37585.52	\$316904.52
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$15858.18	\$212534.79
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 19(a) and (b))	\$0.00	\$0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	\$0.00	\$1000.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs)	\$3750.00	\$3750.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	\$3750.00	\$4750.00
21. OTHER DISBURSEMENTS	\$9475.00	\$9475.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$30093.18	\$226758.79
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$244927.24
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$37586.62
25. SUBTOTAL (add Line 23 and Line 24)		\$282512.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 16)		\$30063.18
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$252449.58

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for
 each category of the
 Detailed Summary Page

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

NAME OF COMMITTEE (in full)
 BOB BRADY FOR CONGRESS

Full Name, Mailing Address and Zip Code WILLIAM J. ARMENTANI, JR. INFO REQUESTED Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer INFO REQUESTED Occupation INFO REQUESTED Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 09/18/200	Amount of Each Receipt this Period \$250.00
Full Name, Mailing Address and Zip Code DALE P. BAYER 1267 FOUNTAIN ROAD Newtown, PA 18940-3722 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer INFO REQUESTED Occupation INFO REQUESTED Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 09/18/200	Amount of Each Receipt this Period \$500.00
Full Name, Mailing Address and Zip Code ROBERT M. BERGER 121 S. BROAD STREET SUITE 1700 Philadelphia, PA 19107- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer SELF EMPLOYED Occupation ATTORNEY Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 09/18/200	Amount of Each Receipt this Period \$250.00
Full Name, Mailing Address and Zip Code JOSEPH BONGIOVANNI, III INFO REQUESTED Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer INFO REQUESTED Occupation INFO REQUESTED Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 09/18/200	Amount of Each Receipt this Period \$250.00
Full Name, Mailing Address and Zip Code JOHN C. CAPEK 1420 WALNUT STREET Philadelphia, PA 19102- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer GERSON CAPEK & VORON Occupation ATTORNEY Aggregate Year-to-Date -> \$750.00	Date (month, day, year) 09/27/200	Amount of Each Receipt this Period \$500.00
Full Name, Mailing Address and Zip Code DOMINICK A. CPOLLINI P. O. BOX 202 Cheltenham, PA 19012-0202 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer KEYSTONE OUTDOOR ADVERTISING P Occupation PRESIDENT Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 09/29/200	Amount of Each Receipt this Period \$1000.00
Full Name, Mailing Address and Zip Code BONNIE C. DABENSPECK 4921 TRAMARLAC LN Erie, PA 16505- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer PENNSYLVANIA TURNPIKE COMMISSO Occupation COMMISSIONER Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 09/29/200	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional) \$3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from state reports and documents may not be used by any person for the purpose of estimating contributions or for financial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RAMY I. DJERASSI 1515 MARKET STREET, SUITE 1915 Philadelphia, PA 19102-	SELF EMPLOYED Occupation ATTORNEY	09/22/200	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$1000.00
MICHAEL DRISCOLL 3974 STEVENSON STREET Philadelphia, PA 19152-	INFO REQUESTED Occupation INFO REQUESTED	09/18/200	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$250.00
JACK FEIN 245 ROUTE 130/206	INFO REQUESTED Occupation INFO REQUESTED	09/18/200	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$250.00
HENRY HARDY P. O. BOX 40077 Philadelphia, PA 19106-0077	LEGAL RESEARCH INSTITUTE Occupation INFO REQUESTED	09/18/200	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$250.00
MARY HERNANDEZ-CUEBAS 4451 JUNE MEADOW DRIVE Doylestown, PA 18901-	INFO REQUESTED Occupation INFO REQUESTED	09/18/200	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$250.00
ALLEN R. MAOK 2121 JAMIESON AVE. UNIT 1405 Alexandria, VA 22314-	ALLEN MAOK ASSOCIATES Occupation SELF EMPLOYED	07/12/200	\$900.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$1900.00
STEPHAN MINIKES 513E 52ND STREET N.W. Washington, DC 20016-	Occupation SELF EMPLOYED	07/12/200	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$1000.00

SUBTOTAL of receipts this page (optional): \$7900.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5
FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name, Mailing Address and Zip Code LINDA H. NICKY INFO REQUESTED Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer INFO REQUESTED Occupation INFO REQUESTED Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 09/18/200	Amount of Each Receipt this Period \$250.00
Full Name, Mailing Address and Zip Code GARY W. PAPA 307 TAYLOR AVENUE Oaklyn, NJ 08107-	Name of Employer INFO REQUESTED Occupation INFO REQUESTED Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 09/18/200	Amount of Each Receipt this Period \$250.00
Full Name, Mailing Address and Zip Code SCOTT M. PLAVNER 323 FAWN HILL LANE Narberth, PA 19072-	Name of Employer INFO REQUESTED Occupation INFO REQUESTED Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 09/18/200	Amount of Each Receipt this Period \$250.00
Full Name, Mailing Address and Zip Code JOSEPH POZZUOLO 1216 LINDALE AVE. Drexel Hill, PA 19026-	Name of Employer POZZUOLO & PERRISS, P.C. Occupation ATTORNEY Aggregate Year-to-Date -> \$200.00	Date (month, day, year) 09/29/200	Amount of Each Receipt this Period \$100.00
Full Name, Mailing Address and Zip Code VINCENT PRIMAVERA JR 1115 SHEPARD DR. Blue Bell, PA 19422-	Name of Employer PRIME GROUP ASSOCIATES Occupation PRESIDENT Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 09/29/200	Amount of Each Receipt this Period \$500.00
Full Name, Mailing Address and Zip Code MARIE H. REITMAN 1267 ROQUESSING CREEK TR. Philadelphia, PA 19116-	Name of Employer INFO REQUESTED Occupation INFO REQUESTED Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 09/18/200	Amount of Each Receipt this Period \$500.00
Full Name, Mailing Address and Zip Code JOSEPH ROSATI 4104 CEDAR LANE Drexel Hill, PA 19026-	Name of Employer JOSEPH ROSATI PLUMBING Occupation SELF-EMPLOYED Aggregate Year-to-Date -> \$200.00	Date (month, day, year) 09/29/200	Amount of Each Receipt this Period \$100.00

SUBTOTAL of Receipts This Page (optional) \$1950.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Business Page

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name, Mailing Address and Zip Code JOHN B. ROSENTHAL 2030 RACE STREET Philadelphia, PA 19103- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer PENNROSE PROPERTIES INC. Occupation REAL ESTATE DEVELOPMENT Date (month, day, year) 09/23/200 Amount of Each Receipt this Period \$500.00 Aggregate Year-to-Date -> \$500.00
Full Name, Mailing Address and Zip Code EDWARD V. SCULGEN 121 S. BROAD STREET SUITE 1700 Philadelphia, PA 19107- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer SELF EMPLOYED Occupation ATTORNEY Date (month, day, year) 09/18/200 Amount of Each Receipt this Period \$250.00 Aggregate Year-to-Date -> \$250.00
Full Name, Mailing Address and Zip Code THOMAS W. SHERWOOD INFO REQUESTED Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer SHERWOOD INVESTMENT Occupation SELF EMPLOYED Date (month, day, year) 09/18/200 Amount of Each Receipt this Period \$500.00 Aggregate Year-to-Date -> \$500.00
Full Name, Mailing Address and Zip Code EDWARD E. SNCW 1810 COLT ROAD Media, PA 19063- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer INFO REQUESTED Occupation INFO REQUESTED Date (month, day, year) 09/18/200 Amount of Each Receipt this Period \$250.00 Aggregate Year-to-Date -> \$250.00
Full Name, Mailing Address and Zip Code DANIEL G. SPIANK 406 SPRUCE STREET Philadelphia, PA 19106- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer INFO REQUESTED Occupation INFO REQUESTED Date (month, day, year) 09/18/200 Amount of Each Receipt this Period \$250.00 Aggregate Year-to-Date -> \$250.00
Full Name, Mailing Address and Zip Code ROBERT ROYAL TAGAS INFO REQUESTED Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer INFO REQUESTED Occupation INFO REQUESTED Date (month, day, year) 09/18/200 Amount of Each Receipt this Period \$250.00 Aggregate Year-to-Date -> \$250.00
Full Name, Mailing Address and Zip Code KENNETH P. TAYLOR 628 BARRY DR. Springfield, PA 19064- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer INFO REQUESTED Occupation INFO REQUESTED Date (month, day, year) 09/18/200 Amount of Each Receipt this Period \$250.00 Aggregate Year-to-Date -> \$250.00

SUBTOTAL of Receipts This Page (optional) \$2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the following Schedule 2004

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. QCDOR CAN BE USED FOR THE NAME AND ADDRESS OF ANY PRACTICE RELATED TO SOCIAL SECURITY NUMBER. THIS DOES NOT APPLY.

NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name, Mailing Address and Zip Code PHILIP VALENTINO, JR 1064 TEMPERANCE LANE MICHDORO, PA 18954- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer INFO REQUESTED Occupation INFO REQUESTED Date (month, day, year) 09/18/200 Aggregate Year-to-Date -> \$250.00	Amount of Each Receipt this Period \$250.00
Full Name, Mailing Address and Zip Code ROBERT F. WHITE 328 W. EARLHAM TERRACE Philadelphia, PA 19144- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer INFO REQUESTED Occupation INFO REQUESTED Date (month, day, year) 07/27/200 Aggregate Year-to-Date -> \$500.00	Amount of Each Receipt this Period \$500.00
Full Name, Mailing Address and Zip Code EARL WHITTLE 220 HYSOP'S VIEW CIRCLE Cherry Hill, NJ 08007- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer INFO REQUESTED Occupation INFO REQUESTED Date (month, day, year) 09/19/200 Aggregate Year-to-Date -> \$250.00	Amount of Each Receipt this Period \$250.00
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) / / Aggregate Year-to-Date ->	Amount of Each Receipt this Period
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) / / Aggregate Year-to-Date ->	Amount of Each Receipt this Period
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) / / Aggregate Year-to-Date ->	Amount of Each Receipt this Period
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) / / Aggregate Year-to-Date ->	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$1000.00
TOTAL This Period (last page this line number only)	\$12100.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name, Mailing Address and Zip Code 10TH WARD DEMOCRATIC CLUB 2001 MIDDLETON STREET Philadelphia, PA 19138- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 07/27/200 07/27/200 \$200.00	Amount of Each Receipt this Period \$200.00
Full Name, Mailing Address and Zip Code FRIENDS OF DONNA REED MILLER 7157A OGUNTA AVENUE Philadelphia, PA 19138- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 07/27/200 07/27/200 \$100.00	Amount of Each Receipt this Period \$100.00
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / / / / / /	Amount of Each Receipt this Period
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / / / / / /	Amount of Each Receipt this Period
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / / / / / /	Amount of Each Receipt this Period
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / / / / / /	Amount of Each Receipt this Period
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / / / / / /	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$300.00
TOTAL This Period (last page this line number only)	\$300.00

SCHEDULE A

ITEMIZED RECEIPTS

Any information required from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes. Under that event the name and address of any political committee to which contributions are being furnished.

NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NSA STONEFAC 1415 ELLIOT PLACE, N.W. Washington, DC 20007-		07/12/200	\$2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$2000.00
NABISCO, INC. POLITICAL ACTION COMMITTEE 7 CAMPUS DRIVE Parsippany, NJ 07054-		07/12/200	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$1000.00
THELEN REID & PRIEST LLP PAC 701 PENNSYLVANIA AVE., N.W. STE 600 Washington, DC 20004		07/12/200	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$200.00
AMER AMERICAN LEADERSHIP PAC 918 16TH STREET N.W., SUITE 601 Washington, DC 20006-		07/18/200	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate year-to-Date ->	\$1000.00
COPE US DIVISION 1313 I STREET NW Washington, DC 20005		07/18/200	\$4000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$4000.00
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIA 1326 MASSACHUSETTS AVENUE, N.W. Washington, DC 20005-		07/12/200	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$1000.00
NEA FUND FOR CHILDREN & PUBLIC EDUCATIO 400 NORTH THIRD STREET P. O. BOX 1724 Harrisburg, PA 17105-		08/15/200	\$2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$2000.00

SUBTOTAL of Receipts This Page (optional) \$10200.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule (a) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

<p>Full Name, Mailing Address and Zip Code AMERICAN FEDERATION OF TEACHERS COMMITTEE 555 NEW JERSEY AVE., N.W. Washington, DC 20001-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 09/29/200</p> <p>\$10000.00</p>	<p>Amount of Each Receipt this Period \$5000.00</p>
<p>Full Name, Mailing Address and Zip Code REALTORS POLITICAL ACTION COMMITTEE 430 N. MICHIGAN AVE. Chicago, IL 60611-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 09/29/200</p> <p>\$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>Full Name, Mailing Address and Zip Code AMERICAN MEDICAL ASSOCIATION PAC 1101 VERMONT AVENUE, N.W. Washington, DC 20005-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 09/05/200</p> <p>\$3000.00</p>	<p>Amount of Each Receipt this Period \$3000.00</p>
<p>Full Name, Mailing Address and Zip Code AMERICAN DENTAL POLITICAL ACTION COMMITTEE 1111 14TH STREET, NW, SUITE 1100 Washington, DC 20005-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 09/05/200</p> <p>\$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>Full Name, Mailing Address and Zip Code DENTAC 1801 MARKET STREET Philadelphia, PA 19103</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 09/05/200</p> <p>\$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>Full Name, Mailing Address and Zip Code BARRACK, RUDOS & BACINE PAC 3300 TWO COMMERCIAL SQ 2001 MARKET STREET Philadelphia, PA 19103-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 09/27/200</p> <p>\$1000.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Full Name, Mailing Address and Zip Code LABORER'S POLITICAL LEAGUE 905 SIXTEENTH ST. N.W. Washington, DC 20006-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 09/21/200</p> <p>\$2000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>

SUBTOTAL of Receipts This Page (optional)

\$12500.00

TOTAL This Period (last page this line number only)

\$27000.00

SCHEDULE A

ITEMIZED RECEIPTS

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, unless such using the name and address of any political committee to solicit contributions from such sources.

NAME OF COMMITTEE (In Full)
BOB BRAJY FOR CONGRESS

Full Name, Mailing Address and Zip Code PNC BANK P. O. BOX 535230 Pittsburgh, PA 15253-	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 09/30/200	Amount of Each Receipt this Period \$1170.52
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	\$2589.52		
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional):	\$1170.52
TOTAL This Period (last page this line number only)	\$1170.52

SCHEDULE B

ITEMIZED DISBURSEMENTS

See separate instructions for each category of the Detailed Survey Form

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

NAME OF COMMITTEE (in Full)
BOB BRADY FOR CONGRESS

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FORD MOTOR CREDIT CO. P. O. BOX 3076 Columbia, MD 21045	RENTAL EXPENSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/26/200	\$1732.48
FORD MOTOR CREDIT CO. P. O. BOX 3076 Columbia, MD 21045-	RENTAL EXPENSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/16/200	\$655.49
FORD MOTOR CREDIT CO. P. O. BOX 3076 Columbia, MD 21045-	RENTAL EXPENSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/12/200	\$655.49
FORD MOTOR CREDIT CO. P. O. BOX 3076 Columbia, MD 21045-	RENTAL EXPENSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/13/200	\$866.24
THE FIRST DEMOCRATIC WARE P. O. BOX 58007 Philadelphia, PA 19102	RENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/12/200	\$600.00
THE PHILADELPHIA PUBLIC RECORD 1330 RITNER STREET Philadelphia, PA 19148-	ADVERTISEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/16/200	\$300.00
THE PHILADELPHIA PUBLIC RECORD 1330 RITNER STREET Philadelphia, PA 19148-	ADVERTISEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/12/200	\$175.00

SUBTOTAL of Disbursements This Page (optional)	\$4984.70
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name, Mailing Address and Zip Code ARISTOTLE PUBLISHING 205 PENNSYLVANIA AVE. SE Washington, DC 20003-	Purpose of Disbursement COMPUTER SOFTWARE SUPPORT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/19/200	Amount of Each Disbursement This Period \$1650.00
Full Name, Mailing Address and Zip Code CELLULAR ONE P. O. BOX 7278 Philadelphia, PA 19101-	Purpose of Disbursement CELLULAR PHONE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/30/200	Amount of Each Disbursement This Period \$62.66
Full Name, Mailing Address and Zip Code CELLULAR ONE P. O. BOX 7278 Philadelphia, PA 19101-	Purpose of Disbursement CELLULAR PHONE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/01/200	Amount of Each Disbursement This Period \$60.81
Full Name, Mailing Address and Zip Code CELLULAR ONE P. O. BOX 7278 Philadelphia, PA 19101-	Purpose of Disbursement CELLULAR PHONE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/21/200	Amount of Each Disbursement This Period \$66.58
Full Name, Mailing Address and Zip Code POSTMASTER LANDTITLE STATION BOX SECTION 100 S. BROAD STREET Philadelphia, PA 19110-9997	Purpose of Disbursement P.O. BOX FEE PAYMENT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/08/200	Amount of Each Disbursement This Period \$70.00
Full Name, Mailing Address and Zip Code POSTMASTER LANDTITLE STATION BOX SECTION 100 S. BROAD STREET Philadelphia, PA 19110-9997	Purpose of Disbursement POSTAGE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/15/200	Amount of Each Disbursement This Period \$643.50
Full Name, Mailing Address and Zip Code STATE FARM INSURANCE P. O. BOX 538002 NORTH METRO, CA 30039-8002	Purpose of Disbursement CAR INSURANCE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/16/200	Amount of Each Disbursement This Period \$610.20

SUBTOTAL of Disbursements This Page (optional)	\$3363.75
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such reports and statements may not be valid or used by any person for the purpose of soliciting contributions or for commercial purposes. Do not include the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
STATE FARM INSURANCE P. O. BOX 588002 NORTH METRO, GA 30074-8002	CAR INSURANCE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/15/200	\$1400.51
STRASSHEIM PRINTING 305 N. 15TH STREET Philadelphia, PA 19110-	PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/13/200	\$2493.10
ACADEMY BUS TOURS 2042 BURLINGTON MT. HOLLY ROAD Mount Holly, NC 28060-	TRANSPORTATION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/21/200	\$1450.00
PHILADELPHIA NEWSPAPER INSERTION INC 400 N. BROAD STREET Philadelphia, PA 19101-	ADVERTISEMENTS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/26/200	\$288.72
UPTOWN CATERERS OF WASHINGTON BAYURN BJJRR Washington, DC 20515-	CATERING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/27/200	\$1957.00
TUCKER ANTHONY 130 N. 18TH STREET Philadelphia, PA 19103-	VOLUNTEER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/10/200	\$70.00
ANTHONY CLARK 2450 N. 29 TH STREET Philadelphia, PA 19132-	CAMPAIGN CONSULTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/10/200	\$500.00

SUBTOTAL of Disbursements This Page (optional)	\$8159.33
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

NAME OF COMMITTEE (In Full)
 BOS BRADY FOR CONGRESS

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CAROL EVANGELISTA 137 E. WESTMORELAND STREET Philadelphia, PA 19134-	VOLUNTEER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/08/200	\$100.00
ARDEL GHALAYINI 2046 N. CARLISLE Philadelphia, PA 19121-	CAMPAIGN EXPENSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/200	\$50.40
JOHN FIGUEROA 933 DALY STREET Philadelphia, PA 19148-	CAMPAIGN EXPENSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/12/200	\$200.00
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SUBTOTAL of Disbursements This Page (optional)	\$350.40
TOTAL This Period (Last page this line number only)	\$16858.18

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SPRINKLER FITTERS LOCAL UNION 14002 MCNULTY ROAD Philadelphia, PA 19154-	REFUND OF CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/16/200	\$1250.00
PLASTER'S LOCAL UNION NO. 8 2535 ORTHODOX STREET Philadelphia, PA 19137-	REFUND OF CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/15/200	\$2500.00
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SUBTOTAL of Disbursements This Page (optional)	\$3750.00
TOTAL This Period (Last page this line number only)	\$3750.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

See separate schedule(s) for each category at the bottom Summary Page	PAGE	OF
	1	3
FOR LINE NUMBER		
2:		

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 other purposes, other than using the name and address of any qualified committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
VARIETY CLUB 1520 LOCUST STREET 9TH FLOOR Philadelphia, PA 19102-	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/12/200	\$500.00
DAUGHTERS OF FINE LINEAGE 5644 N. 12TH STREET Philadelphia, PA 19141-	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/12/200	\$300.00
DEVELOPMENT BASKETBALL LEAGUE 940 E. MCPHERSON ST Philadelphia, PA 19150-	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/29/200	\$1500.00
RESIDENTS COALITION 3331 W. ALLEGHENY Philadelphia, PA 19132-	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/10/200	\$600.00
SIMON GRATZ ALUMNI ASSOCIATION C/O HERMAN WOODEN/UPTEC LOCAL # 1776 3031A WALTON ROAD Plymouth Meeting, PA 19062-	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/16/200	\$500.00
BOXING EXECUTIVE ADVISORY COUNCIL 3201 N. 5TH STREET Philadelphia, PA 19140-	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/16/200	\$200.00
11TH DEMOCRATIC WARD 2517 N. CROSKY STREET Philadelphia, PA 19132-	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/16/200	\$35.00

SUBTOTAL of Disbursements This Page (optional)	\$3635.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	2	3
FOR LINE NUMBER		
21		

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ERIE AVENUE BAPTIST CHURCH 540-42 W. ERIE AVENUE Philadelphia, PA 19140-	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/19/2003	\$125.00
DOYLE FOR CONGRESS P. O. BOX 17426 Pittsburgh, PA 15222-	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/20/200	\$185.00
PA VICTORY 2000 INFC REQUESTED	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/20/200	\$3500.00
GOOD SHEPHERD CHURCH 6667 CHESTER AVENUE Philadelphia, PA 19142-	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/21/200	\$100.00
A.M.E. UNION CHURCH 16th & JEFFERSON STREETS Philadelphia, PA 19121-	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/21/200	\$30.00
FOOTBALL CLASSIC 1231 N. BROAD STREET Philadelphia, PA 19122	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/27/200	\$500.00
H.E.R.O., INC 3439 N. 17TH STREET Philadelphia, PA 19140-	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/28/200	\$100.00

SUBTOTAL of Disbursements This Page (optional)	\$4540.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information obtained from such reports and disbursements 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)
 ROB. BRADY FOR CONGRESS

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GEJDENSON RE-ELECT COMMITTEE INFO REQUESTED	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/29/200	\$1300.00
RISH NORTHERN AID 3964 RICHMOND ST. Philadelphia, PA 19137-	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/29/200	\$100.00
GUARDIAN CIVIC LEAGUE 1516 W. GIRARD AVENUE Philadelphia, PA 19130-	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/29/200	\$200.00
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SUBTOTAL of Disbursements This Page (optional)	\$1300.00
TOTAL This Period (last page this line number only)	\$9475.00

NAME OF COMMITTEE (In Full) Bob Brady for Congress			
A. Full Name, Mailing Address and ZIP Code of Loan Source Dem. Campaign Comm. of Phila. 1421 WALNUT STREET Philadelphia, PA 19102- Elected: <input type="checkbox"/> Elected <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original Amount of Loan \$122000.00	Cumulative Payment To Date \$117000.00	Balance Outstanding at Close of This Period \$5000.00
Term: Date Inurred 05/14/199 Date Due 08/19/1998		Interest Rate 0.00	Secured NO
List All Endorsers or Guarantors (if any) on Item A			
Full Name, Mailing Address and Zip Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding		

SUBTOTAL This Period This Page (optional)	\$5000.00
TOTAL This Period (last page this line number only)	\$5000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 18 14 00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	

J-B
PREPARER

18-17-00
DATE PREPARED