

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 JUL 21 P 2:18

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 STATE/DISTRICT
Philadelphia, PA 19103 **P 1**

2. FEC IDENTIFICATION NUMBER

C00333740

3. IS THIS REPORT AN AMENDMENT?

YES NO

4. TYPE OF REPORT

- | | |
|---|---|
| <input type="checkbox"/> April 15 Quarterly Report | <input type="checkbox"/> Twelfth day report preceding _____ (Type of Election) |
| <input checked="" type="checkbox"/> July 15 Quarterly Report | election on _____ in the State of _____ |
| <input type="checkbox"/> October 15 Quarterly Report | <input type="checkbox"/> Thirtieth day report following the General Election on _____ |
| <input type="checkbox"/> January 31 Year End Report | _____ in the State of _____ |
| <input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) | <input type="checkbox"/> Termination Report |

This report contains activity for

- Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-date
04/01/2000 through 06/30/2000		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$57907.00	\$284957.00
(b) Total Contribution Refunds (From Line 20(d))	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$57907.00	\$284957.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$51196.15	\$201800.85
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	\$51196.15	\$201800.85
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$251994.24	
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
660 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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, CPA

Signature of Treasurer

Michael G. Horsey

Date

7/14/00

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

FEC FORM 3
(Revised 4/97)

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: 04/01/2000	To: 06/30/2000
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)	\$26850.00	
(ii) Unitemized	\$7057.00	
(iii) TOTAL OF CONTRIBUTIONS FROM INDIVIDUALS	\$33907.00	\$33907.00
(b) Political Party Committees	\$0.00	\$100.00
(c) Other Political Committees (such as PACs)	\$24000.00	\$176650.60
(d) The Candidate	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	\$57907.00	\$284957.60
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.)	\$1419.00	\$1419.00
16. TOTAL RECEIPTS (add 11(a), 12, 13(c), 14 and 15)	\$60326.00	\$286376.60
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$51186.15	\$201000.05
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	\$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 20(a), (b) and (c))	\$0.00	\$0.00
21. OTHER DISBURSEMENTS	\$13975.00	\$54495.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$65171.15	\$255495.05
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$257829.39
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$60326.00
25. SUBTOTAL (add Line 23 and Line 24)		\$318155.39
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$65171.15
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$252984.24

SCHEDULE A

ITEMIZED RECEIPTS

SEE SEPARATE SCHEDULE(S)
FOR EACH CATEGORY OF THE
Detailed Summary Page

PAGE 1 OF 8
FOR LINE NUMBER
11(a) (i)

Any information supplied 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 individual committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Bob Brady for Congress

<p>A. Full Name, Mailing Address and Zip Code PHILADELPHIA EAGLES 3501 SOUTH BROAD STREET Philadelphia, PA 19148-5201</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Partnership Attribution Listed Individually Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 04/03/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and Zip Code DUANE, MORRIS & NECKSCHER ONE LIBERT PLACE Philadelphia, PA 19103-7396</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Partnership Attribution Listed Individually Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 06/01/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code ROBERT LOMAX BOX 24 Millsboro, PA 19977-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer KEMET INVEST. PARTNERSHIP Occupation PARTNER</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 04/26/200</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>D. Full Name, Mailing Address and Zip Code JOHN L. RANTIVOGILO INFO REQUESTED</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer info requested Occupation Info Requested</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 05/30/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>E. Full Name, Mailing Address and Zip Code JOSEPH RECKER 548 WINDING WAY Merion Station, PA 19066-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer self employed Occupation PHYSICIAN</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 04/26/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>F. Full Name, Mailing Address and zip code JOHN K. BINSWANGER TWO LOGAN SQUARE Philadelphia, PA 19103-2759</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer BINSWANGER REAL ESTATE Occupation Ceo/owner</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 04/17/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and Zip Code CHRISTOPHER R. BOOTH, JR. 7007 Malen Street Philadelphia, PA 19119-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Booth & Tucker, LLP Occupation LAWYER</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 04/26/200</p>	<p>Amount of Each Receipt this Period \$250.00</p>

SUBTOTAL of Receipts This Page (optional)

\$4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Bob Brady for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES W. BOWSER 5011 OVERBROOK AVE. Philadelphia, PA 19131-	Bowser & Weaver PC. Occupation: LAWYER	04/26/200	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$1000.00	
B. Full Name, Mailing Address and Zip Code WILLIAM J. BRENNAN 1601 MARKET ST. SUITE 550 Philadelphia, PA 19103-	Name of Employer: info requested Occupation: ATTORNEY	Date (month, day, year): 04/03/200	Amount of Each Receipt this Period: \$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$200.00	
C. Full Name, Mailing Address and Zip Code WILLIAM T. CANNON 1910 LAND TITLE BUILDING 100 S. BROAD ST. Philadelphia, PA 19110-	Name of Employer: William T. Cannon, P.C. Occupation: attorney	Date (month, day, year): 04/26/200	Amount of Each Receipt this Period: \$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$1000.00	
D. Full Name, Mailing Address and Zip Code CRISTINA CAVALIERI 1742 LANSARD ST. Philadelphia, PA 19146-	Name of Employer: Felina & Lentz, PC Occupation: attorney	Date (month, day, year): 04/14/200	Amount of Each Receipt this Period: \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$250.00	
E. Full Name, Mailing Address and Zip Code WILLIAM B. CHORCHMAN, III 360 YOUNGSTERB PLACE Gladwyne, PA 19035-	Name of Employer: No Employer Occupation: Insurance Consultant	Date (month, day, year): 04/14/200	Amount of Each Receipt this Period: \$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$1000.00	
F. Full Name, Mailing Address and Zip Code ERIC R. CLANGY 120 HOLLY DR. Mechanicstown, PA 17055-	Name of Employer: Delta Development Group, Inc. Occupation: CONSULTANT	Date (month, day, year): 04/04/200	Amount of Each Receipt this Period: \$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$1000.00	
G. Full Name, Mailing Address and Zip Code BENJAMIN S. COOPER 2102 SCROGGINS RD. Alexandria, VA 22302-3123	Name of Employer: ASSOCIATION OF OIL PIPE LINES Occupation: Executive Director	Date (month, day, year): 04/07/200	Amount of Each Receipt this Period: \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	

SUBTOTAL of Receipts This Page (optional)	\$4950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 8
 FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bob Brady for Congress

<p>A. Full Name, Mailing Address and Zip Code DOUGLAS P. COOPER SMITH 6932 CANNON HILL ROAD Fort Washington, PA 19034-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer DUCHANAY INGERSOLL PRO. CORP. Occupation attorney</p>	<p>Date (month, day, year) 04/26/200</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>Aggregate Year-to-Date -> \$250.00</p>			
<p>B. Full Name, Mailing Address and Zip Code Steve Cousins 4037 N. 5th St. Philadelphia, PA 19140-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer COUSIN'S SUPERMARKET Occupation OWNER</p>	<p>Date (month, day, year) 04/04/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Aggregate Year-to-Date -> \$500.00</p>			
<p>C. Full Name, Mailing Address and Zip Code Steve Cousins 4037 N. 5th St. Philadelphia, PA 19140-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer COUSIN'S SUPERMARKET Occupation OWNER</p>	<p>Date (month, day, year) 04/04/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Aggregate Year-to-Date -> \$1000.00</p>			
<p>D. Full Name, Mailing Address and Zip Code ROSE MARIA DEFINO 2413 GARNET STREET Philadelphia, PA 19145-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer DEFINO & ASSOC. Occupation LAWYER</p>	<p>Date (month, day, year) 04/03/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Aggregate Year-to-Date -> \$500.00</p>			
<p>E. Full Name, Mailing Address and Zip Code MICHAEL E. DELBONIFO 108 MARPLE WOODS DRIVE Springfield, PA 19064-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer LaRose & Balnes, P.C. Occupation ATTORNEY</p>	<p>Date (month, day, year) 04/03/200</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>Aggregate Year-to-Date -> \$200.00</p>			
<p>F. Full Name, Mailing Address and Zip Code TAMAR DEBQANQ 1028 LITKERSON ST Philadelphia, PA 19147-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer self employed Occupation attorney</p>	<p>Date (month, day, year) 04/03/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Aggregate Year-to-Date -> \$500.00</p>			
<p>G. Full Name, Mailing Address and Zip Code Michael Anthony DePino 1901 Ritner Street Philadelphia, PA 19145-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer DEFINO & ASSOC. Occupation attorney</p>	<p>Date (month, day, year) 04/03/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Aggregate Year-to-Date -> \$500.00</p>			

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$2950.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 8
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)
Bob Brady for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Winramb Delfino 2501 S. Garnet Street Philadelphia, PA 19145-	DEFINO & ASSOC. Occupation: attorney	04/03/200	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	
B. Full Name, Mailing Address and Zip Code Anthony Digironico INFO REQUESTED Philadelphia, PA 19101-	Name of Employer: info requested Occupation: info Requested	Date (month, day, year): 04/03/200	Amount of Each Receipt this Period: \$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$200.00	
C. Full Name, Mailing Address and Zip Code STEPHEN FICCHI 281 N WENDING WAY Merion Station, PA 19066-	Name of Employer: info requested Occupation: attorney	Date (month, day, year): 04/03/200	Amount of Each Receipt this Period: \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	
D. Full Name, Mailing Address and Zip Code DOROTHY L. GEMERET 7387 WHEELER ST. Philadelphia, PA 19153-	Name of Employer: Retired Occupation: RETIRED	Date (month, day, year): 04/03/200	Amount of Each Receipt this Period: \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$250.00	
E. Full Name, Mailing Address and Zip Code DEBORAH S. GRIFFIN 2003 NEWCOMB STREET Philadelphia, PA 19140-	Name of Employer: info requested Occupation: Info Requested	Date (month, day, year): 04/26/200	Amount of Each Receipt this Period: \$450.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$450.00	
F. Full Name, Mailing Address and Zip Code Richard A. Goldbach 36 Springton Point Drive Newtown Square, PA 19073-	Name of Employer: METRO MACHINE OF PA Occupation: EXECUTIVE	Date (month, day, year): 05/30/200	Amount of Each Receipt this Period: \$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$1000.00	
G. Full Name, Mailing Address and Zip Code HAMID IBRAHIM 4037 N. 5th ST. Philadelphia, PA 19140-	Name of Employer: Info Requested Occupation: ATTORNEY	Date (month, day, year): 04/04/200	Amount of Each Receipt this Period: \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	

SUBTOTAL of Receipts This Page (optional)

\$3400.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for part of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Bob Brady for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer info requested	Date (month, day, year)	Amount of Each Receipt this Period
MAHMOUD IBRAHIM 4007 N. 5th ST. Philadelphia, PA 19140-	Occupation ATTORNEY	04/04/200	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$1000.00
B. Full Name, Mailing Address and Zip Code LAURA KRESCHOLLEK 1700 S. 2nd ST. Philadelphia, PA 19148-	Name of Employer Occupation	Date (month, day, year) 04/05/200	Amount of Each Receipt this Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$275.00
C. Full Name, Mailing Address and Zip Code CONSTANCE W. MAIER 503 N. 16TH STREET Philadelphia, PA 19138-	Name of Employer: Shila Parking Authority Occupation ATTORNEY	Date (month, day, year) 06/21/200	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$250.00
D. Full Name, Mailing Address and Zip Code BRIAN T. MAJEWICZ 2624 OBELISC0 PL. Carlsbad, CA 92009-	Name of Employer LMAFFIC.COM Occupation EXECUTIVE	Date (month, day, year) 04/04/200	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$500.00
E. Full Name, Mailing Address and Zip Code WM. MARONSKI, JR 8089 WILSON ST Philadelphia, PA 19136-	Name of Employer Schooner & Casavage Law Occupation attorney	Date (month, day, year) 04/03/200	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$250.00
F. Full Name, Mailing Address and Zip Code RAYMOND A. MARTORANO 627 FITZWATER STREET Philadelphia, PA 19147-	Name of Employer Retired Occupation RETIRED	Date (month, day, year) 04/26/200	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$500.00
G. Full Name, Mailing Address and Zip Code ISSAM T. MASRI 618 S. 2nd STREET Philadelphia, PA 19147-	Name of Employer self employed Occupation PARTNER	Date (month, day, year) 04/26/200	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$250.00

SUBTOTAL of Receipts This Page (optional)

\$2400.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
Bob Brady for Congress

A. Full Name, Mailing Address and Zip Code ALAN MAUK 2111 JAMISON AVE SUITE 1403 Alexandria, VA 22314-	Name of Employer Info requested	Date (month, day, year) 04/01/200	Amount of Each Receipt this Period \$1000.00
	Occupation Info Requested		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		

B. Full Name, Mailing Address and zip Code ZIYAD S. MUHAMMAD 237 W. CLARKSON ST. Philadelphia, PA 19120-	Name of Employer	Date (month, day, year) 04/26/200	Amount of Each Receipt this Period \$250.00
	Occupation SOLE PROPRIETOR		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$250.00		

C. Full Name, Mailing Address and Zip Code SAM MONTI 2533-35 SOUTH BROAD STREET Philadelphia, PA 19148-	Name of Employer Monti Funeral Home	Date (month, day, year) 04/03/200	Amount of Each Receipt this Period \$250.00
	Occupation OWNER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$250.00		

D. Full Name, Mailing Address and Zip Code James E. Moylan 1800 Jackson Street Philadelphia, PA 19145-	Name of Employer self employed	Date (month, day, year) 04/03/200	Amount of Each Receipt this Period \$500.00
	Occupation PHYSICIAN		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$750.00		

E. Full Name, Mailing Address and Zip Code DEMETRIUS J. HANULEK, JR. 1616 WALNUT STREET SUITE 700 Philadelphia, PA 19103-	Name of Employer ANITAN J. MOODY, PC	Date (month, day, year) 04/26/200	Amount of Each Receipt this Period \$250.00
	Occupation ATTORNEY		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$250.00		

F. Full Name, Mailing Address and Zip Code MARK PHILLIPS Quaker H. 1123 Admiral Peary Way Philadelphia, PA 1912-	Name of Employer Alstom	Date (month, day, year) 05/30/200	Amount of Each Receipt this Period \$1000.00
	Occupation V.P MARINE & Offshore		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		

G. Full Name, Mailing Address and Zip Code Fortunato Ferri, Jr. 6 Pine Place west Philadelphia, PA 19115-	Name of Employer City of Phila	Date (month, day, year) 04/03/200	Amount of Each Receipt this Period \$100.00
	Occupation Judge Traffic Court		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$350.00		

SUBTOTAL of Receipts This Page (optional)	\$3350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for reporting all the Detailed Summary Page

PAGE 7 OF 8
FOR LINE NUMBER 11(a) (1)

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)
Rob Brady for Congress

<p>A. Full Name, Mailing Address and Zip Code Gary L. Reinert 639 Butler St. Dixtonburgh, VA 15273-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Road Runner Planning</p> <p>Occupation OWNER</p>	<p>Date (month, day, year) 04/04/200</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>B. Full Name, Mailing Address and Zip Code KAREN P. SCHLECTER 105 SYLVAN COURT Alexandria, VA 22304-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer ANN HYPARD ASSOCIATES, LTD</p> <p>Occupation Vice President</p>	<p>Date (month, day, year) 04/07/200</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and Zip Code CONACY L. SMITH P.O. BOX 39566 Philadelphia, PA 19104-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer MERIAN J. MOODY, PC</p> <p>Occupation ATTORNEY</p>	<p>Date (month, day, year) 04/26/200</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>D. Full Name, Mailing Address and Zip Code KEVIN J. STIVERANG 242 WATERLOO AVE. Berwyn, PA 19312-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer info requested</p> <p>Occupation Info Requested</p>	<p>Date (month, day, year) 04/26/200</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>E. Full Name, Mailing Address and Zip Code LINCOLN A. SIMMONS 12 HIDDEN LAKE CT. Mount Laurel, NJ 08054-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer DENISE JOY SMYLER</p> <p>Occupation ATTORNEY</p>	<p>Date (month, day, year) 04/26/200</p> <p>Aggregate Year-to-Date -> \$150.00</p>	<p>Amount of Each Receipt this Period \$150.00</p>
<p>F. Full Name, Mailing Address and Zip Code LINCOLN A. SIMMONS 12 HIDDEN LAKE CT. Mount Laurel, NJ 08054-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer DENISE JOY SMYLER</p> <p>Occupation ATTORNEY</p>	<p>Date (month, day, year) 05/24/200</p> <p>Aggregate Year-to-Date -> \$400.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>G. Full Name, Mailing Address and Zip Code DENISE SMYLER 215 SOUTH BRUNN STREET SECOND FLOOR Philadelphia, PA 19107-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer self employed</p> <p>Occupation ATTORNEY</p>	<p>Date (month, day, year) 04/26/200</p> <p>Aggregate Year-to-Date -> \$600.00</p>	<p>Amount of Each Receipt this Period \$600.00</p>

SUBTOTAL of Receipts This Page (optional)

\$3750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **8** OF **8**
FOR LINE NUMBER **11(a)(1)**

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

NAME OF COMMITTEE (In Full)
Hub Brady for Congress

<p>A. Full Name, Mailing Address and Zip Code DAVID M SPITZBERG 100 OLD YORK RD STE 311 Jenkintown, PA 19046-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer self employed</p> <p>Occupation Accountant</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 04/03/200</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Robert L. Shuster 320 N. 30th St. Camp Hill, PA 17011-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Klett Lieber Rooney & Schorling</p> <p>Occupation Attorney at Law</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 04/04/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and Zip Code ALLEN TURNER, JR. 1525 PITMAN AVE. Pennsauken, NJ 08110-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer TURNER CONSTR. CO.</p> <p>Occupation OWNER</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 04/26/200</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>D. Full Name, Mailing Address and Zip Code Vincent J Talotta 2539 S Broad St Philadelphia, PA 19148-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Goldstein's Mens & Boys Wear</p> <p>Occupation Salesman</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 04/03/200</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and Zip Code Carol Tinari 620 Remington Drive Morrisville, PA 19067-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer VE TINARI CONSTRUCTION</p> <p>Occupation OWNER</p> <p>Aggregate Year-to-Date -> \$350.00</p>	<p>Date (month, day, year) 04/03/200</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>F. Full Name, Mailing Address and Zip Code MTN YE 917 RACE STREET 2nd FLOOR Philadelphia, PA 19107-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Info requested</p> <p>Occupation Info Requested</p> <p>Aggregate Year-to-Date -> \$200.00</p>	<p>Date (month, day, year) 04/03/200</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input 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) / /</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

\$1950.00

TOTAL This Period (last page this line number only)

\$26850.00

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, 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

A. Full Name, Mailing Address and ZIP Code James Conboy 2500 S 70th St Philadelphia, PA 19145	Name of Employer GEO. Wells Meat Co.	Date (month, day, year) 2/4/00	Amount of Each Receipt this Period 500.00 Memo
	Occupation President Aggregate Year-to-Date > \$ 0		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code Gail Kaplan 671 Rosedale Rd. Princeton, NJ 08540	Name of Employer BARG DODF GOODMAN	Date (month, day, year) 3/13/00	Amount of Each Receipt this Period 500.00 Memo
	Occupation Sales Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

C. Full Name, Mailing Address and ZIP Code Danie J. Guimby 6353 Edmund St. Phila, PA 19135	Name of Employer Phila. Housing Authority	Date (month, day, year) 3/8/00	Amount of Each Receipt this Period 250.00 Memo
	Occupation Management Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

D. Full Name, Mailing Address and ZIP Code John Collins 2028 Chancelor St. Philadelphia, PA 19145	Name of Employer Collins Communications	Date (month, day, year) 2/28/00	Amount of Each Receipt this Period 500.00 Memo
	Occupation Consultant Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

E. Full Name, Mailing Address and ZIP Code Kenneth M. Brown 2819 W. Crossing Circle E. Norriton; PA. 19403	Name of Employer Self Employed	Date (month, day, year) 2/28/00	Amount of Each Receipt this Period 500.00 Memo
	Occupation Civil Reporting Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

F. Full Name, Mailing Address and ZIP Code Jonathan P. Rosen 40 East 69th Street New York, NY 10021	Name of Employer Self Employed	Date (month, day, year) 2/29/00	Amount of Each Receipt this Period 250.00 Memo
	Occupation Lawyer Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

G. Full Name, Mailing Address and ZIP Code August & Jesse Warren 410 Cannon Ct. Wayne, PA 19087	Name of Employer Capital Mechanical	Date (month, day, year) 2/28/00	Amount of Each Receipt this Period 1000.00 Memo
	Occupation Mechanical Contracting Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	Memo Entry Only	\$3,500
TOTAL This Period (last page this line number only)		

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3

FORM LINE NUMBER 11(A)(I)

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NAME OF COMMITTEE (In Full)

BOB BRADY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mike Collins 700 W. Chelton Ave. Philadelphia, PA 19126	City of Philadelphia Occupation: Police Officer	3/31/00	250.00 Memo
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Bernardini 88 Elmont Rd. Hamilton, NJ 08610	Boys Lend Lease, Inc. Occupation: Construction Manager	3/14/00	250.00 Memo
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph A. DiLeonardo 628 Woodbine Rd. West Chester, PA 19382	DiLeonardo Siano Occupation: Advertising	3/8/00	250.00 Memo
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William J. Summers Sr. 10608 Clark St. Phila, PA 19116	Retired Occupation:	1/7/00	250.00 Memo
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Jankiewicz 505 Ridgerun Lane Phila, PA 19111	C & C Erectors Occupation: Ironworker	2/18/00	250.00 Memo
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven G. Javev 2401 Pennsylvania Phila, PA 19130	Self Employed Occupation: Attorney	3/27/00	150.00 Memo
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susanne M. Suzenski 2193 St. Peters Rd. Pottstown, PA. 19465	Pottstown School District Occupation: Teacher	3/23/00	500.00 Memo
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) Memo entry Only \$1,900.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER 11(A)(I)

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NAME OF COMMITTEE (in Full)

BOB BRADY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code John F. Raimondi 21 S. 12th St. 7th Floor Philadelphia, PA 19107 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed Occupation Attorney Aggregate Year-to-Date \rightarrow \$ 6	Date (month, day, year) 3/14/00	Amount of Each Receipt this Period 250.00 Memo
B. 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 \rightarrow \$	Date (month, day, year)	Amount of Each Receipt this Period
C. 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 \rightarrow \$	Date (month, day, year)	Amount of Each Receipt this Period
D. 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 \rightarrow \$	Date (month, day, year)	Amount of Each Receipt this Period
E. 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 \rightarrow \$	Date (month, day, year)	Amount of Each Receipt this Period
F. 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 \rightarrow \$	Date (month, day, year)	Amount of Each Receipt this Period
G. 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 \rightarrow \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) Memo Entry Only \$250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) 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

<p>A. Full Name, Mailing Address and Zip Code Bricklayers and Allied Craftsmen 815 Fifteenth St. N.W. Washington, DC 20005-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input 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) 04/14/200</p> <p>Aggregate Year-to-Date -> \$5000.00</p>	<p>Amount of Each Receipt this Period \$5000.00</p>
<p>B. Full Name, Mailing Address and Zip Code COPE US DIVISION 1313 L STREET NW 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) 06/02/200</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code COMMITTEE ON POLITICAL EDUCATION 815 16TH ST. N.W. Washington, DC 20006-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input 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) 06/09/200</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Roofers Local 30 6447 Torresdale Ave. Philadelphia, PA 19135-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input 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) 04/03/200</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Roofers Local 30 6447 Torresdale Ave. Philadelphia, PA 19135-</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) 04/26/200</p> <p>Aggregate Year-to-Date -> \$2500.00</p>	<p>Amount of Each Receipt this Period \$2000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Dealers Election Action Committee 8400 WESTPARK DRIVE Mc Lean, VA 22102-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input 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) 04/07/200</p> <p>Aggregate Year-to-Date -> \$2500.00</p>	<p>Amount of Each Receipt this Period \$2500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Dealers Election Action Committee 8400 WESTPARK DRIVE Mc Lean, VA 22102</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) 05/30/200</p> <p>Aggregate Year-to-Date -> \$7500.00</p>	<p>Amount of Each Receipt this Period \$5000.00</p>

SUBTOTAL of Receipts This Page (optional)

\$16500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Bob Brady for Congress

A. Full Name, Mailing Address and Zip Code Laborers' Political League 905 - 16th Street, NW Washington, DC 20006-	Name of Employer _____ Occupation _____	Date (month, day, year) 05/04/200	Amount of Each Receipt This Period \$1000.00
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		Aggregate Year-to-Date -> \$1000.00

B. Full Name, Mailing Address and Zip Code L-1 Comm Comm PAC 600 Third Ave. New York, NY 10016-	Name of Employer _____ Occupation _____	Date (month, day, year) 05/30/200	Amount of Each Receipt This Period \$1000.00
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		Aggregate Year-to-Date -> \$1000.00

C. Full Name, Mailing Address and Zip Code ATLA PAC 1050 31st Street, NW Washington, DC 20007-	Name of Employer _____ Occupation _____	Date (month, day, year) 06/09/200	Amount of Each Receipt This Period \$2500.00
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		Aggregate Year-to-Date -> \$2500.00

D. Full Name, Mailing Address and Zip Code DAY & ZIMMERMANN INC. FED PAC 1818 MARKET ST. 22nd FL. Philadelphia, PA 19103-	Name of Employer _____ Occupation _____	Date (month, day, year) 05/24/200	Amount of Each Receipt This Period \$500.00
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		Aggregate Year-to-Date -> \$1500.00

E. Full Name, Mailing Address and Zip Code TENET HEALTHCARE CORPORATION PAC 3820 STATE STREET Santa Barbara, CA 93105-	Name of Employer _____ Occupation _____	Date (month, day, year) 04/26/200	Amount of Each Receipt This Period \$1000.00
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		Aggregate Year-to-Date -> \$1000.00

F. Full Name, Mailing Address and Zip Code LYTON EMPLOYEES PAC 21240 BURBANK BLVD. Woodland Hills, CA 91367-	Name of Employer _____ Occupation _____	Date (month, day, year) 06/29/200	Amount of Each Receipt This Period \$500.00
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		Aggregate Year-to-Date -> \$500.00

G. Full Name, Mailing Address and Zip Code COMM. ON POL. ACT. OF THE AMER. POSTAL W 1300 L STREET NW Washington, DC 20005-	Name of Employer _____ Occupation _____	Date (month, day, year) 06/15/200	Amount of Each Receipt This Period \$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)	\$7500.00
TOTAL This Period (last page this line number only)	\$24000.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Bob Brady for Congress

A. Full Name, Mailing Address and Zip Code PNC Bank PO Box 609 Pittsburgh, PA 15230-9738 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	06/30/200	
Aggregate Year-to-Date ->		\$1419.00	
B. 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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Aggregate Year-to-Date ->			
C. 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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Aggregate Year-to-Date ->			
D. 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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Aggregate Year-to-Date ->			
E. 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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Aggregate Year-to-Date ->			
F. 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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Aggregate Year-to-Date ->			
G. 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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Aggregate Year-to-Date ->			

SUBTOTAL of Receipts This Page (optional)	\$1419.00
TOTAL This Period (last page this line number only)	\$1419.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information printed from such Records 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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Strassheim Printing 305 N 15th St. Philadelphia, PA 19107-	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/01/200	\$2782.00
Strassheim Printing 305 N 15th St. Philadelphia, PA 19101-	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/11/200	\$15068.08
West Campaign Events of Phila. 1421 WALNUT STREET Philadelphia, PA 19102-	REIMBURSE FOR TELEPHONE EXP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/11/200	\$111.05
Strassheim Printing Co., Inc. 305 N. 15th Street Philadelphia, PA 19102-1002	PRINTING EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/05/200	\$1104.27
First Bankcard Center P.O. Box 2436 Omaha, NE 68103-2436	CAMPAGN DINNER EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/200	\$614.70
Ford Motor Credit Co. P.O. Box 220555 Pittsburgh, PA 15257-	RENTAL EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/11/200	\$655.40
Ford Motor Credit Co. P.O. Box 220555 Pittsburgh, PA 15257-	RENTAL EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/21/200	\$655.49

SUBTOTAL of Disbursements This Page (optional)	\$21071.08
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by the 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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ford Motor Credit Company P.O. BOX 3076 Columbia, MD 21045-9580	RENTAL EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/22/200	\$655.49
Cellular One P.O. Box 7278 Philadelphia, PA 19101-7278	CELL PHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/27/200	\$83.69
Cellular One P.O. Box 7278 Philadelphia, PA 19101-7278	CELL PHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/29/200	\$60.00
Cellular One P.O. Box 7278 Philadelphia, PA 19101-7278	CELL PHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/200	\$60.81
Jaramogi Communications P.O. Box 42869 Philadelphia, PA 19101-	ADVERTISEMENTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/16/200	\$150.00
LEODUS JONES 2865 N. GARNET ST. Philadelphia, PA 19132-	VOLUNTEER COORDINATOR Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/11/200	\$100.00
WORKING GROUP 1722 ARCH STREET Philadelphia, PA 19103-	CAMPAIGN CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/03/200	\$1000.00

SUBTOTAL of Disbursements This Page (optional)	\$2109.99
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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RTSA BOOKS 320 FAIRMOUNT AVE. Philadelphia, PA 19123-	FUNDRAISER EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/04/200	\$900.00
B. Full Name, Mailing Address and Zip Code A.A.C.H.S SUITE 1400 ONE PENN CENTER 1617 J.F.K BLVD Philadelphia, PA 19103-	Purpose of Disbursement ADVERTISEMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/11/200	Amount of Each Disbursement This Period \$100.00
C. Full Name, Mailing Address and Zip Code O'ROURKE COMMUNICATIONS GROUP h OLD MILL LANE Media, PA 19063-	Purpose of Disbursement PHOTO & DESIGN EXP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/11/200	Amount of Each Disbursement This Period \$1035.00
D. Full Name, Mailing Address and Zip Code OCCASIONS BY GALDO 20th MONTGOMERY AVE. Philadelphia, PA 19145-	Purpose of Disbursement FUNDRAISER EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/11/200	Amount of Each Disbursement This Period \$3000.00
E. Full Name, Mailing Address and Zip Code PHILADELPHIA PUBLIC RECORDS 1321 S. BROAD ST. Philadelphia, PA 19147-	Purpose of Disbursement ADVERTISEMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/11/200	Amount of Each Disbursement This Period \$204.00
F. Full Name, Mailing Address and Zip Code CHRISTEMHAM PRINTING CO. 212 BEECHER AVE. Cheltenham, PA 19012-	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/18/200	Amount of Each Disbursement This Period \$1030.05
G. Full Name, Mailing Address and Zip Code CHESTERHAM PRINTING CO. 212 BEECHER AVE. Cheltenham, PA 19012-	Purpose of Disbursement PRINTING EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/11/200	Amount of Each Disbursement This Period \$784.56

SUBTOTAL of Disbursements This Page (optional)	\$7053.61
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Schedule B 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

<p>A. Full Name, Mailing Address and Zip Code LA SHAWN GOINS 1310 E. JOHNSON STREET Philadelphia, PA 19138-</p>	<p>Purpose of Disbursement: CAMPAIGN CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 09/18/200</p>	<p>Amount of Each Disbursement This Period \$2000.00</p>
<p>B. Full Name, Mailing Address and Zip Code ZION BAPTIST CHURCH 3600 N. BROAD STREET Philadelphia, PA 19140</p>	<p>Purpose of Disbursement: ADVERTISEMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 04/27/200</p>	<p>Amount of Each Disbursement This Period \$125.00</p>
<p>C. Full Name, Mailing Address and Zip Code CREATIVE WEAR 7401 FULLERTON RD. Springfield, VA 22153-</p>	<p>Purpose of Disbursement: CAMPAIGN SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 04/25/200</p>	<p>Amount of Each Disbursement This Period \$70.00</p>
<p>D. Full Name, Mailing Address and Zip Code U.S. TREASURY IRS SRR. CTR. Ogden, UT 84201-</p>	<p>Purpose of Disbursement: FEDERAL TAXES 1120 POL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 06/06/200</p>	<p>Amount of Each Disbursement This Period \$215.00</p>
<p>E. Full Name, Mailing Address and Zip Code MCMBA DESIGN, INC. P.O. BOX 4270 Athens, GA 30601-0270</p>	<p>Purpose of Disbursement: OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 06/06/200</p>	<p>Amount of Each Disbursement This Period \$143.65</p>
<p>F. Full Name, Mailing Address and Zip Code QARC 7178 OCONTE AVE. Philadelphia, PA 19138-</p>	<p>Purpose of Disbursement: ADVERTISEMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 05/17/200</p>	<p>Amount of Each Disbursement This Period \$200.00</p>
<p>G. Full Name, Mailing Address and Zip Code FLEM 2000 CONSULTANTS GROUP 209 E. PLEASANT GROVE ROAD West Chester, PA 19382-</p>	<p>Purpose of Disbursement: ADVERTISEMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 05/03/200</p>	<p>Amount of Each Disbursement This Period \$150.00</p>

SUBTOTAL of Disbursements This Page (optional)	\$2903.65
TOTAL This Period (Last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Get separate instructions for each category of the detailed Summary Page

PAGE 5 OF 7
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Bob Brady for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PHILADELPHIA FLOWERS MARKET 2 PENN CENTER Philadelphia, PA 19102-	FLOWERS-CAMPAIGN EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/15/200	\$270.00
BELL ATLANTIC P.O. BOX 1 4583 Philadelphia, PA 19173-0001	TELEPHONE EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/22/200	\$35.37
LABELS & LIST, INC. 3500-116th AVENUE N.E. Bellevue, WA 98004	LABELS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/01/200	\$993.03
THE PHILIA PUBLIC RECORDS 1330 WITNER STREET Philadelphia, PA 19149	ADVERTISEMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/01/200	\$300.00
DAVID THOMAS TOURS 7820 CASTOR AVE. Philadelphia, PA 19152-3616	CAMPAIGN BUS TRIP TO WASH., DC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/31/200	\$1240.00
REACH COMMUNICATIONS INFO REQUESTED Philadelphia, PA 19102-	MEDIA / ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/24/200	\$1919.69
SANDRA DORN INFO REQUESTED Philadelphia, PA 19102-	CAMPAIGN CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/03/200	\$2000.00

SUBTOTAL of Disbursements This Page (optional)	\$6658.09
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

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NAME OF COMMITTEE (In Full)
Bob Brady for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JOSEPH FADLK 5336 BALTIMORE AVE. Philadelphia, PA 19143-	CAMPAIGN CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/07/200	\$300.00
John Goldbaum 71111 Elmwood Ave. Philadelphia, PA 19131-	CAMPAIGN OFFICE RENTAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/200	\$3600.00
STEVE KAPLAN MSB 12 TH FLR. Philadelphia, PA 19102-	REIMB. FOR EXPS. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/14/200	\$599.74
LINDA MATTHEWS 1305 PRINCETON AVE. Philadelphia, PA 19111-	CAMPAIGN CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/25/200	\$1666.66
LINDA MATTHEWS 1305 PRINCETON AVE. Philadelphia, PA 19111	CAMPAIGN CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/27/200	\$3333.33
ROBERT MENDELSON 311 W. RAYMOND ST. Philadelphia, PA 19140-	PROTO EXP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/11/200	\$100.00
WILLIAM HOUTAR 621 E. COURTLAND STREET Philadelphia, PA 19120-	CAMPAIGN COORD. EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/03/200	\$1500.00

SUBTOTAL of Disbursements This Page (optional)	\$11099.73
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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BETTY TOWNES 131 W. SYLVANIA STREET Philadelphia, PA 19144-	CAMPAIGN CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/07/200	\$300.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$300.00
TOTAL This Period (last page this line number only)	\$51196.15

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in full)
Bob Brady for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HULL Phil... Business Chamber of Comm 600 West Montgomery Avenue Philadelphia, PA 19187	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/27/200	\$500.00
W. Full Name, Mailing Address and Zip Code W. Phila. Business/Lions Club 2336 S. 21st Street Philadelphia, PA 19145-	CONTRIBUTION GOLF OUTING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/200	\$100.00
C. Full Name, Mailing Address and Zip Code HUMPHREY FOR CONGRESS 23 W. BRY ST. Norristown, PA 19401-	CONTRIB. - FEEL. - PA 13 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/20/200	\$1000.00
D. Full Name, Mailing Address and Zip Code ST. JOHN NEWMAN HIGH SCHOOL 2600 MOORE STREET Philadelphia, PA 19145-	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/06/200	\$300.00
E. Full Name, Mailing Address and Zip Code BURKES COMM. CENTER 2nd & JACKSON ST. Philadelphia, PA 19148-	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/01/200	\$250.00
F. Full Name, Mailing Address and Zip Code KINGSSSING SOUL DRILL TEAM 1305 S. PAXTON STREET Philadelphia, PA 19143-	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/11/200	\$500.00
G. Full Name, Mailing Address and Zip Code ROSEN DREAM TEAM C/o GERALDINE HICKS 2212 N. UBER ST. Philadelphia, PA 19132	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/11/200	\$500.00

SUBTOTAL of Disbursements This Page (optional)	\$3150.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 2 OF 5
FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)
Bob Brady for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BLUE LIGHTNING DRILL TEAM C/o BENITA FIELDS 2243-67 W. 20th ST. Philadelphia, PA 19132-	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/11/200	\$500.00
N. PHILLY FOOTSTOMPERS DRILL TEAM C/o HELEN BROWN 1845 N. 23rd ST. Philadelphia, PA 19121-	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/11/200	\$500.00
19th FLOOR GREEN HOUSE 61st & THOMPSON STREET Philadelphia, PA 19151-	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/22/200	\$188.00
IRISH FESTIVAL COMM. 337 N. 3rd STREET Philadelphia, PA 19123-	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/200	\$503.00
CASMT 2602 N. CORLIEZ STREET Philadelphia, PA 19132-	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/23/200	\$100.00
WASHINGTON 2000 DEC. ELECTION FUND Washington, DC 20063-	CONTRIBUTION-FEDERAL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/16/200	\$500.00
CONCERNED BLACK LEADERS FIOGA-NP 3815 N. 9th STREET Philadelphia, PA 19140-	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/27/200	\$200.00

SUBTOTAL of Disbursements This Page (optional)	\$2400.00
TOTAL This Period (last page this line number ONLY)	

SCHEDULE A

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 5
FORM LINE NUMBER 21

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NAME OF COMMITTEE (In Full)
Bob Brady for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LAW ENFORCEMENT COMM., INC. INFO REQUESTED Philadelphia, PA 19103-	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/02/200	\$1000.00
B. Full Name, Mailing Address and Zip Code MNGT/ C/O MARY MASON 3900 FORD ROAD- SUITE 10 Philadelphia, PA 19131-	LUNCHEON TICKETS CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/03/200	\$500.00
C. Full Name, Mailing Address and Zip Code VAN HORN FOR CONGRESS P.O. BOX 444 New Kensington, PA 15068-	CONTRIB - FUND - PA A Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/31/200	\$1000.00
D. Full Name, Mailing Address and Zip Code Local 692 14002 MCNULTY ROAD Philadelphia, PA 19184-2023	CONTRIBUTION-GOLF OUTING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/01/200	\$75.00
E. Full Name, Mailing Address and Zip Code FRALINGER SPRING WAND 1903 SOUTH THIRD STREET Philadelphia, PA 19148-	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/17/200	\$100.00
F. Full Name, Mailing Address and Zip Code Hogerman string Band 2322 S. Dunesell Street Philadelphia, PA 19148-	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/09/200	\$200.00
G. Full Name, Mailing Address and Zip Code SISTER CIARA MUHAMMED SCHOOL Philadelphia, PA 19108-	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/18/200	\$300.00

SUBTOTAL of Disbursements This Page (optional)

\$3175.00

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RENAISSANCE COMMUNITY DRV. Philadelphia, PA 15151-	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/14/200	\$600.00
TEEN SUMMIT 1000 Philadelphia, PA 19102-	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/15/200	\$100.00
BLACK FAMILY REUNION CULT. CTR. Philadelphia, PA 19131-	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/15/200	\$150.00
STUJAK FOR CONGRESS INFO REQUESTED	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/20/200	\$1000.00
POLICE ATHLETIC LEAGUE Philadelphia, PA 19103-3	LYNNER TICKETS CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/03/200	\$2500.00
DAVIES CELEBRATE BLOCK PARTY INFO REQUESTED Philadelphia, PA 19151-	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/29/200	\$250.00
TROY BAYLOR INFO REQUESTED Philadelphia, PA 19103-	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/17/200	\$500.00

SUBTOTAL of Disbursements This Page (optional)	\$5100.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BESSIE HOYLE 751 GREEN STREET Philadelphia, PA 19103	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/10/200	\$100.00
B. Full Name, Mailing Address and Zip Code PAM WHEELER 3220 HILTON Philadelphia, PA 19129-	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/19/200	\$50.00
C. Full Name, Mailing Address and Zip Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and Zip Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and Zip Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and Zip Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and Zip Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$150.00
TOTAL This Period (last page this line number only)	\$13975.00

SCHEDULE C

LOANS

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-	Original Amount of Loan \$122000.00	Cumulative Payment to Date \$117000.00	Balance Outstanding at Close of THIS PERIOD \$5000.00
Situation: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Terms: Date loaned 05/14/199 Date Due 08/19/1998 Interest Rate 0.00 (omit) Secured NO			
List ALL addresses or borrowers (if apt to 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

